



Respondent's professional nursing employment history continued:

12/2003 - 04/2005                      Staff Nurse                      Methodist Hospital  
San Antonio, Texas

05/2005 - 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 Methodist Hospital, San Antonio, Texas, and had been in this position for one (1) year and four (4) months.
7. On or about April 21, 2005 through April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent inappropriately documented in the medical records of patients that she would perform nursing care at undetermined times in the future, instead of documenting nursing care at actual times it was performed. Respondent had already been disciplined by the facility for the practice. Respondent's conduct resulted in inaccurate medical records and was likely to injure patients in that subsequent care givers would not have complete and accurate information on which to base their patient care decisions.
8. On or about April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent failed to administer intravenous (IV) fluid as ordered by the physician. Instead of obtaining the ordered IV fluid from the pharmacy and administering it as ordered, Respondent provided a flush kit to accompany the patient to x-ray. Shortly thereafter the patient was taken to x-ray, the intravenous fluid ran out causing the IV site to lose patency. Respondent's conduct was likely to injure the patient from non-efficacious treatment.
9. On or about April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent failed to document the administration of Dextrose 50% (D50) to Patient LS after she determined that the patient's blood glucose was critically low. Respondent's conduct was likely to injure the patient in that subsequent care givers would not have complete and accurate information on which to base their care decisions.
10. On or about April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent failed to appropriately assign nursing tasks, in that she directed an LVN to wait for an hour prior to rechecking the blood glucose of Patient LS after the administration of the D50, instead of the fifteen minutes according to the established protocol. Respondent's conduct exposed the patient unnecessarily to a risk of harm from a low blood glucose reaction and a delay of treatment while the IV was restarted.
11. On or about April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent failed to institute nursing interventions to Patient LC,

by delaying the placement of a nasogastric (NG) tube, while the patient was experiencing an ileus. Respondent's conduct exposed the patient unnecessarily to a risk of harm from continued gastric distension and pain which could result in an extended hospital stay.

12. On or about April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent failed to report to the oncoming LVN the need for the NG placement for Patient LC as ordered by the physician. Respondent's conduct exposed the patient unnecessarily to a risk of harm in that there was a significant delay in the placement of the NG tube as ordered by the physician to relieve the gastric distension and pain experienced by the Patient LC.
13. On or about April 28, 2005, while employed as a Staff Nurse with Methodist Hospital, San Antonio, Texas, Respondent failed to inform the physician of the change in status of Patient JC who experienced coffee-ground emesis during a period of respiratory distress. Respondent's conduct exposed the patient unnecessarily to a risk of harm in that the physician was not notified in a timely manner of the coffee-ground emesis thus delaying the patient's diagnosis and treatment. The patient was subsequently transferred to CICU.
14. In response to the incidents in Findings of Fact Number Seven (7) through Thirteen (13), Respondent states in terms of the futuristic charting that many times it is impossible to document all occurrences at the time they happen, that she would stay over to complete her shift duties. With regard to the nursing care of Patient LS, Respondent states that backup intravenous fluids were not in the unit prior to the patient being sent for an x-ray to check for obstruction and although Respondent had stat ordered the replacement fluids, she felt it was best to send the patient for the test, rather than delay the procedure. With regard to the patient experiencing a hypoglycemic reaction, Respondent states the patient was assessed and found to be asymptomatic and that appropriate treatment was given. With regard to the NG tube placement delay, Respondent states she asked repeatedly for assistance while she cared for a more critical patient and a patient discharge. Regarding Patient JC, Respondent states she and other team members were present in the patient room at least every thirty (30) minutes and that all potassium protocols were administered. Respondent states she cannot state with certainty that the physician was told of the coffee-ground emesis, but she feels confident that it was reported to the PRN nurse and CICU nurse at transfer.

#### 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)(B),

(1)(C),(1)(D),(1)(M), (1)(P),(1)(R),(1)(U)&(3)(A) and 217.12 (1)(F)& (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 691787, heretofore issued to ELAINE CHRISTINA CLEMENTS, 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 ELAINE CHRISTINA CLEMENTS, to the office of the Board of Nurse Examiners within ten (10) days from 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.bne.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.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 AND RESPONDENT MUST WORK IN SUCH 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 THE USE OF A REGISTERED NURSE (RN) 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) For the duration 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.

(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.

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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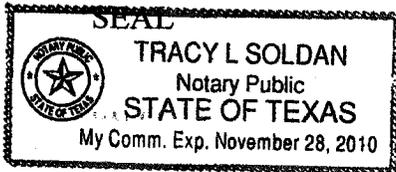
RESPONDENT'S CERTIFICATION

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

Signed this 31<sup>st</sup> day of May, 2007.

*E. Clements*  
ELAINE CHRISTINA CLEMENTS, Respondent

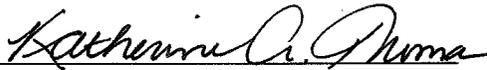
Sworn to and subscribed before me this 31<sup>st</sup> day of May, 2007.



*Tracy L Soldan*  
Notary Public in and for the State of Texas

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 31st day of May, 2007, by ELAINE CHRISTINA CLEMENTS, Registered Nurse License Number 691787, and said Order is final.

Effective this 19<sup>th</sup> day of July, 2007.

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