

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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**State Of Wisconsin**  
**Before The Wisconsin Board Of Nursing**

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In The Matter Of Disciplinary Proceedings Against :

	:	FINAL DECISION
JOYLINE HORNBURG, R.N.,	:	AND ORDER
RESPONDENT	:	LS0312221NUR

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

Joyline Hornburg, R. N.  
5420 South Honey Creek Drive  
Greenfield, WI 53221

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 Wisconsin Board of Nursing received a Stipulation submitted by the parties to the above-captioned matter. The Stipulation, a copy of which is attached hereto, was executed by Joyline Hornburg, R. N., personally and by her attorney, Jeffrey P. Sweetland, and by Claudia Berry Miran, attorney for the Department of Regulation and Licensing, Division of Enforcement. Based upon the Stipulation of the parties, the Wisconsin Board of Nursing makes the following Findings of Fact, Conclusions of Law, and Order.

**FINDINGS OF FACT**

1. Joyline Hornburg, R. N., was born April 19, 1946. Ms. Hornburg's latest address on file with the Department of Regulation and Licensing is 5420 South Honey Creek Drive, Greenfield, WI 53221.
2. Ms. Hornburg is licensed to practice in the state of Wisconsin as a registered nurse pursuant to license #81596, which was first granted on March 26, 1982.
3. On April 24, 1996, patient PG, a 47-year-old female, was admitted to St. Francis Hospital with a complaint of epigastric pain radiating to the right upper quadrant of the abdomen. After a series of tests, Dr. AV diagnosed chronic cholecystitis and cholelithiasis and recommended a laparoscopic cholecystectomy.
4. Dr. AV performed a laparoscopic cholecystectomy on PG on April 29, 1996. PG remained overnight at the hospital after the surgery.
5. Abdominal and shoulder pain and nausea are common reactions to the injection of carbon dioxide gas into the patient's abdomen and the manipulation of the gall bladder in connection with a laparoscopic cholecystectomy
6. After the surgery on April 29, Dr. AV ordered the following medications for PG:
  - a. Demerol 50 mg and Vistaril 50 mg by intramuscular injection (IM) every 4 to 6 hours as needed for pain;
  - b. Vicodin ES orally every 4 to 6 hours as needed to lessen pain;
  - c. Compazine 10 mg IM every 6 hours as needed for nausea;
  - d. Restoril 30 mg as needed at bedtime for sleep;

- e. The antibiotic Cipro 500 mg orally twice a day, at 0700 and 1900; and
  - f. The acid reducer Prilosec 20 mg daily at 0900, to start that evening.
7. On April 29, Dr. AV ordered, "Discharge in AM if stable," referring to the next morning.
  8. Prior to the day shift on April 30, 1996, PG was given Demerol 50 mg and Vistaril 50 mg IM for pain at 1050, 1450, 1840, and 2245 on April 29 and at 0245 and 0645 on April 30. She was given Vicodin ES orally to lessen pain at 0430 on April 30.
  9. PG's nurses charted that on April 29 she was restless and moaning and requested an analgesic at 1050, complain of "severe abdominal pain" at 1310, rated her pain at 10 on a scale of 1 to 10 at 1450, and complained of "great" pain in her abdomen and right shoulder at 2305.
  10. During the April 29-30 night shift, PG's nurse charted that PG rated her post-operative pain at 8 on a scale of 1 to 10 at 0245, at which time she was given Demerol and Vistaril IM. The nurse charted that 45 minutes later PG rated her pain at 4 but was unable to sleep. The nurse charted that PG rated her post-operative and right shoulder pain at 8 again at 0430, at which time PG was given Vicodin ES orally.
  11. At 0515 on April 30, the nurse charted that PG was asleep. At 0645 the nurse charted that PG rated her post-operative and right shoulder pain at 10 on a scale of 1 to 10, at which time she was given Demerol and Vistaril IM.
  12. At 0130 on April 30, PG's night shift nurse charted an assessment that noted PG's abdomen was "soft obese tender," with bowel sounds present.
  13. At 0700 on April 30, PG's night shift nurse charted that she administered Cipro to PG orally. Nausea is a common side effect of Cipro.
  14. Respondent was assigned to care for PG during the day shift for April 30, 1996. During the morning of April 30, Student nurse TJ, under the direct supervision of instructor MG, a registered nurse, provided direct cares to PG.
  15. On the morning of April 30, 1996, Respondent charted a telephone order from Dr. AV to discharge PG that day.
  16. Respondent did not chart any assessments of PG during the morning of April 30. Student nurse TJ and instructor MG charted an assessment of PG at approximately 0930 on April 30, using an Assessment Flow Sheet. They noted that her abdomen was "soft, obese, tender," and that bowel sounds were present.
  17. St. Francis Hospital's protocol required that a patient returning from surgery be assessed "upon arrival to room, then every 30 minutes for one hour, then every 4 hours for first 24 hrs. (use Nursing Judgment), then, every 8 hours (days, pms, nights)," with additional reassessment as change in condition warranted and per nursing/physician order.
  18. At 0930 on April 30, PG's pulse was 95 and her respirations were 25. Blood pressure was 130/70.
  19. MG and student nurse charted that they gave PG Prilosec at 0900 on April 30. No one gave PG any Compazine for nausea on April 30.
  20. MG charted that PG was ambulated twice with assistance during the morning of April 30, first at 1000 and the second time at 1200.
  21. No pain medication was given to PG between 0645 and 1156 on April 30. That was the longest period that PG went without any pain medication between her surgery on April 29 and her discharge on April 30.
  22. As charted by instructor MG and student nurse TJ at 1156 on April 30, student nurse TJ administered Demerol and Visteril to PG for pain relief.

