

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
3421 NORTH CAUSEWAY BOULEVARD, SUITE 505  
METAIRIE, LOUISIANA 70002-3715  
(504) 838-5791  
FAX (504) 838-5279  
www.lsbpne.com

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**7000 1670 0007 5539 1278**

**Pamela Hairston**  
**2501 Brown Lee Rd.**  
**Bossier, LA 71111**

**License #840696**  
**D.O.B. 11/16/55**

The matter of license #840696 came on for final action by the Louisiana State Board of Practical Nurse Examiners on the 13<sup>th</sup> day of March, 2004

### **FINDINGS OF FACT**

That on July 1, 2002 the board received a report from Willis-Knighton Health System informing the board that the respondent had been terminated from their employment for "violation of our substance abuse and testing policy and practicing outside the scope of her license."

That on July 2, 2002 the board subpoenaed the employer for the respondent's termination papers, their investigative report regarding the reasons terminated and any and all drug screens performed on the respondent.

That on July 11, 2002 the board received the subpoenaed information. Included with the information is a copy of a drug screen performed on 6/18/02, for "reasonable suspicion", which returned with a result of positive for cocaine (urine) and marijuana. Also included is the respondent's "Separation Evaluation" which indicates that the respondent was hired on 4/11/02 and last worked 6/15/02. The respondent received "Acceptable" ratings for: learning and retention, job knowledge, quality of work, quantity of work" and "Marginal" ratings for: cooperation with others, following instructions, dependability/reliability, initiative, attendance/appropriateness of absences. The respondent's "Over-all Rating" was indicated as "Marginal" and the employer marked "No" to the question "Would you re-hire?"

That the information from the employer included an "Employee Counseling" page dated 6/17/02, explaining:

"Pam Hairston administered Demerol and Phenergan (allegedly) to a patient last night. (See attached information via computer) via the IV pump route. Per LSBPN (La. State Board of Practical Nursing) this is NOT within their realm of practice parameters. Additionally, there was no documentation in the patient's medical record, nor anywhere. This lack of documentation is not a new issue with Pam."

And gives the "Action Plan" as:

"Suspension from duty until further notice (without pay). Report to Work Care at this time to have drug screen drawn. Will be notified upon receiving results of drug screen." This page is signed by the respondent and dated 6/18/02.

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That the "via computer" information mentioned above includes a (possible email or interoffice) message from Connita Dotson stating:

"I spoke with Marj today regarding the incident with Pam Harrison. I was going to inform her of this but by the time I spoke with her she was already aware. I was going to ask her what to do because I was not sure how to handle the situation. I did, however, speak with Pam and inform her that she is not to do IVP meds. She was not the one who informed me that she gave any IVP medicine. This was told to me by Lynn who was told by Fraya. I was unaware that this patient needed any medicine IV nor that it was given." (Note: "Fraya" is the daughter of the patient the medicine was administered to.)

The message was sent to three recipients (including the writer) and the information submitted to the board includes one of the recipient's forwarded messages to another:

"I thought you might like to see the message below from Connita about Pam Hariston and the incident with Fraya Saucier's mother. I know you were going to talk to Pam today. Connita also talked to Pam, who told her that "some doctors on some of the other Nursing Units had said it was OK for her to give pain medication IV to their patients." Connita said she knew that this was wrong information and she told Pam that this was not permitted."

That the subpoenaed information provided the "Correction Action Report" showing that a conference was held with the respondent on 6/25/02 for the "violation of the Willis-Knighton Health System Substance Abuse and Testing policy" and another on 7/19/02 for "1) Gave IV push medications - working outside her scope of practice as a nurse - stated she gave IVP medicines all the time ex: Solumedrol, 2) Did not document any of medications she had given 3) Will be report to the State Board of Nurses 4) Sent to Work Kare for drug screen" and recommending "Dismissal."

That on July 12, 2002 the board sent the respondent a letter informing her of the allegations. She was requested to submit to the board, within 10 days, a narrative response. It was also noted in the letter that if the respondent has a problem with substance abuse, she should immediately cease the practice of practical nursing and should seek appropriate medical care and contact the board office to self report. It was suggested that she submit to a comprehensive chemical addiction assessment.

