

BEFORE THE TEXAS BOARD OF NURSING



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.  
 Executive Director of the Board

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In the Matter of Registered Nurse	§	AGREED
License Number 652937 and	§	
Vocational Nurse	§	
License Number 130394	§	
issued to YVONNE POLYDORE PRESCOTT	§	ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of YVONNE POLYDORE PRESCOTT, Registered Nurse License Number 652937 and Vocational Nurse License Number 130394, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(10)&(13), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on January 30, 2011, by Katherine A. Thomas, MN, RN, Executive Director, subject to ratification by the Board.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the licenses.
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice professional nursing in the State of Texas. Respondent's license to practice vocational nursing in the State of Texas is currently in delinquent status.
4. Respondent received a Certificate in Vocational Nursing from Lee College, Baytown, Texas, on August 9, 1990, and received an Associate Degree in Registered Nursing from San Jacinto College South, Houston, Texas, on May 1, 1997. Respondent was licensed to practice vocational nursing in the State of Texas on November 28, 1990, and was licensed to practice professional nursing in the State of Texas on July 7, 1998.

5. Respondent's nursing employment history includes:

12/1990 - 1993	Staff LVN	Humana Hospital Baytown, Texas
1993 - 1998	Agency LVN	Gentiva Houston, Texas
1998 - 2001	Staff RN	University Texas Medical Branch Galveston, Texas
08/2000 - 08/2004	Staff RN	CP&S Staffing Houston, Texas
09/2004 - Unknown	Agency RN	SEV Staffing Baytown, Texas
04/2009 - 2010	Staff RN	Clear Lake Medical Center Webster, Texas

6. At the time of the initial incident, Respondent was employed as a Registered Nurse in the Cardiovascular Intensive Care Unit with Clear Lake Medical Center, Webster, Texas, and had been in this position for nine (9) months.
7. On or about December 29, 2009, while employed as a Registered Nurse in the Cardiovascular Intensive Care Unit with Clear Lake Regional Medical Center, Webster, Texas, Respondent administered Levophed, in error, instead of Neosynephrine after the pharmacy had delivered the wrong drug for administration to Patient Medical Record Number G000075561. Respondent obtained an order from the physician fifty (50) minutes later, to change the order from Neosynephrine to Levophed. Respondent's conduct exposed the patient unnecessarily to a risk of harm from adverse reactions to medication administered without the benefit of a physician's expertise and order.
8. On or about December 29, 2009, while employed as a Registered Nurse in the Cardiovascular Intensive Care Unit with Clear Lake Regional Medical Center, Webster, Texas, Respondent failed to notify the physician of deterioration of Patient Medical Record Number G000075561 which included very low blood pressures, mental confusion and continued enlargement of the hematoma to the groin. Respondent's conduct exposed the patient unnecessarily to a risk of harm from delayed clinical interventions needed to stabilize the patient and prevent further loss of blood which could lead to hypovolemic shock and demise.

9. On or about December 29, 2009, while employed as a Registered Nurse in the Cardiovascular Intensive Care Unit with Clear Lake Regional Medical Center, Webster, Texas, Respondent failed to timely assess, monitor, and appropriately intervene, when Patient Medical Record Number G000075561 developed a large hematoma that later required surgical intervention and evacuation of more than four (4) liters of blood. Respondent's conduct was likely to injure the patient from undetected progression of clinical complications, including those associated with continued bleeding resulting in the formation of a hematoma requiring surgical intervention.
10. On or about December 29, 2009, while employed as a Registered Nurse in the Cardiovascular Intensive Care Unit with Clear Lake Regional Medical Center, Webster, Texas, and regarding Patient Medical Record Number G000075561, Respondent falsely documented receiving a Telephone Order at 0300 for insertion of a naso-gastric tube when she did not contact the Physician for the order. Respondent's conduct was likely to injure the patient from adverse reactions to the insertion of the naso-gastric tube without the benefit of a physician's expertise and resulted in an inaccurate medical record in that subsequent care givers would not have accurate information on which to base their care decisions.
11. On or about December 29, 2009, while employed as a Registered Nurse in the Cardiovascular Intensive Care Unit with Clear Lake Regional Medical Center, Webster, Texas, and regarding Patient Medical Record Number G000075561, Respondent failed to accurately document patient assessment and status in the medical record. Respondent's conduct was likely to injure the patient in that subsequent care givers would not have accurate information on which to base their care decisions.
12. In response to Findings of Fact Numbers Seven (7) through Eleven (11), Respondent states that:  
Finding of Fact Number Seven (7):
- At 2100 she informed the physician that the patient's systolic blood pressure was in the 90s, there was no drainage or hematoma from the right femoral area. The physician ordered "Neosynephrine and titrate to keep systolic blood pressure in the 140s."
  - At 2245 she was "struggling to save a seriously decompensating patient, when to my horror I discovered pharmacy had delivered Levophed (Norepinephrine) instead of Neosynephrine."
  - She was "torn between not following the doctor's orders or losing this patient at the threshold of coding."
  - She "tried to think and act in a rational manner." The patient was in critical condition, she was familiar with both medications and she believed that the patient would code or suffer irreparable harm before she could obtain the Levophed.
  - She administered the medication "in hand", Levophed, at 30 micrograms/minute.
  - "This was a judgement call on my part which was brought on by circumstances not within my control."
  - At 2335 she placed a call to the physician and informed him that:

