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Katherine A. Thomas
Executive Director of the Board

BEFORE THE TEXAS BOARD OF NURSING

In the Matter of Registered Nurse § AGREED
License Number 248171 §
Issued to NANCY MITCHELL SCHROEDER § ORDER

An investigation by the Texas Board of Nursing, hereinafter referred to as the Board, produced evidence indicating that NANCY MITCHELL SCHROEDER, Registered Nurse License Number 248171, hereinafter referred to as Respondent, may have violated Section 301.452 (b)(13), Texas Occupations Code.

An informal conference was held on August 2, 2007, at the office of the Texas Board of Nursing, in accordance with Section 301.464, Texas Occupations Code.

Respondent appeared in person. Respondent was represented by Courtney Newton, 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; and J. L. Skylar Caddell, RN,C, Lead 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 a Baccalaureate Degree in Nursing from Baylor University, Dallas, Texas, in May 1979. Respondent was licensed to practice professional nursing in the State of Texas on September 4, 1979.

5. Respondent's nursing employment history includes:

09/1979 - 05/1982	Staff Nurse Pulmonary Disease Unit	Baylor University Medical Ctr. Dallas, Texas
05/1982 - 03/1983	ICU Staff Nurse	M. D. Anderson Hospital Houston, Texas
03/1983 - 06/1988	ICU Staff Nurse, Director Cardiac Rehab	East Houston Regional Medical Ctr. Houston, Texas
10/1985 - 03/1991	ICU Agency Nurse, Air Ambulance Nurse	Texas Air Evac Houston, Texas
09/1988 - 03/1991	ICU Agency Nurse	Medical Staffing Specialists Houston, Texas
03/1991 - 05/1997	Hyperbaric Nurse	Conroe Regional Medical Ctr. Conroe, Texas
06/1997 - 08/1998	Student	Montgomery College Conroe, Texas
08/1998 - 05/1999	Student	University of Houston Houston, Texas
06/1999 - 07/1999	Not employed in nursing	
08/1999 - 08/2000	Hyperbaric Nurse	Conroe Regional Medical Ctr. Conroe, Texas
09/2000 - 08/2001	Not employed in nursing	
09/2001 - 02/2004	Nurse Recruiter, Cardiac Rehab Nurse	McKenna Hospital New Braunfels, Texas
08/2003 - Present	Critical Care Nurse	Seton Medical Center Austin, Texas
01/2006 - 05/2006	Clinical Teaching Assistant	The University of Texas School of Nursing Austin, Texas

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Critical Care Nurse with Seton Medical Center, Austin, Texas, and had been in this position for one (1) year and four (4) months.

7. On or about December 24, 2004, while employed as a Critical Care Nurse with Seton Medical Center, Austin, Texas, Respondent cared for Patient Medical Record Number 788803, who was a diabetic with necrotizing fasciitis. The patient's blood glucose levels were being treated with an Insulin and Dextrose infusion, as ordered, and the night nurse prior to Respondent's shift had installed a Venous Arterial blood Management Protection (VAMP) System, and it was standard practice for facility ICU nurses to use the VAMP System for blood sampling. Respondent administered pain medication, as ordered, to the patient prior to a wound dressing change, and although the patient was noted to have declines inability to open his eyes, in verbal and motor responsiveness, and in increased sedation and somnolence, Respondent did not validate the blood glucose readings being obtained. The patient's blood sugar appeared elevated and his body temperature was low. Respondent notified the infectious disease physician with a concern for sepsis regarding the hypothermia, which could have been related to the large surface area of wound exposed to room temperature irrigation during the patient's dressing change. At 10:00 am the patient was continuing to refuse dialysis but because of his earlier narcotic administration and confusion, consent for dialysis was obtained from his wife. At 11:00 am, Respondent noted that the patient was more somnolent and did not move while the nephrologist inserted a Quinton catheter for hemodialysis. Between 8:00 am and 12:00 noon, the patient's verbal responsiveness declined from "confused" to "garbled," the patient's motor responsiveness declined from "obeys commands" to "withdrawn," and the patient's level of sedation increased from "occasional drowsiness, easy to arouse" to "unresponsive;" however, Respondent did not further assess the patient's neurological function by measuring the his pupil reactivity. At 12:00 noon, Respondent further noted that the patient opened his eyes spontaneously, but rarely, and that he withdrew his arm when his axillary temperature was checked. Respondent notified the surgeon of the patient's condition and states that she attempted to halt or delay the surgical wound debridement that had been scheduled so that the patient could undergo dialysis, which would have corrected the patient's suspected uremia. Respondent continued to follow the Insulin protocol and standard practice in order to obtain blood samples for glucose testing throughout her shift using the VAMP System connected to one port of the patient's Peripherally Inserted Central Venous Catheter (PICC) line, while the Dextrose and Insulin infused through the other port. However, Respondent may not have completely stopped the Dextrose and Insulin infusion while obtaining the blood glucose readings and/or the blunt terminal tip of the PICC line may have allowed for Dextrose contamination of the blood samples being obtained, which caused the samples to reflect probably inaccurate and inflated sugar levels. Respondent and other critical care staff nurses were not aware that the PICC line terminated in a blunt tip, and since Respondent did not double check the blood glucose readings by finger stick testing, she continued to increase the rate of Insulin administration based upon the readings. Respondent believed that she had ruled out low blood sugar as the cause of the patient's altered mental status because she had been checking the patient's blood sugar each hour per the Insulin protocol. The patient inadvertently received an overdose of Insulin, which can result in critical and life-threatening low blood sugar levels. Nine (9) hours after Respondent initially detected changes in the patient's level of consciousness, and two (2) hours after the patient returned from surgery in a hypotensive, unstable and obtunded state, Respondent assessed the patient's pupil reactivity and found that the patient's pupils were dilated to 6 mm and were non-responsive,