That on July 24, 2002 the board received the respondents's narrative statement. She states:

"First of all I am a very independent nurse and take care of my patients doing as much as possible w/out asking for RN's assistance, but do not hesitate to ask for help when its a chemo, narcartic, blood products to be given to my pt. I feel very comfortable in my years of IV medications and work in areas such as ICU/CCU when the RN's expect you to do all of your medications & "handle it yourself."

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She continues,

"The night I was working on orthopedics, having 3 other busy pt's & receiving 2 fresh surgeries back to back, I stayed on top of the situation & when I received my 2<sup>nd</sup> Sg. pt. the RR nurse stated pt. was nauseated & ready for pain medicine as well. I did take it upon myself to draw up the medicine in a syringe, diluting to make 10 cc to be considered a "IVPB" instead of a push. This practice of medicines such as antibiotics, pepcid, solumedrol, are being given as "P/B's" by LPNS to lighten the load for RN's. And, yes, it is being done on the floors, and was introduced to me in the past year or so, when I was away for a period of time & returned to work, again. I do know the seriousness of giving a narcotic, operating out of my realm of practice and there is isolated cases where I did give medicines that I should not have. I realize the cause for suspicion, as I failed to document on the MAR."

The respondent then states that she reported to the oncoming nurse that the patient was medicated with Demerol and Phenergan for pain and nausea and that she was waiting on a printout from Pharmacy. She claims she remained on the floor for at least 20 minutes to finish charting and forgot to check the printer again before leaving, but that she did make indication on the receiving notes that the patient got relief. The respondent explains, "I took the urine drug screen as requested, to prove that I did not take the Demerol & Phenergan, knowing that my urine may not be clean after partaking in recreational drugs 2 nights prior. I truly love the art of nursing and love people in general. I go above and beyond to take care of my pt. needs. I will comply with your suggestion to be evaluated by Board approved physician for assessment and tx plan, at my own expense."

That on July 24, 2002 the board sent the respondent a letter acknowledging receipt of her narrative response and informing her that the board would await her assessment. Upon receipt of the assessment, the respondent was to be placed in line for an Informal Conference to discuss entering a consent agreement.

That on July 24, 2002 the board received from Willis-Knighton Health Center information regarding the "Delegation of IV Therapy Interventions to an LPN."

That on August 26, 2002 the board received a call from the respondent in which she stated that she had gone to a doctor but didn't know exactly what she had to send to the board. The respondent was sent a copy of the letter sent to her requesting a comprehensive chemical addiction assessment.

That the respondent contacted the board via telephone in November and December of 2002 stating that she was getting an assessment done and had an appointment on January 2, 2003. Her practical nursing license expired January 31, 2003.

That on February 4, 2003 the board received a faxed copy of a comprehensive evaluation performed on the respondent on 1/21/03. The original was received on February 6, 2003. Parts of the evaluation are summarized below:

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"Mrs. Hairston is a forty-seven year old LPN who was referred for psychological evaluation by the Louisiana State Board of Practical Nurse Examiners after she tested positive on a drug screening, indicating marijuana and cocaine. Mrs. Hairston stated that she voluntarily took the drug test after her nursing supervisor at Willis-Knighton North requested that she do so because of an LPN family member of a patient she was treating complaining that Mrs. Hairston had breached LPN protocol by giving IV Demerol and Phenergan to her loved one. Because she is not a Demerol user or abuser, Mrs. Hairston acquiesced."

"She stated that the cocaine and marijuana were in her system because the night before she had been offered a joint laced with cocaine at a going-away party for another health care professional. She indicated that she had tried cocaine only twice before eight years ago with the man she was dating at the time. She reported using marijuana socially on a regular basis since age twenty-eight when offered to her. This has averaged about twice per month. She denied ever buying marijuana or keeping it in her possession."