23. At noon on April 30, student nurse TJ charted as follows:

O: Pain of 10 on a 1-10 scale in upper right abdominal quadrant. Pt. frequently requesting pain med. throughout the morning due to lack of pain relief. Refused total liquid breakfast. Emesis 100 cc brown liquid gastric content.

A: Ambulated 100 yds. with assist. Demerol/Vistaril administered. Encouraged to try to eat liquid lunch tray.

R: Pt. sleeping 1 hr. after giving pain med. Pt. has been napping throughout the morning.

24. At 1300 Respondent, using the same Assessment Flow Sheet that MG and student nurse TJ has used earlier in the shift, recorded that PG's body systems were all within normal limits, including her gastro-intestinal (GI) system. For the GI system, "within normal limits" meant "abdomen soft and non-distended" and "bowel sounds present." In the daily Complete Skin Risk Assessment, Respondent also recorded that PG could ambulate without assistance, had full range of motions in her extremities, and was eating or drinking inadequately. She did not record PG's specific vital signs or her level of pain, or write any other comments in nursing notes in connection with the 1300 assessment.
25. Respondent reviewed discharge papers with PG and one or members of PG's family at approximately 1400. PG signed discharge papers on a hospital form that stated: "**Please note:** Fever, redness around incision, an increase of pain, or the appearance of a pus-like discharge are signs of possible infection that should be reported to your doctor." Respondent wrote on the instructions that PG was "to see Dr. [AV] on Wed., May 8, at noon at Clinic."
26. On the discharge instructions that PG signed, Respondent noted that prescriptions had been given to PG along with computerized education sheets about Vicodin ES and Prilosec. Respondent wrote that the next dose of Vicodin was to be taken at 6 p.m. on April 30. The instructions stated, "If you have any questions about your medications, notify your doctor immediately."
27. At the time of PG's discharge at 1400 on April 30, Respondent charted that PG was ambulatory at the time of discharge and that her "pain discomfort is adequately managed." She also wrote the following discharge note:
- Pt alert and oriented. Skin w/m & dry. Home care & follow up instructions given. Belongings gathered. Has prescriptions. Pt taken per w/c to door c aide and family.
28. Respondent charted that at 1400, the time of discharge, she gave PG Vicodin orally to lessen pain. Respondent did not make any notation about PG's pain in the discharge note. At the time of the event, St. Francis Hospital protocol did not regularly require notation about level of pain at the time of discharge.
29. Respondent did not telephone the doctor or speak to him again following the telephone conversation described in paragraph 15 above.
30. According to records from St. Luke's Hospital, PG became increasingly ill at home. She refused to return to St. Francis Hospital, claiming it was because of the way she was treated there. On May 5, PG presented at St. Luke's Hospital with fever, severe abdominal pain, and vomiting. An exploratory laparotomy disclosed a duodenal perforation.
31. According to records from St. Luke's Hospital, PG died at St. Luke's Hospital on May 22. Her cause of death was refractory sepsis, secondary to recurrent abdominal sepsis and perforation of the duodenum.

### CONCLUSIONS OF LAW

1. The Board of Nursing has jurisdiction in this matter pursuant to § 441.07 (1), Stats.
2. The Board of Nursing has the authority to resolve this disciplinary proceeding by Stipulation without an evidentiary hearing pursuant to § 227.44 (5), Stats.
3. A nurse's failure to observe and record a patient's level of pain as one of the patient's conditions, signs and symptoms

violates Wis. Adm. Code N 7.03 (1) (c).

## ORDER

NOW, THEREFORE, IT IS ORDERED that the stipulation of the parties is approved.

IT IS FURTHER ORDERED that:

1. Joyline Hornburg is hereby REPRIMANDED.
2. Ms. Hornburg shall, not later than sixty (60) days following the effective date of this order, pay to the Department \$300 toward the costs of the investigation, pursuant to § 440.22, Stats.
3. Ms. Hornburg shall, within twelve (12) months of the date of this order, submit documentation acceptable to the Board showing successful completion of continuing education in the following areas:
  1. Pain Assessment, 6 hours;
  2. Ethical Decision Making in Nursing, 6 hours; and
  3. Legal Aspects of Nursing, 6 hours.
4. Ms. Hornburg shall obtain pre-approval of one or more courses from the Board or its designated agent before she takes the courses in fulfillment of this requirement.
5. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including pre-approval of continuing education and receipt of all reports. The Department Monitor may be reached as follows:

Department Monitor  
Division of Enforcement  
Department of Regulation and Licensing  
P. O. Box 8935  
Madison, WI 53708-8935  
FAX (608) 266-2264  
TEL. (608) 267-3817

6. IT IS FURTHER ORDERED that if Ms. Hornburg does not comply with all terms (including the time period for completion of continuing education) of this Final Decision and Order of the Wisconsin Board of Nursing, the Board may take further legal action pursuant to Wis. Stats. § 441.07 or in other legal proceedings to enforce remedies available to the Board of Nursing.

The rights of a party aggrieved by this Final Decision and Order to petition the Wisconsin Board of Nursing for rehearing and to petition for judicial review are set forth in the attached "Notice of Appeal Information."

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

By: Jacqueline Johnsrud  
A Member of the Board

4-22-04  
Date