BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS
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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

In the Matter of Registered Nurse License Number 255484 § AGREED
issued to MARTHA KAY SRADER TROUT § ORDER

An investigation by the Board of Nurse Examiners for the State of Texas, herei referred to as the Board, produced evidence indicating that MARTHA KAY SRADER TR hereinafter referred to as Respondent, Registered Nurse License Number 255484, may have violated Section 301.452(b)(10)&(13), Texas Occupations Code.

An informal conference was held on May 15, 2007, at the office of the Board of Nurse Examiners, in accordance with Section 301.464 of the Texas Occupations Code.

Respondent appeared in person. Respondent was represented by Bruce Bigelow, Attorney at Law. In attendance were Katherine A. Thomas, MN, RN, Executive Director; James W. Johnston, General Counsel; Anthony L. Diggs, MSCJ, Director, Enforcement Division; Jesse Thibodeau, Investigator; Susan Anderson, RN, Investigator; and Kim L. Williamson, RN, Investigator.

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 license.

2. Respondent waived notice and hearing, and consented to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent received an Associate Degree in Nursing from Paris Junior College, Paris, Texas, on May 1, 1981, and received a Baccalaureate Degree in Nursing from Texas Woman's University, Denton, Texas, in December 2001. Respondent was licensed to practice professional nursing in the State of Texas on September 8, 1981.

5. Respondent's professional nursing employment history includes:

9/81 to 1986	RN LP McCuistion Hospital Paris, Texas
1986 to 1988	RN Trinity Mother Frances Tyler, Texas
1989	Unknown
1990 to 1999	RN Arlington Memorial Hospital Arlington, Texas
10/99 to 4/00	RN Medical City Dallas, Texas
5/00 to 8/00	Not employed in nursing
9/00 to 2/01	RN Plaza Medical Center Fort Worth, Texas
3/01 to 9/01	Not employed in nursing
10/01 to 10/04	RN, Agency Nurse Advantage Nursing Services, Inc. Dallas, Texas Assigned to Baylor Hospital, Irving, Texas and Methodist Hospital, Dallas, Texas
6/02 to 9/02	RN, Travel Nurse Code Blue Staffing California Assigned to Salinas Valley Hospital Salinas, California
5/03 to 8/03	RN, Travel Nurse MSN Staffing, Cincinnati, Ohio Assigned to Texas Tech University Hospital Lubbock, Texas
10/04 to 11/04	RN, Travel Nurse Trustaff, Cincinnati, Ohio Assigned to Providence Hospital, El Paso, Texas

Respondent's professional nursing employment history continued:

12/04 to 2/07	RN, Travel Nurse Richards Healthcare, Houston, Texas Assigned to the following: Yuma Regional Hospital, Yuma, Arizona; Boswell Hospital, Sun City, Arizona; Banner Good Samaritan Hospital, Phoenix, Arizona; Pitt County Memorial Hospital, Greenville, North Carolina; Methodist Hospital, San Antonio, Texas; and St. Vincent's Hospital, Santa Fe, New Mexico
3/07 - 4/07	Unknown
5/6/07 to Present	RN, Travel Nurse Integrated Travel Alliance Omaha, Nebraska

6. At the time of the initial incident in Finding of Fact Number Seven (7), Respondent was employed as a Travel Nurse with Trustaff, Cincinnati, Ohio, on assignment with Providence Memorial Hospital, El Paso, Texas, and had been in this position for less than one (1) month.

7. On or about October 29, 2004, and November 3, 2004, while employed as a RN Travel Nurse with Trustaff, Cincinnati, Ohio, and on assignment with Providence Memorial Hospital, El Paso, Texas, Respondent failed to administer medications in a responsible manner in that she inappropriately withdrew and/or administered Demerol to patients after she had documented patients were not experiencing pain, or she documented contradictory pain assessments, as follows:

Date & Time	Patient	Physician's Order	Pharmacy Record	Medication Administration Record	Nurses Notes
10/29/04 at 1257	RS	Demerol 12.5 to 25 mg IV every 4 hours as needed for pain	Demerol 50mg at 1257	None	Pain 0/10 at 1200
10/29/04 at 1654	RS	"	Demerol 50mg at 1654	None	Pain 0/10 at 1600
11/3/04	WG	Demerol 25 mg and Vistaril 25mg IM every 4 hours as needed for pain	Demerol 25mg at 0021	Demerol 25mg IM at 0000 for pain 6/10	11/3/04 Pain 0/10 at 0000 and 0100 on the flow sheet; and 0100 in the notes severe pain given Dem 25mg and Vistaril 25mg IM

Respondent's conduct resulted in inaccurate medical records and was likely to injure the patients from overdose related adverse effects of Demerol administered in the absence of pain. Additionally, subsequent caregivers would have relied on her documentation while providing further care to the patients, including the administration of Demerol.