- The pharmacy delivered Levophed instead of Neosynephrine.
- The physician gave orders to continue the Levophed, stop the Heparin, and to transfuse three (3) units of packed red blood cells (PRBCs) and to call Anesthesia to place a central line.

Finding of Fact Number Eight (8):

- "I kept the physician informed throughout the patient's decompensating and critical condition."
- At 2100 she informed the physician that the patient's systolic blood pressure was in the 90s, there was no drainage or hematoma from the right femoral area.
- At 2335 she placed a call to the physician and informed him that:
  - The patient had a large hematoma.
  - Pulses were by Doppler.
  - The patient's blood pressure was dropping.
  - PTT greater than 200 seconds.
  - Hemoglobin dropped from 11 to 8.
- At 0100 Respondent called the physician to inform him that:
  - The central line had been placed and she "informed him of the patient's condition."
  - The Packed Red Blood Cells (PRBCs) had not yet arrived and did he want her to administer "emergency blood." The physician directed her to wait for the blood crossmatch, to administer Hespan 500 milliliters and Bicarbonate two (2) ampules.
  - "I then conveyed patients eyes are glazed and she appears ready to code."
  - The physician responded: "Just take care of the patient!"

Finding of Fact Number Nine (9):

- "I did not fail to timely assess and monitor the patient. This patient was assessed and monitored consistently the entire shift by myself, and at times by both myself and the Cardio-Vascular Intensive Care Unit Charge Nurse."
- "The hematoma first became apparent shortly before 2335."
- The patient continued to be agitated and would come out of the restraints.
- From 0300 to 0600 "the Charge Nurse and I could not get vitals because the patient continued to be agitated."
- "At 0430 the patient was still unstable but labs were ok. Heart rate was in the 80s with no signs of decreasing, pulse oximetry was 100%. The patient's agitated condition required almost constant attention and restraint to keep her from extubating."
- The evacuation of the hematoma did not occur on her shift.
- "I am certain that the anticoagulants, the amount of volume expanders, the boluses of normal saline and the blood transfusion directly contributed to the size and growth of the hematoma, such that it would require evacuation, but I did not infuse four liters of fluid into the patient."
- "Any assertion that the hematoma's size was the result of a simple failure on my part

to assess the patient's condition is beyond the pale of any fair interpretation of what actually occurred."

Finding of Fact Number Ten (10):

- At 0100 the physician told her to "Just take care of the patient!"
- After intubation the patient began to vomit, she turned the patient's head to the side "to prevent aspirating."
- The Charge Nurse answered her call for help and then obtained and placed a nasogastric tube which was then placed to suction.
- "In my five (5) years at Clear Lake Hospital Cardio-Vascular Intensive Care Unit, insertion of a nasogastric tube for an intubated post-surgical patient without doctor's orders is standard operating procedure, when not contraindicated by some other consideration or complication, and it is standard operating procedure to document the occurrence as 'ordered' by the doctor."

Finding of Fact Number Eleven 11:

- She charted up until 2100, when "everything started to go downhill."
- The patient was out of danger of "coding" only after 0300 when the blood transfusion was completed.
- She documented when she spoke to the doctor, when medications were administered, when the blood transfusion began and ended, when restraints were applied, and Oxygen saturations and respiratory rates.
- "The undone and incomplete charting was not the result of dalliance or indifference on my part. I was physically exhausted from all the struggling with this very large patient."

