

IN THE MATTER OF
PERMANENT CERTIFICATE
NUMBER 154717
ISSUED TO
LINDA GEAN MURPHEY

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§

BEFORE THE 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.
Katherine A. Thomas
Executive Director of the Board

NUNC PRO TUNC ORDER OF THE BOARD

TO: Linda Gean Murphey
PO Box 394
Bangs, TX 76823

During open meeting held in Austin, Texas, the Texas Board of Nursing (Board) finds that an Agreed Order of the Board was mistakenly ratified by the Board for Linda Gean Murphey. The Agreed Order references a two year monitoring period on page 10 of the Order, instead of the correct one year monitoring period. Upon notice and hearing, administrative agencies, like the Courts, have the power to enter nunc pro tunc orders where it can be seen by reference to a record that what was intended to be entered, but was omitted by inadvertence or mistake, can be corrected upon satisfactory proof of its rendition provided that no intervening rights will be prejudiced. *Railroad Comm'n v. McClain*, 356 S.W.2d 330, 334 (Tex. App.--Austin 1962, no writ) (citing *Frankfort Ky. Nat. Gas Co. v. City of Frankfort*, 276 Ky. 199, 123 S.W.2d 270, 272).

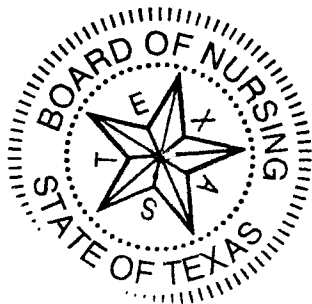
The Executive Director, as agent of the Texas Board of Nursing, after review and due consideration of the record and the facts therein, invalidates the Agreed Order of the Board for Linda Gean Murphey that is dated June 14, 2011, and submits and enters the corrected Agreed Order of the Board, which correctly refers to a one year monitoring period. No other changes to the Agreed Order have been made. Ms. Murphey received due process regarding her license; therefore, her rights have not been prejudiced.

NOW, THEREFORE, IT IS ORDERED that the corrected Agreed Order of the Board is hereby approved and entered on the dates set forth below.

Order effective June 14, 2011.

Entered this 14th day of June, 2011.

TEXAS BOARD OF NURSING



BY:

Katherine A. Thomas

KATHERINE A. THOMAS, MN, RN
EXECUTIVE DIRECTOR, ON BEHALF OF THE BOARD

BEFORE THE TEXAS BOARD OF NURSING

In the Matter of Vocational Nurse § AGREED
License Number 154717 §
issued to LINDA GEAN MURPHEY § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of LINDA GEAN MURPHEY, Vocational Nurse License Number 154717, 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 representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on February 24, 2011, 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(s).
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice vocational nursing in the State of Texas.
4. Respondent received a Diploma in Vocational Nursing from West Louisiana Vocational Technical School, Leesville, Louisiana, on August 1, 1991. Respondent was licensed to practice vocational nursing in the State of Texas on September 28, 1995.
5. Respondent's nursing employment history includes:

09/1991-09/1995	Staff LVN Beaufort Naval Hospital Beaufort, SC
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Respondent's nursing employment history continued:

09/1995-09/2000	Staff LVN Brownwood Regional Medical Center Brownwood, Texas
09/2000-10/2003	Staff LVN Heart of Texas Family Medicine Brownwood, Texas
10/2003-04/2008	Staff Nurse Brownwood Regional Medical Center Brownwood, Texas
2008-present	Unknown

6. At the time of the initial incident in Finding of Fact Number Seven (7), Respondent was employed as a vocational nurse with Brownwood Regional Medical Center, Brownwood Texas, and had been in this position for approximately four (4) years and eight (8) months.
7. On or about September 18, 2007, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent falsely documented the administration of "Nifedipine 20mg" to Patient MR# 033506 in that Respondent removed said medication from the Acudose medication dispensation system at 14:17, and documented that she administered "Nifedipine 20mg" to said patient at 12:00pm. Respondent's action exposed Patient MR# 33506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their future plan of care.
8. In response to Finding of Fact Number Seven (7), Respondent states that while dispensing the medication from the Acudose machine around 12:00 o'clock, she was inadvertently logged out of the machine. Respondent adds that she was too busy to correct the error then, but returned at 14:00 to address the issue by entering a withdrawal in the machine without removing any medication.
9. On or about September 18, 2007, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent falsely documented the administration of "Bisacodyl Suppository" to Patient MR# 033506 in that Respondent removed said medication from the Acudose medication dispensation system at 14:16, and documented the administration of "Bisacodyl Suppository" to said patient at 10:00am. Respondent's action exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their future plan of care.