which are ominous signs of neurological function. A blood sugar level obtained through an Arterial Blood Gas specimen shortly thereafter was too low to register. Although Respondent immediately turned off the Insulin infusion and soon afterwards administered repeated doses of Dextrose, it was later determined that the patient had suffered irreparable brain damage. Three (3) weeks and four (4) days later, the patient expired after having developed several other complications and after life support was removed. Respondent's error in assuming standard of practice using the PICC line for blood sampling was a safe practice, and as a result not obtaining finger sticks to validate the blood sugar readings and not assessing the patient's pupil reactivity while the patient was demonstrating initial and progressive declines in condition, may have contributed to the patient's demise later.

8. In response to the incident in Finding of Fact Number Seven (7), Respondent states that she believed the initial changes in the patient's orientation were due to the high levels of narcotic pain medications she administered prior to the patient's wound care, and that she believed the blood sugar levels were elevated due to severe pain associated with the dressing change. Although not documented, Respondent states that the patient had been transiently confused the day before when he wasn't on the Insulin infusion. According to Respondent, the patient also critically needed dialysis due to kidney failure, and the nephrologist indicated that the patient was uremic and required dialysis as soon as possible. Respondent states she believes dialysis would have exposed an accurate blood glucose level since it is standard practice to take samples directly from the dialysis catheter access. Respondent believes that the patient's mental status becoming more somnolent was confounded by the pain medication she gave and by the nephrologist's statement. Respondent states that the patient was scheduled for surgical debridement that day, and although the surgeon was notified of the patient's altered mental status and need for immediate dialysis, the surgeon decided to proceed with the debridement. According to Respondent, there is no documentation that the patient's blood sugar levels were checked while in surgery, and the patient returned from surgery ventilated, hypotensive and hypothermic. Multiple staff members assisted in recovering the patient from surgery and a unit of blood was given. It was at this time that Respondent assessed the patient's pupil reactivity and found them to be fixed and dilated. A blood sugar level obtained through an arterial gas specimen shortly thereafter was too low to register and gave an ambiguous report, and Respondent turned off the Insulin infusion and began to administer repeated doses of Dextrose. A facility inquiry into the incident asserted that the following may have been contributing factors: The PICC line blunt tip; holiday pressures; staffing issues, fatigue; ineffective crucial conversations with the surgeon; delays in delivering the Dextrose due to the ambiguous critically low Arterial Blood Gas Analyzer readings; blood sugar checks not being performed in surgery while the patient was receiving the Insulin infusion; and the patient's desire not to have dialysis.
9. The Board finds that Respondent's current performance evaluations rate Respondent as a "Distinguished" Critical Care Nurse and further reflect that Respondent consistently excels in demonstrating all essential job functions. Respondent is noted specifically as "Distinguished" in developing and implementing performance improvement activities in response to identified needs, and currently serves as the chairperson for the facility's unit-based Process Improvement Committee.

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)(13), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.11(1)(B),(1)(M)&(3)(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 248171, heretofore issued to NANCY MITCHELL SCHROEDER, 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 REMEDIAL EDUCATION, 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 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 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 NANCY MITCHELL SCHROEDER to the office of the Texas Board of Nursing within ten (10) days of the date of ratification of this Order for appropriate notation.

(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.bon.state.tx.us/about/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/about/stipscourses.html>.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in "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>.*

(5) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in management and use of PICC Lines. RESPONDENT SHALL obtain Board approval of the course prior to enrollment. In order for the course to be approved, the target audience shall include Nurses. The course shall be a minimum of four (4) hours in length and shall be provided by a PICC Certified Registered Nurse. To be approved, the course content shall include indications and contraindications of PICC lines, anatomical considerations of PICC line placement, PICC line complications, and care and management of PICC lines, including irrigation, dressing changes, cap changes, blood specimen withdrawal/aspiration and clearing occluded catheters. 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 CAUSE the instructor to submit a Verification of Course Completion form, which can be downloaded from the following address <ftp://www.bon.state.tx.us/i17.pdf>, directly 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.

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 nursing in the State of Texas.

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RESPONDENT'S CERTIFICATION

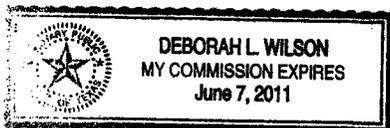
I understand that I have the right to legal counsel prior to signing this Agreed Order. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that when this Order becomes final and the terms of this Order become effective, 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 nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 13 day of Sept, 2007.

Nancy Mitchell Schroeder
NANCY MITCHELL SCHROEDER, RESPONDENT

Sworn to and subscribed before me this 13th day of September, 2007.

SEAL



Deborah L. Wilson
Notary Public in and for the State of Texas

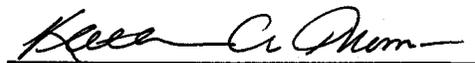
Approved as to form and substance.

Courtney Newton
Courtney Newton, Attorney for Respondent

Signed this 13th day of September, 2007.

WHEREFORE, PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing for the State of Texas, does hereby ratify and adopt the Agreed Order that was signed on the 13th day of September, 2007, by NANCY MITCHELL SCHROEDER, Registered Nurse License Number 248171, and said Order is final.

Effective this 14th day of September, 2007.



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