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.
2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove violations of Section 301.452(b)(10)&(13), Texas Occupations Code, and 22 TEX. ADMIN. CODE §§217.11(1)(A),(1)(B)(1)(C)(1)(D)&(1)(M) and 217.12(1)(A),(1)(B),(1)(C)&(4).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 652937 and Vocational Nurse License Number 130394, heretofore issued to YVONNE POLYDORE PRESCOTT, including revocation of Respondent's licenses to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that RESPONDENT SHALL receive the sanction of a REPRIMAND WITH STIPULATIONS AND A FINE, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's licenses are encumbered by this Order, Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception;

Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address:* <http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in medication administration. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include Nurses. The didactic portion of this course shall be a minimum of six (6) hours in length. The course shall contain a minimum twenty-four (24) hour clinical component which is to be provided by the same Registered Nurse who provides the didactic portion of this course. The clinical component SHALL focus on tasks of medication administration only. In order for the course to be approved, the course's content shall include: a review of proper administration procedures for all standard routes; computation of drug dosages; the five (5) rights of medication administration; factors influencing the choice of route; and possible adverse effects resulting from improper administration. The course description shall indicate goals and objectives for the course, resources to be utilized, and the methods to be used to determine successful completion of the course. RESPONDENT SHALL successfully complete both the didactic and

clinical portions of the course to satisfy this stipulation. RESPONDENT SHALL CAUSE the instructor to submit a Verification of Course Completion form, provided by the Board, to the office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address:*  
<http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in physical assessment. RESPONDENT SHALL obtain Board approval of the course prior to enrollment. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include Nurses. The didactic portion of this course shall be a minimum of six (6) hours in length. RESPONDENT SHALL perform physical assessments on live patients in a clinical setting for a minimum of twenty-four (24) hours. The clinical component SHALL focus on tasks of physical assessment only and shall be provided by the same Registered Nurse who provides the didactic portion of this course. To be approved, the course shall cover all systems of the body. Performing assessments on mock patients or mannequins WILL NOT be accepted. The course description shall indicate goals and objectives for the course, resources to be utilized, and the methods to be used to determine successful completion of the course. RESPONDENT SHALL successfully complete both the didactic and clinical portions of the course to satisfy this stipulation. RESPONDENT SHALL CAUSE the instructor to submit a Verification of Course Completion form, provided by the Board, to the office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any

other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in nursing documentation. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. The course shall be a minimum of six (6) hours in length of classroom time. In order for the course to be approved, the target audience shall include Nurses. The course shall include content on the following: nursing standards related to accurate and complete documentation; legal guidelines for recording; methods and processes of recording; methods of alternative record-keeping; and computerized documentation. RESPONDENT SHALL cause the instructor to submit a Verification of Course Completion form, provided by the Board, to the Board's office to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.*

(5) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of

Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding this workshop may be found at the following web address: <http://learningext.com/hives/a0f6f3e8a0/summary>.*

(6) RESPONDENT SHALL pay a monetary fine in the amount of five hundred dollars (\$500.00). RESPONDENT SHALL pay this fine within forty five (45) days of entry of this Order. Payment is to be made directly to the Texas Board of Nursing in the form of cashier's check or U.S. money order. Partial payments will not be accepted.

**IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING STIPULATIONS FOR TWO (2) YEARS OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWENTY FOUR (24) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A REGISTERED NURSE (RN) OR A VOCATIONAL NURSE (LVN) LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD:**

(7) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT'S license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the stipulations on

RESPONDENT'S license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(8) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(9) For the first year of employment as a Nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse. Direct supervision requires another professional nurse to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(10) For the remainder of the stipulation period, RESPONDENT SHALL be supervised by a Registered Nurse who is on the premises. The supervising nurse is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse

employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited

(11) RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the Registered Nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month period for two (2) years of employment as a nurse.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S licenses to practice nursing in the State of Texas and RESPONDENT shall be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 28<sup>th</sup> day of February, 2011.

Yvonne H. Prescott

YVONNE POLYDORE PRESCOTT, Respondent

Sworn to and subscribed before me this 28<sup>th</sup> day of February, 2011.

SEAL

Byron Keith Woods

Notary Public in and for the State of Texas



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 28<sup>th</sup> day of February, 2011, by YVONNE POLYDORE PRESCOTT, Registered Nurse License Number 652937 and Vocational Nurse License Number 130394, and said Order is final.

Effective this 28<sup>th</sup> day of April, 2011.

A handwritten signature in cursive script, appearing to read "Katherine A. Thomas".

Katherine A. Thomas, MN, RN  
Executive Director on behalf  
of said Board