



Cisco Junior College, Abilene, Texas, on December 1, 1999. Respondent was licensed to practice vocational nursing in the State of Texas on October 23, 1995, and was licensed to practice professional nursing in the State of Texas on February 15, 2000.

5. Respondent's nursing employment history includes:

08/1995 - 12/1995	Unknown
01/1996 - 04/2002	Staff Nurse Brownwood Regional Medical Center Brownwood, Texas
05/2002 - Unknown	Staff Nurse Harris Methodist Hospital Fort Worth, Texas
08/2002 - 04/2008	Charge Nurse Brownwood Regional Medical Center Brownwood, Texas
05/2008 - 04/2010	Unknown
05/2010 - Present	Fredericksburg Memorial Hospital Fredericksburg, Texas

6. At the time of the initial incident in Finding of Fact Number Seven (7), Respondent was employed as a Charge Nurse with Brownwood Regional Medical Center, Brownwood, Texas, and had been in this position for five (5) years and seven (7) months.
7. On or about March 22, 2008, while employed as a Charge Nurse with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to notify the physician about the declining status of Patient 082052, an 86 year old with a history of end-stage COPD and instead exceeded her scope of practice when she documented a physician's order to obtain arterial blood gasses (ABG) at 0120 hours, including documentation that she had verified the order with the physician when Respondent had not obtained a physician's order for the ABGs. Respondent spoke to the physician at 0030 hours regarding the patient's vital signs, his confused and agitated status and his refusal to wear the BiPAP mask, but did not request an order for ABGs; nor did she inform the physician of the ABG results from 1500 hours. Respondent failed to document her assessments and interventions in the medical record of the patient. Respondent's conduct resulted in an incomplete, inaccurate medical record.
8. On or about March 22, 2008, while employed as a Charge Nurse with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to notify the physician about the 0143 hours ABG results for Patient Number 082052, which were worsening and critical; moreover, she failed to notify the physician of the patient's continued labored respirations. Respondent only notified the physician of the ABG results at 0530 hours, after the patient became unresponsive, a code was called and the physician responded to the code. The patient

was resuscitated and was transferred to the Intensive Care Unit. Respondent's failure to notify the physician may have affected the patient's condition and contributed to his non responsiveness.

9. In response to the incidents in Findings of Fact Numbers Seven (7) and Eight (8), Respondent states that during the change of shift report, she was told that the physician had just been notified regarding the patient's confusion and refusal to wear the BIPAP mask all day, so the physician had ordered intravenous Ativan, which had been administered. Respondent states that after report, she immediately assessed the patient and found his vital signs to be within normal limits, and although he was calm, he would still not allow the BIPAP mask to be applied. According to Respondent, about two hours later, the patient became more confused and agitated and was still not allowing the BIPAP mask to be applied, so Respondent assessed the patient, summoned the Respiratory Therapy (RT) Supervisor, and contacted the on-call physician. Respondent states that she provided the physician with information from the patient's history and physical notes, which included the patient's diagnosis of exacerbation of chronic obstructive pulmonary disease (COPD) and history of end stage COPD, and reported the patient's vital signs, increasing confusion, agitation and restlessness, and that the patient was still refusing the BIPAP mask, so the physician ordered an additional dose of intravenous Ativan. Respondent states that when the patient did not calm down about thirty (30) minutes after administration of the Ativan, she contacted the House Supervisor and the RT Supervisor. Respondent asserts that they discussed the patient's earlier ABG results, felt that it was necessary to know the current ABG level to make the best decision about care, so, at the House Supervisor's advice, Respondent asked the RT Supervisor to draw a new ABG. Respondent states that the results were "basically unchanged" from previous levels. Respondent contends that the patient had calmed down in response to the administration of Ativan and had allowed the BIPAP mask to be applied; consequently, his oxygen saturations improved so it was felt that the patient was now stable and the immediate crisis had been resolved. Respondent asserts that because the patient was better and the lab results "were not worse" than the previous test, they did not need to contact the physician. Respondent states that the patient was monitored very closely throughout the night and had no further problems until 0500 hours, when the patient became unresponsive and a code was called. According to Respondent, all of the Charge Nurses had been "talked to" about limiting the number of night calls to the physicians, and Administration recommended that the Charge Nurse call the House Supervisor to try to resolve problems before calling physicians. Respondent concludes that she had been trained and it was common practice, that nurses in the ICU and Telemetry Departments should obtain necessary results, such as ABG or blood glucose levels so that all the information would be available when a physician was called.

#### CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.455, 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),(B),(D), (M)&(P),(2)(A)&(3)(A) and 217.12 (1)(A),(B)&(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 666905 and Vocational Nurse License Number 155267, heretofore issued to PATRICIA ANN HARDMAN, 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 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 license is 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 an online course, home study program or workshop in Interpretation of Arterial Blood Gasses. The course shall be a minimum of five (5) hours in length. 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 an acceptable online program may be found at the following web address: <http://ce.nurse.com/60100/Knowing-Your-ABGs-The-Blood-Gas-Report/>.

(2) 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. *Information regarding Board-approved courses in Texas Nursing Jurisprudence may be found at the Board's website 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://ncsbn.hivelive.com/hives/a0f6f3e8a0/summary>.

**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 VOCATIONAL NURSE (LVN) LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD:**

(6) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT'S licenses. 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 licenses. 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.

(7) 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.

(8) 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.

(9) 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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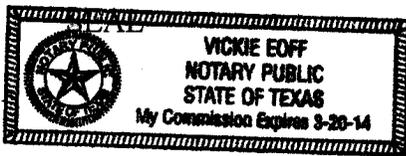
RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I 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 licenses to practice professional and vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 16th day of August, 20 10.

Patricia Ann Hardman  
PATRICIA ANN HARDMAN, Respondent

Sworn to and subscribed before me this 16th day of August, 2010.



Vickie Eoff  
Notary Public in and for the State of TEXAS

Approved as to form and substance.

\_\_\_\_\_  
Taralynn R. Mackay, Attorney for Respondent

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 16<sup>th</sup> day of August, 2010, by PATRICIA ANN HARDMAN, Registered Nurse License Number 666905 and Vocational Nurse License Number 155267, and said Order is final.

Effective this 14th day of September, 2010.



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