# WISCONSIN DEPARTMENT OF REGULATION & LICENSING

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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

| | | |
|---|---|---|
| IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST | : | **FINAL DECISION AND ORDER** |
| CANDICE J. ROSENBERG, APNP, RESPONDENT. | : | LS0509088NUR |

05 NUR 131

The parties to this action for the purposes of Wis. Stat. sec. 227.53 are:

Candice J. Rosenberg
340 Woodland Heights
Rhinelander, WI 54501

Wisconsin Board of Nursing
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

## PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

## FINDINGS OF FACT

1. Candice June Rosenberg (dob: 1/11/47) is and was at all times relevant to the facts set forth herein a registered nurse licensed in the State of Wisconsin pursuant to license #106726, first granted 3/21/91, and an advanced practice nurse prescriber credentialed in the State of Wisconsin pursuant to certificate #1869, first granted 5/1/01.

2. Respondent has not had a collaborative relationship with any physician, as required by Wis. Adm. Code § N 8.10(7), while exercising her prescribing privileges, and during all of the events described below.

3. On 2/3/05, Respondent saw K.W., a female born in 1960, and commenced providing care to her.

A The initial note reads, in its entirety [with identifying information omitted]: "K[…] W[…]- [telephone number] prednisone 20mg, Lipitor qd, Ambien 10mg Hs, Neurontin 800mg take on PO TID, Celebrex 200mg, atenolol 10mg QD, Flovent nebulizer for asthma x4qd, Prometrium hormone 200mg day 15-25. 2/3/05, [patient's date of birth]. Oxycontin 20mg BID x30d #60, Adderall 20mg BID x30d #60, alprazolam take one, mg T 10 x30d #90." There is no indication of any physical examination, vital signs, discussion of the pain, treatment plan, or consultation with other providers either past or present.

B The second note reads, in its entirety: "K[…] called to say she is getting breathing pain and wants to go back to what she was on with Dr. W[…] which was 40mg BID. ~~OxyC 20mg take one PO BID x25d.~~ OxyC 40mg take one BID x25d #50. Oxycodone 5mg take one PO BID x10d #20. tizanadine HCl 4mg 2 tabs 3 times daily—Zanaflex."

C The third note reads, in its entirety, " 2/28/05 Oxycontin 60mg take one PO BID x30d #60. Adderall 30mg take one PI BID x30d #60. Stadol NS no refill. Glucosamine chondr."

D The fourth note reads, in its entirety: "2/29/05 10 refills Imitrex stat. Compazine 10mg TID 20d. 60. Stadol NS."

E The fifth note reads, in its entirety: "3/25/05 Imitrex stat 20 refills. Compazine 10mg TID x20d #60. Stadol NS x3 refills. Adderall 30mg BID x30d #60. Oxycontin 60mg BID x30 #60. ~~Palladone 16mg qd x30d.~~ Oxyc 10mg BID x30d #30."

F The sixth note reads, in its entirety: "4/21/05 Spiriva. Serevent. Adderall 30mg BID. Stadol NS 3 refills. Amerge 2.5mg. Oxycontin 70mg BID. Guianefecin [sic] 1 tsp BID Robitussin 200 [?]. Albuterol short acting inhaler. Mucinex 600mg tablet 40 tabs."

G The seventh note reads, in its entirety: "4/27/05 K[…] took Amerge at midnight and again in morning. Did not work. Cymbalta 30mg take on PO QD x14d then 30mg take one PO qd x14d."

H The eighth note reads, in its entirety: "morphine sulfate 105mg BID—is not working—made pt. nauseous. Stadol one refill. Cymbalta 60mg QD. Serevent BID. Spiriva QD. Flovent 880 mcg BID. ~~Compazine 10mg take one PO TID. Alpraz take one mg take one PO TID x30d #90.~~ Frova 2.5mg take one PO and then 3 q24h. Adderall 30mg BID. 5/19/05. Oxycontin ~~70~~ 60mg BID x30d. Pls dispense 40mg 20mg 10mg, 40mg 20mg 10mg, 60-40mg, 60-20mg, 10-10mg. Compazine 10mg take one PI TID x30d #90. Alprazolam take one mg take one PO QID x30d #120."

I The ninth note reads, in its entirety: "6/10/05 theft on 6/9/05 (all Oxycontin was stolen by John (boyfriend)). Oxycodone 5 mg take two tabs PO QID x10d #40. Vicodin 5mg take one tabs PO QID x10d #40. Lorazepam."

J The tenth note reads, in its entirety: "6/12/05 Blood glucose 93 at 11AM. Keflex 500mg BID x10d #20—skin infection."