"Mrs. Hairston reported that she contacted the State Nursing Board and it was recommended that she get medical consultation and psychological testing. She stated that she went to Dr. Suresh Donepudi for a psychiatric evaluation, but he stated that he needed further clarification from the Board before he could proceed with a formal evaluation to fit their needs. She then stated that there was a series of appointment scheduling problems due to the doctor's vacation and schedule. In the mean time, she got a job as a nurse at a nursing home in a position which required no handling of medications. She then contacted the Board to explain the delay in getting the evaluation and was surprised to find out from them that she should not have been working. She put in her resignation notice and is working out her last week."

"Mrs. Hairston reported that she had a DWI in about 1994 after the breakup of her relationship when she went out dancing at the recommendation of a group of girlfriends. She denied any history of emotional problems or treatment....She also reported that she gets along well with supervisors and counselors and has always had good performance evaluations."

"Mrs. Hairston stated that at the time she gave the IV push dosage of Demerol with Phenergan, she knew it was banned but was used to doing it in previous ICU work. She acknowledges that she used poor judgment and did it to relieve the suffering of pain after surgery quickly, rather than having to go find an RN to come back and do it. She stated that at that point, the patient was in a lot of pain and experiencing nausea."

"Since her firing from Willis-Knighton North, she has found nursing to be less satisfying and more stressful. She stated that she is already experiencing more stress and dissatisfaction due to having to do more computer work as part of nursing and less patient care. She also does not like the recent trend toward twelve hour shifts. Nevertheless, she is aware of the acute nursing shortage and knows that her skills are badly needed."

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In the evaluator's analysis for chemical dependency he notes that although one score indicated "at least some occasional substance abuse" that the other diagnostic rules indicated "a low probability of having a Substance Dependence Disorder." He also states, "Mrs. Hairston clearly admits to using illicit substances on an infrequent but regular basis, whenever offered."

In the evaluator's conclusion, he states,

"There is evidence of episodic illicit substance abuse, but of no clear chemical dependency. Because of her psychological defensive structure, Mrs. Hairston does not fully appreciate the accepted need for health care workers to not use illicit drugs at all. There is no clear evidence that Mrs. Hairston has a sufficient chemical dependency problem to impair occupational functioning or to make her dangerous to self or others during working hours. Her history is positive for one instance of poor judgment while actively intoxicated on alcohol."

"Generally speaking, participation in a chemical dependency/drug and alcohol education program, combined with a period of random drug screening, is usually sufficient to protect patients and to allow the health care practitioner to provide badly needed clinical services. However, this examiner would yield to the Board in its wisdom to determine any appropriate action."

On April 14, 2003 the Board sent the respondent a consent order as a means to an informal resolution to her case. The respondent was given 20 calendar days to return either the acceptance form or the "Do Not Accept" form.

Also on April 14, 2003 the Board received from the respondent a brief note accompanied by two court documents. Her note states that it took several days for her to obtain the documents enclosed and that she would "like to what type of employment I could be seeking out as I'm waiting for a decision. I'm nearing the 3 month probation time." The documents included are related to a DWI charge, date of disposition being 1/2/96 showing the respondent was sentenced to court costs, supervised probation for 2 years, community service, substance abuse and alcohol program. The second document indicates that the respondent satisfied her probation conditions and the balance of her supervised probation was amended to unsupervised probation.

As no additional information has been received from the respondent and her license remains delinquent, the Board sent her a letter on October 31, 2003 inquiring whether she has been in treatment and can show compliance with that treatment and if so, the Board may consider amending the previous consent order. Failure to show that she had been in treatment would result in her being scheduled for the next formal hearing, as stated in the stipulations for failing to respond (by either accepting or refusing) to the consent offer of April 2003.

In November of 2003, the board received a letter from the respondent stating that she had received the board's letter inquiring about treatment and mentioning the consent and "I did not agree with the offer concerning reinstating my license. I do apologize for not responding sooner, I have not been interested in practicing as an Lpn, as I have become full time caretaker of my mother-in-law, an alzheimers pt. However, I will anticipate a scheduled hearing from the board, and will make plans to attend. I believe it may be more effective to present my case in person."

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On December 16, 2003, the respondent appeared for the scheduled hearing (see in testimony).