8. On or about October 29, 2004, through November 3, 2004, while employed as a RN Travel Nurse with Trustaff, Cincinnati, Ohio, and on assignment with Providence Memorial Hospital, El Paso, Texas, Respondent failed to administer medications in a responsible manner in that she withdrew Demerol in excess of physicians' orders, and/or failed to document the administration of Demerol to patients, as follows:

Date & Time	Patient	Physician's Order	Pharmacy Record	Medication Administration Record	Nurses Notes
10/29/04 at 0906	RS	Demerol 12.5mg to 25mg IV every 4 hours as needed for pain	Demerol 50mg at 0906	Demerol 50mg at 0905	Pain 4/10 at 0800
10/29/04 at 1032	RS	" (not due again until 1306)	Demerol 50mg at 1032	Demerol 50mg at 1035	Pain 0/10 at 1000
10/29/04 at 1045	RS	" (not due again until 1306)	Demerol 50mg at 1045	Demerol 50mg at 1045	pain 0/10 at 1000
10/29/04 at 1257	RS	" (not due again until 1306)	Demerol 50mg at 1257	None at 1257	Pain 0/10 at 1200
10/29/04 at 1532	RS	"	Demerol 50mg at 1532	Demerol 50 mg at 1535	N/A
10/29/04 at 1654	RS	"	Demerol 50mg at 1654	None	Pain 0/10 at 1600
11/2/04 at 2057	WG	Demerol 25 mg and Vistaril 25mg IM every 4 hours as needed for pain	Demerol 25 mg at 2057	None at 2057	Notes at 2045 Demerol 25mg and Vistaril 25 mg for pain 5/10
11/3/04 at 0021	WG	"	Demerol 25mg at 2057, 11/2/04 & again at 0021, 11/3/04	Demerol 25mg IM at 0000 for pain 6/10	11/3/04 Pain 0/10 at 0000 and 0100 on the flow sheet; and 0100 in the notes severe pain given Dem 25mg and Vistaril 25mg IM

Respondent's conduct violated Chapter 481 of the Texas Health and Safety Code (Controlled Substances Act), resulted in an inaccurate medical record, and was likely to injure the patients in that administration of Demerol in excess frequency and dose of the physician's order could result in adverse reactions to the medications. In addition, subsequent caregivers would have relied on her documentation while providing further care to the patient, including the administration of further Demerol, which could result in further excessive doses of Demerol being administered to the patient.

9. On or about November 2, 2004, while employed with Trustaff, Cincinnati, Ohio, and on assignment with Providence Memorial Hospital, El Paso, Texas, Respondent inappropriately withdrew Insulin 100 Units along with 50 cc of Normal Saline 0.9% Solution, in order to mix her own insulin infusion for Patient WG, instead of obtaining and using an Insulin infusion that had appropriately been mixed by a facility pharmacist. As a result, the infusion mixed by Respondent contained and delivered 2 Units Insulin per cc, instead of the standard 1 Unit Insulin per cc that would have been mixed by the pharmacist. Respondent's conduct was likely to injure the patient from an inadvertent overdose of insulin, including hypoglycemia, coma and/or death, in that subsequent caregivers might not have recognized and responded appropriately to the 2 Units Insulin per cc infusion as they would have expected and reacted to changes in the patient's blood sugar as though it was the standard 1 Unit Insulin per cc infusion.

10. On or about November 3, 2004, while employed with Trustaff, Cincinnati, Ohio, and on assignment with Providence Memorial Hospital, El Paso, Texas, Respondent administered Demerol 25 mg intravenously to Patient WG at 0455, instead of intramuscularly with Vistaril as ordered. Respondent's conduct was likely to injure the patient from too rapid absorption and the effects of Demerol which could result in respiratory compromise.

