

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.
Katherine A. Thomas
Executive Director of the Board

BEFORE THE TEXAS BOARD OF NURSING

In the Matter of Registered Nurse § AGREED
License Number 607219 §
issued to STEPHEN JOHN WENTWORTH § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of STEPHEN JOHN WENTWORTH, Registered Nurse License Number 607219, 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 informal proceedings, notice and hearing, and agreed to the entry of this Order offered on May 9, 2009, 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 license.
2. Respondent waived 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.
4. Respondent received an Associate Degree in Nursing from Laredo Community College, Laredo, Texas on May 13, 1994. Respondent was licensed to practice professional nursing in the State of Texas on July 11, 1994.
5. Respondent's professional nursing employment history includes:

5/1994 - 7/2004 Unknown

8/2004 - 1/2007 Staff Nurse McAllen Heart Hospital
McAllen, Texas

Respondent's professional nursing employment history continued:

2/2007 - Present Unknown

6. At the time of the initial incident in Finding of Fact Number Seven (7), Respondent was employed as a Staff Nurse with McAllen Heart Hospital, McAllen, Texas, and had been in this position for two (2) years and five (5) months.
7. On or about January 8, 2007, while employed as a Staff Nurse with McAllen Heart Hospital, McAllen, Texas, Respondent failed to clarify the physician's order for Patient #478202 regarding the administration route of Vistaril. The physician's order read "Demerol 50mg and Vistaril 25mg IV(Intravenous) q 6 hours as needed for pain not relieved by PO medications." Vistaril is not approved or labeled for IV administration. Respondent did not call the physician to clarify the order for Vistaril IV but instead initialed the medical record as the "Order Check Nurse", and noted the First Dose Response. Respondent's conduct was likely to mislead subsequent care givers into administering Vistaril IV and possibly leading to injury of the patient from adverse reactions due to incorrect route of administration including but not limited to hemolysis, thrombophelbitis and/or necrosis of the vein.
8. In response to the incident in Finding of Fact Number Seven (7), Respondent denies he was responsible for verifying the order and states the previous nurse had verified the order with the physician. Respondent states he spoke with the physician the next day and was told the reason for ordering the Vistaril intravenously was to avoid the pain of the IM (Intramuscular) injection and provide fast pain relief. It was Respondent's understanding that Vistaril was not recommended IV, but it was not contraindicated according to the hospital's database and he now realizes the database interpretation is faulty.
9. On or about January 8, 2007, while employed as a Staff Nurse with McAllen Heart Hospital, McAllen, Texas, Respondent inappropriately administered Vistaril intravenously to Patient #478202. Although the physician ordered Vistaril 25mg to be given with Demerol 50mg intravenously, Vistaril is not labeled for IV administration by the manufacturer, and IV administration is contraindicated in Medication Administration Manuals. Respondent failed to clarify the order with the physician or contact the hospital pharmacy for administration guidelines before administering the Vistaril intravenously. Respondent's conduct was likely to cause injury to the patient from adverse reactions due to incorrect route of administration including but not limited to hemolysis, thrombophlebitis and/or necrosis of the vein.
10. In response to the incident in Finding of Fact Number Nine (9), Respondent states he did administer the Vistaril as ordered, and states it was his understanding that Vistaril was not recommended IV, but it was not contraindicated and could be given IV according to the hospital's database and he now realizes the database is faulty.

11. On or about January 8, 2007, while employed as a Staff Nurse with McAllen Heart Hospital, McAllen, Texas, Respondent falsely altered documentation in Patient #478202's medical record to reflect Vistaril had not been administered. When Respondent gave report to the on-coming nurse at shift chang that Vistaril IV had been given as ordered, he was informed that Vistaril could not be given IV. Although Respondent had documented in the patient's Medication Administration Record and Nurses Notes that Vistaril had been administered, nursing staff on duty on January 11, 2007 discovered the medical record entry appeared to have been changed to indicate the Vistaril had been "aspirated from the IV line." Respondent's conduct was deceptive and resulted in an inaccurate medical record, and was likely to cause injury to the patient in that subsequent care givers would not have correct information on which to base their care decisions.
12. In response to the incident in Finding of Fact Number Eleven (11), Respondent states his entry lacks the words, "Late Entry," and he believed the ADR (Adverse Drug Reaction) stamp qualified as the late entry stamp as well. Respondent states he had not been provided with an in-service on the way they were to use the stamp to make a late entry for any adverse reactions for drugs given on the unit but was told that the new stamp which included the ADR and other wording was sufficient to show late entries for assessment of patient responses to drugs administered. Respondent concludes that the patient did not suffer any adverse reactions and may not have actually received the Vistaril because the IV pump had stopped when it detected air in the line and Respondent aspirated the air and some fluid to clear the line.

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) Occupations Code, 22 TEX. ADMIN. CODE §§217.11(1)(B),(1)(C),(1)(D)&(1)(N) and 217.12(1)(B),(4) & (6)(A).

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 607219, heretofore issued to STEPHEN JOHN WENTWORTH, 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 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 multistate licensure privilege, if any, to practice 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 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 deliver the wallet-sized license issued to STEPHEN JOHN WENTWORTH, to the office of the Texas Board of Nursing within ten (10) days from the date of ratification 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) 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>.

(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.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://www.learningext.com/products/generalce/critical/ctabout.asp>

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) YEAR(S) 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) LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD:

(6) RESPONDENT SHALL pay a monetary fine in the amount of five hundred (\$500). 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.

(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 license and RESPONDENT shall be eligible for multistate licensure privileges, if any, to practice nursing in the State of Texas.

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 20th day of July, 2009.

Stephen John Wentworth RN
STEPHEN JOHN WENTWORTH, Respondent

Sworn to and subscribed before me this 20th day of July, 2009



[Signature]
Notary Public in and for the State of Texas


Approved as to form and substance.

[Signature]
Ehas V, Lorenzana, Attorney for Respondent

Signed this 27th day of July, 2009.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 20th day of July, 2009, by STEPHEN JOHN WENTWORTH, Registered Nurse License Number 607219, and said Order is final.

Effective this 18th day of August, 2009.


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