10. In response to Finding of Fact Number Nine (9), Respondent states that she can not recall the details of the incident since it was not addressed until two weeks later. In addition, Respondent admits to documenting the administration of "Bisacodyl Suppository" to patient MR# 033506 at 10:00 instead of 14:16, on said date. Respondent however, denies administering a tablet instead, as alleged by the patient.
11. On or about October 5, 2007, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to accurately document the administration of "Nifedipine 20mg" to Patient MR# 033506 in that Respondent removed said medication from the Acudose medication dispensation system at 12:58, and documented the administration of "Nifedipine 20mg" to said patient at 12:00. Respondent's action exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their future plan of care.
12. In Response to Finding of Fact Number Eleven (11), Respondent states that when she went to administer "Nifedipine 20mg" to Patient MR# 033506, she was not in her room. In addition, Respondent states that she was later informed that said patient, who was complaining of pain, had been moved to Labor and Delivery, and that Respondent was never informed of the transfer.
13. On or about October 7, 2007, while employed with Brownwood Regional Medical Center, Respondent falsely documented the administration of "Nifedipine 20mg" to Patient MR# 033506 in that Respondent documented the administration of said medication to said patient at 18:00 when the Acudose medication dispensation record does not indicate that Respondent removed any "Nifedipine" on said date. Respondent's action exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their plan of care.
14. On or about October 7, 2007, while employed with Brownwood Regional Medical Center, Respondent failed to administer "Nifedipine 20mg" at 12:00pm to Patient MR# 033506, as ordered. Instead, Respondent, administered "Nifedipine 20mg" to said Patient at 14:00. Respondent's failure exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their plan of care.
15. In response to Finding of Fact Number Fourteen (14), Respondent states that she had forgotten to administer the 12:00 o'clock dose of "Nifedipine 20mg" to Patient MR# 033506, as ordered. Respondent adds that she checked the patient's room at 12:15, but the patient was not there. Furthermore, Respondent adds that she was unable to locate the patient until 14:17, at which time, she administered the medication. Respondent did not provide a response to Finding of Fact Number Thirteen (13).

16. On or about January 11, 2008, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to clarify a physician's order to continue "Methyldopa" for Patient MR# 015588 preoperatively. Instead, Respondent changed the medication administration time for said medication to be administered by the following shift. Respondent's action exposed Patient MR# 015588 to the risk of medication overdose.
17. In response to Finding of Fact Number Sixteen (16), Respondent states that the physician's order had been transcribed by the previous night shift nurses on to the Medication Administration Record without clarification. Respondent acknowledges her error and accepts responsibility for her actions.
18. On or about April 15, 2008, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to administer "Toradol 30mg" to Patient MR# 047975 in a timely manner. Instead, Respondent left the floor to inquire about a relative who was experiencing a medical emergency at said hospital. Respondent's action may have subjected Patient MR# 047975 to unnecessary pain and suffering.
19. In response to Finding of Fact Number Eighteen (18), Respondent admits to leaving her duty station to check on her relative after hearing a Code Blue called for his room, and after informing someone at the nursing station of where she was going. Respondent adds that she returned and administered the medication 45 minutes later.

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 violation of Section 301.452(b)(10)&(13), Texas Occupations Code, 22 TEX. ADMIN. CODE §217.11(1)(B), (1)(C), (1)(D)&(1)(N), and 22 TEX. ADMIN. CODE §217.12(1)(B)&(4).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 154717, heretofore issued to LINDA GEAN MURPHEY, including revocation of Respondent's license(s) 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 WARNING WITH STIPULATIONS AND A FINE, 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, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are 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 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>.*

(2) 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>.