K The eleventh note reads, in its entirety: "6/15/05. 104/73. 83. x Adderall 40mg take one PO BID x30d #60. x ~~Oxycontin 70mg PO q8-12h and 60mg PO q8-12h~~} 24 hr period. 80mg PO BID. x Serevent BID x30d 9 refills. x Spiriva qd x30d 9 refills. ~~Cymbalta 60mg qd x30d 9 refills~~. x Frova 2.5mg take one PO and then 3 q3-4h 9 refills. x Azmacort inhaler BID x30d #, 9 refills. x Stadol NS 1 spray in one nostril repeat 60 to 90 minutes if pain relief is inadequate. For severe pain, 2mg (1 spray in each nostril q 3-4h.) x Alprazolam take one mg take one PO QID 6 refills. x Fentanyl transdermal system 50mcg q2-3d x30d #15. x Effexor XR 37.5—7, 75.0—14, 117.5—7. Zocor 20mg q evening x30d #3."

L The twelfth note reads, in its entirety: "7/11/05 Effexor XR 150qd x14d then 187.5 qd. Oxycontin 20mg PI IV (4) tabs q 8-12h x30d #240. Adderall 40mg take one PI BID x30d #60. Fentanyl transdermal system 50mcg take one Q 2-3d #15. Stadol one spray—one refill. Atenolol 50mg take on PO QD. Cymbalta 60mg take one PO qd x30d #9 refills. Ambien 10mg take one PO qh x30 3 refills (d/c symbiax [sic]). ~~Prednisone 10mg qd 15 x7d, 10 28d~~. Prednisone 15mg x7d then 10mg take one PO x 21d."

M The patient was found dead on 7/13/05, and the cause of death appears to be an overdose of controlled substances.

4. The record of care described in par. 3, above, fails to demonstrate that the patient was assessed, that a plan of care was developed, and that the patient was then evaluated to determine the progress or lack of progress toward the achievement of the goals of the plan of care. No vital signs are recorded, nor the result of any physical examination. No alternatives to opioid therapy are shown to have been attempted or considered. No AODA history is recorded. No pain levels are recorded nor is the pain adequately described. No notes indicate what the plan for care is, or what the goals are; no progress towards any goal is recorded. The record was not adequate to permit Respondent to comply with Wis. Adm. Code § N 8.10(4), in that it did not contain any information regarding the past surgeries, the allergies, and all current medications of the patient.

5. The dangers of failing to properly assess, develop a plan, and evaluate a patient in this case are that the patient will be inappropriately prescribed opioids and other controlled substances or other products and will divert them to others, or that

she will use them and their use will mask symptoms of other significant disease or conditions which will then go undetected and treated and will worsen, causing permanent injury or disability; alternatively the patient may overdose and die or suffer permanent injury.

6. A minimally competent registered nurse with a certificate to prescribe would examine the patient at the initial visit including taking vital signs and reviewing her symptoms, take a history and record it including allergies, the dates of all relevant surgeries, record all medications the patient is then taking and who prescribed them, record in detail the nature and extent of the patient's pain including its qualities, location, aggravating factors, temporal changes, and level. Alternatives to opioid medications such as NSAIDS and other medications, physical therapy, TENS units, biofeedback, acupuncture, and other previous treatment regimens would be recorded. An AODA history would be taken and recorded. A diagnosis of the condition would be recorded, and a plan developed including functional goals for the patient. If the patient or an immediate family member had a history of AODA, a written medication agreement would be signed and copied to the pharmacy, and urin drug screens would be obtained to assure compliance. Upon subsequent visits, the patient's vital signs, especially blood pressure, would be regularly recorded to determine if the opioids had caused her blood pressure to increase. The patient's progress towards achieving the goals of treatment would be noted, together with any changes in her pain levels. Side effects of opioids, such as constipation, would be addressed.

7. The above chart is representative of the patient health care records kept by Respondent.

## CONCLUSION OF LAW

By the conduct described above, respondent is subject to disciplinary action against her license to practice as a registered nurse in the state of Wisconsin, pursuant to Wis. Stat. §441.07(1)(b), (c) and (d), and Wis. Adm. Code §§ N 7.03(1)(a), (b), (c), and N 8.10(2) and (7).

## ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that :

1. The SURRENDER of the certificate of Candice J. Rosenberg to prescribe, and the license and privilege of Candice J. Rosenberg to practice nursing, in the state of Wisconsin is ACCEPTED, effective on the date of this Order. Respondent shall not prescribe, or attempt to prescribe, any prescription drug or device, without a valid certificate from the Board, nor shall she practice nursing, including by the exercise of a privilege under the Nurse Licensure Compact, without a license from the Board.

2. Respondent may petition for reinstatement of her license to practice nursing only after she has undergone a comprehensive physical and mental health evaluation at a facility satisfactory to the Board; any such evaluation shall be preceded by notice to the Division of Enforcement which shall make appropriate file materials available to the evaluating facility before the evaluation is conducted. If she does so petition the Board, her petition shall be accompanied by full payment of the costs in this matter, in the amount of $1800.

WISCONSIN BOARD OF NURSING

By: Jacqueline Johnsrud, RN
A Member of the Board

September 8, 2005
Date