

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF DISCIPLINARY  
PROCEEDINGS AGAINST

JAMIE L. ZWICKY, R.N.,  
RESPONDENT.

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FINAL DECISION AND ORDER

**0004477**

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Division of Legal Services and Compliance Case No. 15 NUR 273

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

Jamie L. Zwicky, R.N.  
318 Stewart Hill Dr.  
Waukesha, WI 53188

Wisconsin Board of Nursing  
P.O. Box 8366  
Madison, WI 53708-8366

Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190  
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Wisconsin Board of Nursing (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, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Jamie L. Zwicky, R.N., (dob April 28, 1976) is licensed in the State of Wisconsin as a professional nurse having license number 138149-30, first issued on July 18, 2001 and current through February 29, 2016. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 318 Stewart Hill Drive, Waukesha, Wisconsin 53188.

2. At all times relevant to this proceeding, Respondent was employed as a professional nurse at a hospital (Hospital), located in Milwaukee, Wisconsin.

3. On April 1, 2015, the Hospital pharmacy department notified the emergency department director of nursing (DON) and the rest of the nursing management team that Respondent's pharmacy report had been "flagged" for excessive hydromorphone removal between February and March 2015 from the Med Select® dispensing system.

4. The Hospital conducted an investigation that revealed the following discrepancies:

- a. On February 8, 2015, Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe for Patient A and did not document administration.
- b. On February 15, 2015, at 7:50 a.m., Respondent dispensed one (1) hydromorphone 2 mg/2 ml syringe for Patient B and did not document administration.
- c. On February 16, 2015, Patient C had a physician's order for hydromorphone 0.5 mg per hour as needed. At 3:30 p.m. and 3:59 p.m., Respondent administered hydromorphone 0.5 mg to Patient C. At 4:00 p.m., Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe, administered 0.5 mg and did not document the waste of the remaining hydromorphone. At 4:58 p.m. and 5:16 p.m., Respondent administered hydromorphone 0.5 mg to Patient C.
- d. On February 22, 2015, at 3:33 p.m., Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe for Patient D, but documented that she administered the hydromorphone at 3:15 p.m. to Patient D.
- e. On February 22, 2015, at 7:15 p.m., Respondent dispensed two (2) hydromorphone 1 mg/1 ml syringes for Patient E, but did not document the administration, waste or return of any hydromorphone.
- f. On March 7, 2015, Patient F had a physician's order for hydromorphone 0.5 mg per hour as needed. At 4:25 p.m., Respondent administered hydromorphone 0.5 mg and at 4:44 p.m., administered another dose of hydromorphone 0.5 mg to Patient F.
- g. On March 7, 2015, Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe for Patient G, but did not document the administration, waste or return.
- h. On March 15, 2015, at 6:05 p.m., Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe for Patient H. At 6:07 p.m., Respondent administered hydromorphone 0.5 mg, but did not document the waste of the remaining hydromorphone.
- i. On March 15, 2015, at 5:44 p.m., Respondent dispensed two (2) hydromorphone 2 mg/1 ml syringes for Patient I. Respondent documented that she administered the hydromorphone at 5:00 p.m. to Patient I.

- j. On March 19, 2015, at 2:44 p.m., Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe for Patient J. Respondent documented administering the hydromorphone to Patient J at 2:40 p.m.
  - k. On March 23, 2015, at 4:51 p.m., Respondent dispensed one (1) hydromorphone 1 mg/1 ml syringe for Patient K. At 5:01 p.m., Respondent documented wasting 0.5 mg, but did not document that she administered the other 0.5 mg of hydromorphone to Patient K.
  - l. On March 24, 2015, Patient L had a physician's order for hydromorphone 1 mg per hour as needed. At 1:30 p.m., Respondent administered hydromorphone 1 mg. At 2:00 p.m., Respondent administered another dose of hydromorphone 1 mg to Patient L.
  - m. On March 28, 2015, Patient M had a physician's order for hydromorphone 1 mg per hour as needed. At 5:50 p.m., 6:30 p.m. and 7:15 p.m., Respondent administered hydromorphone 1 mg to Patient M.
5. By failing to properly document administration of hydromorphone, Respondent created an unnecessary risk or danger to a patient's life, health, or safety.
6. On April 2, 2015, Respondent was subjected to a reasonable suspicion drug and alcohol screen. The test was negative for hydromorphone, but positive for codeine and morphine.
7. On June 12, 2015, in an interview with a Department investigator, Respondent admitted to ingesting a Tylenol 3® 48-hours prior to the drug screen. Respondent stated that it was from a seven (7) year old prescription and that she obtained a new prescription from her dentist.
8. When questioned about the documentation errors for administration and waste, Respondent admitted to being busy, forgetting to document and that she has poor practice habits when it comes to documentation. Respondent acknowledged the risks involved to the patient when administration is not documented.
9. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

