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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
	:	
KATHLEEN A. DAVIS, R.N.,	:	LS0308081NUR
RESPONDENT.	:	03 NUR 12

The parties to this action for the purposes of § 227.53, Wis. Stats., are:

Kathleen A. Davis RN
609 N. Woods Edge Dr.
Oregon, WI 53575

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

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. Kathleen Ann Davis (dob: 4/4/74) 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 #134209. This license was first granted 2/14/00.
2. On 1/8/03, and while employed as a registered nurse at HospiceCare, Inc., respondent was required

to give a urine sample which tested positive for the controlled substance tetrahydrocannabinol.

3. Also on 1/8/03, a partially filled syringe containing diazepam, a C-IV controlled substance, was found at the bedside of one of respondent's patients following her shift. Respondent documented administering 5mg of the 10mg in the syringe to the patient; there was no documentation that the rest of the contents were properly disposed of. The Board infers that respondent left this syringe in the patient's room, unattended, without properly disposing of it.

4. On 1/7/03, respondent was assigned to a patient who had a morphine IV infusion order. Respondent documented that she began the drip at 0.5mg/hr at 1700, and the increased it to 1mg/hr when the patient's pain was not relieved, but did not document the time of the change in dosage. This documentation was not consistent with the IV pump's computer memory, which showed that the initial rate was 1mg/hr, and that a 2mg bolus was given 15 minutes after the pump was started. This bolus dose was not charted. The pump used was incapable of dispensing 0.5mg/hr with the concentration of morphine used. Additionally, facility policy was that a second nurse shall check each pump before initiating or increasing the dosage of a morphine infusion, and respondent failed to obtain such a check before initiating or increasing the morphine.

5. On and between 11/29/03 and 1/7/03, respondent made a series of practice and documentation errors including: charting dispensing of lorazepam which had been discontinued or which was then not charted as being administered, wasted, or returned; administering oxycodone rather than the ordered hydrocodone/APAP; dispensing opioids or benzodiazepines for patients who had PRN orders but for whom no need for these medication is indicated in the chart; administering morphine instead of the ordered hydromorphone; failing to completely document a telephoned order to discontinue medications; and failing to properly document the times that controlled substances were ordered, dispensed, and administered.

6. Respondent is not currently engaged in nursing practice.

CONCLUSIONS OF LAW

A. The Wisconsin Board of Nursing has jurisdiction to act in this matter pursuant to §441.07(1)(b)(c) and(d) Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

B. The conduct described in paragraphs 2 through 5, above, violated §§ N 7.03(2) and N 7.04(1), (2) and (15) Wis. Adm. Code. Such conduct constitutes unprofessional conduct within the meaning of the Code and statutes.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED that effective on the date of this Order, the SURRENDER of the license of Kathleen Ann Davis RN to practice as a registered nurse in the state of Wisconsin is ACCEPTED. Respondent shall not practice nursing in Wisconsin without a valid license from the Board.

This Order shall become effective upon the date of its signing.

By: Jacqueline Johnsrud
Board Chair

8-8-03
Date