

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 :

LS0409021NUR

TERESA M. MEDINA, R.N., :
RESPONDENT. :

FINAL DECISION AND ORDER

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

Teresa M. Medina, R.N.
724A Cleveland Avenue
Manitowoc, WI 54220

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 of Nursing. 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. Teresa M. Medina, R.N., Respondent, date of birth May 16, 1963, is licensed by the Wisconsin Board of Nursing as a registered nurse in the state of Wisconsin pursuant to license number 121851, which was first granted February 2, 1996.
2. Respondent's last address reported to the Department of Regulation and Licensing is 2414 Wollmer Street, Manitowoc, WI 54220.
3. Respondent has a history of alcohol and other drug use:
 - a. Respondent was convicted of Operating a Motor Vehicle while Intoxicated in 1998 and again in 2000. Respondent was assessed at Great Lakes Psychiatric Center following her 2000 conviction but did not receive drug or alcohol treatment.
 - b. Respondent's treatment records of a July 19, 2002 hospital admission show she admitted the following drug use:
 - i. Respondent was using marijuana, a schedule I controlled substance, for relaxation on a weekly basis and had last smoked it the previous night.
 - ii. A couple of weeks earlier Respondent used cocaine, a schedule II controlled substance, without the order of a practitioner. [Respondent agrees that the treatment record says she said she used cocaine a couple of

weeks earlier, but she contends that is an error. She contends that she told the person making the record that she had used cocaine illegally years earlier, but not within the past few weeks.]

iii. A day or two before admission, Respondent obtained 1-2 Vicodin® tablets, a class II controlled substance, from a friend and ingested them, without the order of a practitioner.

4. In 2002, Respondent was employed by Felician Senior Living Community and worked as a registered nurse at St. Mary's Home in Manitowoc, Wisconsin.

5. On July 19, 2002, Respondent was assigned to work the 2 p.m. - 10:30 p.m. shift. Following the shift change report, the nurse who was going off duty handed Respondent the keys to the medication cart. She informed Respondent that there was a cup of crushed medications to be disposed of, which had belonged to a resident who died that day. The crushed medications consisted of 12 tablets of Anexia 5/500, which is a brand of hydrocodone bitartrate 5 mg and acetaminophen 500 mg, and 15 tablets of Lorazepam 0.5 mg. They were in the double locked part of the medication cart. The crushed medications were to be given to the nurse supervisor for disposal.

6. Hydrocodone is a narcotic analgesic and a Schedule II controlled substance pursuant to Wis. Stat. § 961.16(2)(a). Lorazepam is a benzodiazepine with central nervous system depressant, anxiolytic and sedative properties, and a Schedule IV controlled substance pursuant to Wis. Stat. § 961.20(2)(er).

7. Respondent ingested the crushed medications instead of disposing of them. Respondent contends that she took the medication by accidentally mixing her pudding in the cup with the crushed medications. This explanation is not credible under the circumstances. The following then occurred:

a. Less than an hour after beginning her shift, Respondent exhibited slurred speech, an unsteady gait, and disorganized thoughts.

b. The clinical nurse manager had Respondent sit down and checked her blood sugar, which was normal. At approximately 3:20 p.m., the dietitian brought Respondent a sandwich and juice. Respondent's condition had become worse. She needed assistance while walking, was lethargic and had difficulty eating the sandwich. Respondent also had difficulty staying awake and was unable to respond coherently to questions.

c. The clinical nurse manager checked Respondent's vital signs which indicated that Respondent's pulse was elevated to the 100s and her respirations were slowed. The Director of Nursing was alerted and called Respondent's parents, who came to take Respondent to the emergency room at Holy Family Memorial Medical Center in Manitowoc. Respondent had to be taken out in a wheelchair because she was no longer able to walk.

d. As a result of her condition and concerns for her safety, Respondent was admitted to the hospital on a Chapter 51 emergency detention. At the time of admission, Respondent's urine drug screen tested positive for THC (the active ingredient in marijuana), benzodiazepines and opiates.

e. On July 22, 2002, Respondent was discharged from the hospital with an Axis I diagnosis of cannabis abuse. Respondent agreed to AODA follow-up and scheduled an appointment at Great Lakes Psychiatric Center in Manitowoc, Wisconsin.