(3) 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>.

(4) 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://learningext.com/hives/a0f6f3e8a0/summary>.*

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

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 ONE (1) YEAR(S) 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 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 conditions 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 conditions 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.

(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) For the duration of the stipulation period, RESPONDENT SHALL be supervised by a Registered Nurse or a Licensed Vocational 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 NOT practice as a nurse in any critical care area for one (1) year of employment as a nurse. Critical care areas include, but are not limited to, intensive care units, emergency rooms, operating rooms, telemetry units, recovery rooms, and labor and delivery units.

(10) 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 or Licensed Vocational 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 one (1) year 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(s) 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 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(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this ____ day of _____, 20____.

LINDA GEAN MURPHEY, Respondent

Sworn to and subscribed before me this ____ day of _____, 20____.

SEAL

Notary Public in and for the State of _____

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the _____ day of _____, 20____, by LINDA GEAN MURPHEY, Vocational Nurse License Number 154717, and said Order is final.

Effective this _____ day of _____, 20_____.

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

BEFORE THE TEXAS BOARD OF NURSING

In the Matter of Vocational Nurse § AGREED
License Number 154717 §
issued to LINDA GEAN MURPHEY § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of LINDA GEAN MURPHEY, Vocational Nurse License Number 154717, 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 representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on February 24, 2011, 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(s).
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice vocational nursing in the State of Texas.
4. Respondent received a Diploma in Vocational Nursing from West Louisiana Vocational Technical School, Leesville, Louisiana, on August 1, 1991. Respondent was licensed to practice vocational nursing in the State of Texas on September 28, 1995.
5. Respondent's nursing employment history includes:

09/1991-09/1995

Staff LVN
Beaufort Naval Hospital
Beaufort, SC

Respondent's nursing employment history continued:

09/1995-09/2000	Staff LVN Brownwood Regional Medical Center Brownwood, Texas
09/2000-10/2003	Staff LVN Heart of Texas Family Medicine Brownwood, Texas
10/2003-04/2008	Staff Nurse Brownwood Regional Medical Center Brownwood, Texas
2008-present	Unknown

6. At the time of the initial incident in Finding of Fact Number Seven (7), Respondent was employed as a vocational nurse with Brownwood Regional Medical Center, Brownwood Texas, and had been in this position for approximately four (4) years and eight (8) months.
7. On or about September 18, 2007, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent falsely documented the administration of "Nifedipine 20mg" to Patient MR# 033506 in that Respondent removed said medication from the Acudose medication dispensation system at 14:17, and documented that she administered "Nifedipine 20mg" to said patient at 12:00pm. Respondent's action exposed Patient MR# 33506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their future plan of care.
8. In response to Finding of Fact Number Seven (7), Respondent states that while dispensing the medication from the Acudose machine around 12:00 o'clock, she was inadvertently logged out of the machine. Respondent adds that she was too busy to correct the error then, but returned at 14:00 to address the issue by entering a withdrawal in the machine without removing any medication.
9. On or about September 18, 2007, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent falsely documented the administration of "Bisacodyl Suppository" to Patient MR# 033506 in that Respondent removed said medication from the Acudose medication dispensation system at 14:16, and documented the administration of "Bisacodyl Suppository" to said patient at 10:00am. Respondent's action exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their future plan of care.