#### CONCLUSIONS OF LAW

- 1. The Wisconsin Board of Nursing has jurisdiction to act in this matter pursuant to Wis. Stat. § 441.07, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).
- 2. By the conduct described in the Findings of Fact, Jamie L. Zwicky, R.N., engaged in unprofessional conduct as defined by Wis. Admin. Code § N 7.03(6)(a), by failing to perform nursing with reasonable skill and safety.

3. By the conduct described in the Findings of Fact, Jamie L. Zwicky, R.N., engaged in unprofessional conduct as defined by Wis. Admin. Code § N 7.03(6)(c), by departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health or safety.

4. As a result of the above conduct, Jamie L. Zwicky, R.N., is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(b) and (d).

#### ORDER

1. The attached Stipulation is accepted.

2. Respondent Jamie L. Zwicky, R.N., is REPRIMANDED.

3. The professional nursing license issued to Jamie L. Zwicky, R.N., (license number 138149-30) and her privilege to practice in Wisconsin pursuant to the Nurse Licensure Compact, are LIMITED as follows:

- a. Within ninety (90) days of the date of this Order, Respondent shall at her own expense, successfully complete four (4) hours of education on the topic of medication errors and five (5) hours of education on the topic of documentation errors offered by a provider pre-approved by the Board's monitoring liaison, including taking and passing any exam offered for the courses.
- b. Respondent shall submit proof of successful completion of the education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.
- c. This limitation shall be removed from Respondent's license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.

4. Pursuant to Nurse Licensure Compact regulations, Respondent's nursing practice is limited to Wisconsin during the pendency of this limitation. This requirement may be waived only upon the prior written authorization of both the Wisconsin Board of Nursing and the regulatory board in the state in which Respondent proposes to practice.

5. Within 120 days from the date of this Order, Jamie L. Zwicky, R.N., shall pay COSTS of this matter in the amount of \$1,250.00.

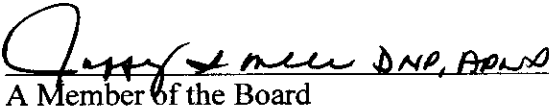
6. Request for approval of courses, proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

Department Monitor  
Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190, Madison, WI 53707-7190  
Telephone (608) 267-3817; Fax (608) 266-2264  
DSPSMonitoring@wisconsin.gov

7. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as ordered or fails to submit proof of successful completion of the ordered education as set forth above, Respondent's license (no. 138149-30) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of costs and has submitted proof of successful completion of the ordered education.

8. This Order is effective on the date of its signing.

WISCONSIN BOARD OF NURSING

by:   
A Member of the Board

1-14-14  
Date

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF DISCIPLINARY  
PROCEEDINGS AGAINST

JAMIE L. ZWICKY, R.N.,  
RESPONDENT.

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STIPULATION

**0004477**

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Division of Legal Services and Compliance Case No. 15 NUR 273

Respondent Jamie L. Zwicky, R.N., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Board of Nursing (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

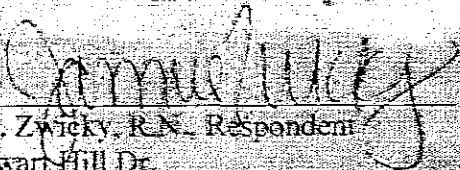
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

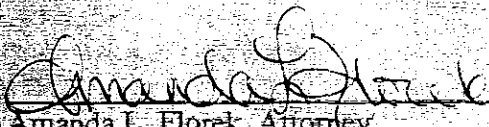
6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

  
Jamie L. Zwicky, R.N., Respondent  
318 Stewart Hill Dr.  
Waukesha, WI 53188  
License no. 138149-30

12/27/15  
Date

  
Amanda L. Florek, Attorney  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison WI 53707-7190

1/4/16  
Date