8. From August 8, 2002 until her employment was terminated on October 25, 2002, Respondent was employed as a registered nurse at River's Bend Health and Rehabilitation Center (Facility) in Manitowoc, Wisconsin.

9. Facility policies and procedures for the destruction of controlled substances require two nurses to witness and co-sign the destruction of any controlled substances.

10. On September 25, 2002, Respondent signed for the destruction of 5 tabs of Dilaudid®, a brand of hydromorphone HCl, a schedule II controlled substance. The destruction record also contains a second signature which purports to be the signature of a second nurse indicating she had also witnessed Respondent's destruction of the Dilaudid®.

11. In fact, Respondent did not have the other nurse witness the destruction of the Dilaudid®. Respondent contends that, although the other nurse did not witness the destruction of the drugs, the other nurse signed the destruction record. The other nurse denies signing the destruction form and the signature on the form does not appear to be that of the other nurse.

12. On October 24, 2002, the Director of Nursing (DON) became aware that the second nurse did not witness or co-sign the destruction of the Dilaudid® on September 25, and that nurse's signature on the destruction record was an apparent forgery. On October 25, 2002, the DON interviewed Respondent regarding this matter and Respondent admitted she had not had a second nurse witness the destruction as the policy required, but denied forging her signature. Respondent was terminated from her employment for failure to follow the policy and procedure for narcotic destruction and negligent nursing practice.

13. On November 25, 2002, Respondent completed a Psychosocial Chemical Dependence Assessment at Great Lakes Psychiatric Center. As a result of the assessment, Respondent was diagnosed with alcohol abuse and dysthymia and it was recommended that Respondent seek continued AODA/mental health counseling. During that assessment:

- a. Respondent contended that the positive result for THC on the drug test in July 2002 was the result of second hand smoke. That contention was inconsistent with Respondent's having admitted to weekly marijuana use when she was hospitalized at the time of the test in July 2002.
- b. Respondent contended that her consumption of the controlled substances at work on July 19, 2002 was accidental.
- c. Respondent did not disclose her recent use of cocaine and did not disclose her recent unauthorized use of Vicodin®.

14. Following the November 25, 2002 assessment, the only treatment Respondent obtained was sessions of November 19, 2003, December 12, 2003 and January 19, 2004.

CONCLUSIONS OF LAW

1. The Wisconsin Board of Nursing has jurisdiction over this matter pursuant to Wis. Stat. § 441.07 and authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. Respondent's conduct on July 19, 2002 was the use of a drug to an extent that it impaired her ability to safely or reliably practice nursing and a violation of Wis. Adm. Code § N 7.03(2), which subjects Respondent to discipline pursuant to Wis. Stat. § 441.07(1)(c).

3. Respondent, by obtaining controlled substances other than in the course of legitimate practice and as otherwise prohibited by law, has violated Wis. Adm. Code § N 7.04(2), which subjects Respondent to discipline pursuant to Wis. Stat. § 441.07(1)(d).

4. Respondent, by making false statements about the alleged witnessing of destruction of the Dilaudid and the destruction report, has committed misconduct or unprofessional conduct as defined by Wis. Adm. Code § N 7.04 (intro), and is subject to discipline pursuant to Wis. Stat. § 441.07(1)(d).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. The SURRENDER by Teresa M. Medina, R.N., Respondent, of her license as a registered nurse in the state of Wisconsin is hereby ACCEPTED, effective immediately.

2. Respondent shall, within 90 days of the date of this Order, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of \$250.00 pursuant to Wis. Stat. § 440.22(2).

3. Payment shall be mailed or delivered to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817

Dated at Madison, Wisconsin this 4th day of November, 2004.

Jacqueline A. Johnsrud, R.N.
Chairperson
Board of Nursing