

Covenant School of Nursing
Disciplinary Action Summary Assignment
Instructional Module 2

Student Name: D'Leah Hill

Date:

DAS Assignment # 1

Name of the defendant: Shatonya Marie Freeman
892131

License number of the defendant:

Date(s) and BON decision(s) taken against the license:

9/13/22

Type of action(s) imposed to retain or regain licensure, if applicable (ex.: warning with stipulations, etc.)

Reprimand with stipulations

- *Use the space below to describe the events which led to the action(s) taken against the license. If multiple charges were in play, be sure and cite each of them, e.g. drug diversion, HIPAA violation, abandonment, etc.*

Shatonya Freeman neglected to do a thorough assessment, an assessment including an assessment of the injury site and palpation of pedal pulses, after watching a patient fall, despite noticing a dislocated foot. The video evidence contradicted the nurse's report, which reduced the severity of the fall. In the report, the nurse documented that the patient "plopped". Even though the nurse documented that the patient had a visibly rotated right foot that looked displaced from the rest of the leg, the prior statement downplayed her injury immensely. In the wake of this incident, the patient was taken to the emergency department and was diagnosed with an acute fracture dislocation. In response, the nurse stated that she had already relayed the patient's situation, but she did not explain the full extent of the patient's injuries because she assumed the patient's primary nurse had already done so. She also believed that the doctor had independently assessed the case.

- *Use the space below to provide a description of measures you think could have prevented any action being taken against the license and/or would have prevented harm to the patient, if harm occurred.*

To prevent harm to the patient and avoid actions against the nurse's license, the following precautions should have been taken. **Thorough Patient Assessment:** immediately evaluate the injury site for deformity, edema, circulation, feeling, and movement; examine pedal pulses for evidence of poor circulation; ensure accurate and full documentation of findings. **Immediate Medical Intervention:** promptly increase care for major injuries; send a clear and urgent report to the physician directly, rather than presuming another nurse did so;

ensure the patient is immobilized and brought to the emergency department if necessary. **Proper documentation:** describe the observation accurately, including the misplaced foot and patient's fall; do not minimize or misrepresent the occurrence in paperwork; record any communication with the healthcare team, including when and how the physician was informed. **Effective Communication and Teamwork:** confirm with the primary nurse or physician that issues have been handled; use SBAR (Situation, Background, Assessment, Recommendation) to communicate with the physician; ensure proper handoff to the following shift or medical personnel. **Follow hospital protocols and nursing standards:** use standard protocols for fall evaluation and injury management; ensure compliance with facility policies for reporting and escalating medical situations; participate in continuing education or training on fall prevention and emergency response. By taking these actions, the nurse could have avoided injury to the patient and exhibited professional accountability, lowering the likelihood of disciplinary action.

- *Identify ALL universal competencies (4-5) that were violated and explain how in detail to reflect your understanding and importance of the universal competencies.*

Safety and Security: The nurse risked this by not conducting a complete assessment post-fall to render the severity of the injury. Without this, a proper medical intervention was instituted way too late.

Communication: The nurse should have ensured she communicated in FULL with the right personnel following the incident. She should have followed up with the primary nurse or physician to confirm that your concerns have been handled. Use SBAR (Situation, Background, Assessment, Recommendation) to communicate with the physician.

Critical Thinking: The case demanded fast clinical reasoning to determine the seriousness of the damage, but the nurse did not act appropriately. A proper assessment should have resulted in an immediate response rather than presuming that another healthcare practitioner had accepted responsibility.

Documentation: It is the nurse's job to explain in FULL what was seen, including the misplaced foot and how the patient fell. She minimized or misrepresented the occurrence in paperwork. She should have documented all communications with the healthcare team, including when and how the physician was notified.

Professional Role: The nurse assumed that the patient's primary nurse had already explained to the doctor the severity of the patient's injury. This is wrong; never assume to have that conversation with her fellow employee. The nurse should have also discussed the situation with the doctor, as she was the one to witness the event.

By neglecting to appropriately assess, document, and escalate treatment, the nurse jeopardized the patient's safety and breached key nursing duties. These shortcomings not only increased the risk of damage but also exposed the nurse to disciplinary action for failing to provide adequate patient care.

- *Use the space below to describe what actions you think a prudent nurse would take as the first to person to discover the event described. In other words, you are the one who discovers the patient has been harmed by the nurse or you have discovered the impairment or criminal activity cited in the disciplinary action.*

If I were the first person to discover these events, I would use immediate patient advocacy and speak up on behalf of my patient. If the initial nurse fails to assess the patient, I need to go in and do so myself. I

would have also confirmed the damage severity by checking for deformity, edema, or circulation difficulties and ensured the patient was steady and not in distress. Next, I would have addressed the nurse's actions discreetly by pulling her aside. I would have said something along the lines of, "I noted that the patient's foot appears to be dislocated. Have you evaluated circulation and sensation? We should notify the doctor immediately." Next, I prioritize patient safety through proper documentation and escalation processes. After notifying the doctor and relaying all of the prudent information, I would address the negligent actions of the nurse. After all of this has been completed, I would follow up with the patient one last time.