10. In response to Finding of Fact Number Nine (9), Respondent states that she can not recall the details of the incident since it was not addressed until two weeks later. In addition, Respondent admits to documenting the administration of "Bisacodyl Suppository" to patient MR# 033506 at 10:00 instead of 14:16, on said date. Respondent however, denies administering a tablet instead, as alleged by the patient.
11. On or about October 5, 2007, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to accurately document the administration of "Nifedipine 20mg" to Patient MR# 033506 in that Respondent removed said medication from the Acudose medication dispensation system at 12:58, and documented the administration of "Nifedipine 20mg" to said patient at 12:00. Respondent's action exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their future plan of care.
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13. On or about October 7, 2007, while employed with Brownwood Regional Medical Center, Respondent falsely documented the administration of "Nifedipine 20mg" to Patient MR# 033506 in that Respondent documented the administration of said medication to said patient at 18:00 when the Acudose medication dispensation record does not indicate that Respondent removed any "Nifedipine" on said date. Respondent's action exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their plan of care.
14. On or about October 7, 2007, while employed with Brownwood Regional Medical Center, Respondent failed to administer "Nifedipine 20mg" at 12:00pm to Patient MR# 033506, as ordered. Instead, Respondent, administered "Nifedipine 20mg" to said Patient at 14:00. Respondent's failure exposed Patient MR# 033506 to the risk of harm in that subsequent caregivers would have relied on inaccurate information on which to base their plan of care.
15. In response to Finding of Fact Number Fourteen (14), Respondent states that she had forgotten to administer the 12:00 o'clock dose of "Nifedipine 20mg" to Patient MR# 033506, as ordered. Respondent adds that she checked the patient's room at 12:15, but the patient was not there. Furthermore, Respondent adds that she was unable to locate the patient until 14:17, at which time, she administered the medication. Respondent did not provide a response to Finding of Fact Number Thirteen (13).

16. On or about January 11, 2008, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to clarify a physician's order to continue "Methyldopa" for Patient MR# 015588 preoperatively. Instead, Respondent changed the medication administration time for said medication to be administered by the following shift. Respondent's action exposed Patient MR# 015588 to the risk of medication overdose.
17. In response to Finding of Fact Number Sixteen (16), Respondent states that the physician's order had been transcribed by the previous night shift nurses on to the Medication Administration Record without clarification. Respondent acknowledges her error and accepts responsibility for her actions.
18. On or about April 15, 2008, while employed with Brownwood Regional Medical Center, Brownwood, Texas, Respondent failed to administer "Toradol 30mg" to Patient MR# 047975 in a timely manner. Instead, Respondent left the floor to inquire about a relative who was experiencing a medical emergency at said hospital. Respondent's action may have subjected Patient MR# 047975 to unnecessary pain and suffering.
19. In response to Finding of Fact Number Eighteen (18), Respondent admits to leaving her duty station to check on her relative after hearing a Code Blue called for his room, and after informing someone at the nursing station of where she was going. Respondent adds that she returned and administered the medication 45 minutes later.

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 violation of Section 301.452(b)(10)&(13), Texas Occupations Code, 22 TEX. ADMIN. CODE §217.11(1)(B), (1)(C), (1)(D)&(1)(N), and 22 TEX. ADMIN. CODE §217.12(1)(B)&(4).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 154717, heretofore issued to LINDA GEAN MURPHEY, including revocation of Respondent's license(s) 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 WARNING WITH STIPULATIONS AND A FINE, 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, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are 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 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>.*

(2) 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>.

(3) 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>.

(4) 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://learningext.com/hives/a0f6f3e8a0/summary>.*

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

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 ONE (1) YEAR(S) 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 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 conditions 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 conditions 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.

(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) For the duration of the stipulation period, RESPONDENT SHALL be supervised by a Registered Nurse or a Licensed Vocational 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 NOT practice as a nurse in any critical care area for one (1) year of employment as a nurse. Critical care areas include, but are not limited to, intensive care units, emergency rooms, operating rooms, telemetry units, recovery rooms, and labor and delivery units.

(10) 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 or Licensed Vocational 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(s) 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 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(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 18th day of May, 2011.

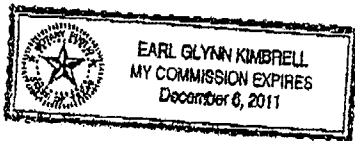
Linda Gean Murphey
LINDA GEAN MURPHEY, Respondent

Sworn to and subscribed before me this 18th day of May, 2011.

SEAL


Earl Glynn Kimbrell

Notary Public in and for the State of Texas



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 18th day of May, 2011, by LINDA GEAN MURPHEY, Vocational Nurse License Number 154717, and said Order is final.

Effective this 14th day of June, 2011.


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