11. In response to the incidents in Finding of Fact Number Seven (7), Respondent denies administering Demerol in excess of the physicians' orders to patients. Regarding Patient WG, Respondent believes her note may have been misread, and subsequent nurses would have relied on her note "severe pain" not a pain assessment number. Regarding the incidents in Finding of Fact Number Eight (8), Respondent states that she does not recall if the physicians' orders were verbal or written, but she denies administering Demerol in excess of the physicians' orders to patients. Respondent admits she did not document the administration of medication in the medical record of Patient RS. Respondent also states she was not properly trained on the facility's software to record medication administration, and the facility had only one or two computers, which made it extremely difficult to enter medication administration, especially in emergency situations. In response to the incident in Finding of Fact Number Nine (9), Respondent states that she mixed the Insulin at that strength to avoid fluid overload for this dialysis patient, and that she wrote the strength on the infusion bag, set the correct rate on the pump, and gave report to the next nurse. In response to the incident in Finding of Fact Number Ten (10), Respondent states it is standard practice to administer medications intravenously in the Intensive Care Unit setting.

12. Respondent provided the Board with three (3) pre-employment urine drug screens, all of which resulted in negative test results for controlled substances, including Demerol, that were dated November 16, 2004, November 18, 2005, and June 2, 2006.

13. Charges were filed on November 21, 2006.

14. Charges were mailed to Respondent to her address of record on November 30, 2006.

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), (1)(C),(1)(D),(1)(P) and 217.12(1)(A),(1)(B),(1)(C),(4),(10)(B)&(11)(B).

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 255484, heretofore issued to MARTHA KAY SRADER TROUT, including revocation of Respondent's license to practice professional nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Board of Nurse Examiners, that RESPONDENT SHALL receive the sanction of a WARNING WITH STIPULATIONS, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas as amended, Texas Occupations Code §§301.001 *et seq.*, the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE § 211.01 *et seq.* and this Order.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's multistate licensure privilege, if any, to practice professional nursing in compact states.

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 multistate licensure privilege without the written permission of the State of Texas and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL deliver the wallet-sized license issued to MARTHA KAY SRADER TROUT, to the office of the Board of Nurse Examiners within ten (10) days of the date of this Order.

(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) contact 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 Chemical Dependency, 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.bne.state.tx.us/about/stipscourses.html.*

(3) 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.bne.state.tx.us/about/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.bne.state.tx.us/about/stipscourses.html.*

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A REGISTERED NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING STIPULATIONS FOR ONE (1) YEAR OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWELVE (12) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE A REGISTERED (RN) NURSE LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD.

(5) 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.

(6) 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.

(7) 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.

(8) 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) months for one (1) year of employment as a nurse.

(9) RESPONDENT SHALL abstain from the consumption of alcohol, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates, and/or the use of controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. **In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and RESPONDENT SHALL submit to an evaluation by a**

Board approved physician specializing in Pain Management or Psychiatry. The performing evaluator will submit a written report to the Board's office, including results of the evaluation, clinical indications for the prescriptions, and recommendations for on-going treatment within thirty (30) days from the Board's request.

(10) RESPONDENT SHALL submit to random periodic screens for controlled substances, tramadol hydrochloride (Ultram), and alcohol. For the first three (3) month period, random screens shall be performed at least once per week. For the next three (3) month period, random screens shall be performed at least twice per month. For the next six (6) month period, random screens shall be performed at least once per month.

Specimens shall be screened for at least the following substances:

Amphetamines	Meperidine
Barbiturates	Methadone
Benzodiazepines	Methaqualone
Cannabinoids	Opiates
Cocaine	Phencyclidine
Ethanol	Propoxyphene
tramadol hydrochloride (Ultram)	

A Board representative may appear at the RESPONDENT's place of employment at any time during the stipulation period and require RESPONDENT to produce a specimen for screening.

All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. RESPONDENT SHALL be responsible for the costs of all random drug screening during the stipulation period.

Any positive result for which the nurse does not have a valid prescription will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action by this Board. Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action by this Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, RESPONDENT SHALL be issued an unencumbered license and multistate licensure privileges, if any, to practice professional nursing in the State of Texas.

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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 license to practice professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 22 day of June, 2007.

Martha Kay Srader Trout

MARTHA KAY SRADER TROUT, Respondent

Sworn to and subscribed before me this 22 day of June, 2007.

SEAL

OFFICIAL SEAL
JANN SCHAADT
NOTARY PUBLIC - ARIZONA
MOHAVE COUNTY
My Comm. Expires July 30, 2010

Jann Schaadt

Notary Public in and for the State of AZ.

Approved as to form and substance.

Bruce Bigelow

Bruce Bigelow, Attorney for Respondent

Signed this 25 day of June, 2007.

WHEREFORE, PREMISES CONSIDERED, the Board of Nurse Examiners for the State of Texas does hereby ratify and adopt the Agreed Order that was signed on the 22nd day of June, 2007, by MARTHA KAY SRADER TROUT, Registered Nurse License Number 255484, and said Order is final.

Effective this 14th day of August, 2007.

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