**CONCLUSIONS OF LAW**

Based on the findings, the Board makes the following Conclusion of Law:

1. The Board has jurisdiction over the parties hereto and the subject matter hereof.
2. Based on the above findings, the respondent is in violation of the Louisiana Revised Statute, Title 37, Chapter 11 Nurses, Part II Practical Nurses, Section 969 A.(4)(f) is guilty of unprofessional conduct and the Louisiana Administrative Code, Title 46, Part XLVII. Nurses, Subpart 1, Practical Nurses, Section 306, T.4. being habitually intemperate or is addicted to the use of habit-forming drugs; T.8. b. failure to utilize appropriate judgement in administering nursing practice; p. inappropriate, incomplete or improper documentation.

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**ORDER**

**NOW THEREFORE, IT IS ORDERED that the license of the respondent, Pamela Hairston, license #840696, be suspended for a minimum period of one year with the following stipulations:**

1. Following the period of suspension, the respondent must submit a written request for reinstatement of license.
2. Along with this request, respondent must submit evidence of continued sobriety to include evidence of weekly AA/NA meetings, monthly negative urine drug screens and evidence of monthly after-care counseling **for the entire length of suspension.**
3. Furthermore, the respondent must submit a recent chemical addiction assessment conducted by a board approved psychologist/psychiatrist or addictionologist which assessment must contain evidence that it is based on the use of objective and subjective evaluative tools.

In addition, the licensee must present evidence of compliance with all aspects of the recommendations and treatment plans prescribed by the psychologist/psychiatrist, and a recent letter from the psychologist/psychiatrist or addictionologist indicating that the respondent may safely return to the practice of practical nursing. This letter shall contain all current medications prescribed and any further treatment/therapeutic recommendations.

4. That the respondent be fined \$500.00 for the violations detailed in the Conclusions of Law payable within 90 days of receipt of this notice or in increments acceptable to the Board.
5. That a hearing assessment fee of \$500.00 be submitted to the Board within 90 days of receipt of this notice or in increments acceptable to the Board.
6. Upon receipt and favorable review of the evidence and records requested, the license of the respondent may then be placed on probation for a period of **two years** with the following stipulations:

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**PROBATION STIPULATIONS**

- 1) **PROBATION MONITORING FEE:** that licensee is to submit a \$250.00 probation monitoring fee, prior to issuance of probationary license.
- 2) **PROBATIONARY LICENSE:** practical nursing license will be on probationary status for at least **2 years** to run concurrent with employment as a Licensed Practical Nurse. License must be stamped **PROBATION**. Licensee must be employed a minimum of 10 days per month to be considered employed as a Licensed Practical Nurse.
- 3) **NOTIFICATION OF CHANGES:** shall notify the Board in writing **immediately** (within 5 days) of any change in name, address, telephone number or employment. Licensee must provide the Board immediately with current address and telephone number.
- 4) **DIRECT SUPERVISION:** will provide patient care only under direct supervision of a nurse, (RN or LPN), or physician.
- 5) **EMPLOYER REPORTS:** upon obtaining employment as a Licensed Practical Nurse, licensee must request employer to submit a letter of hire **within 5 days of hire date**. If licensee is already employed at a facility at time of signature of agreement employer is to submit the enclosed form indicating facility is aware of probation and will agree to monitor respondent while on probation. Employer must submit evaluative reports quarterly. If unemployed or not employed as an LPN, the respondent must send a letter to the Board **monthly** stating the respondent's current employment status. Reports are due on or before the 10<sup>th</sup> day of January, April, July and October of each year.
- 6) **PROHIBITED PRACTICE:** prohibited from working in temporary staffing or any other unsupervised setting such as staffing/agency/pool or home health setting.
- 7) **INFORM EMPLOYER:** must provide a copy of this Order to each employer immediately.
- 8) **DRUG SCREENS:** must submit to and pay for random urine drug screens. Urine screens will be managed by a drug testing firm selected by the Board. You will receive information from the selected firm and drug screens begin as soon as your "name" selection is mandated on a random day of the month. Refusal to furnish a urine specimen, positive screen, failure to follow requested procedure in obtaining a specimen or failure to submit a specimen on date name is called will be considered non-compliance with the Board Order and grounds for further disciplinary action as stated in this Order.

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9) **VERIFICATION OF COMPLIANCE WITH TREATMENT PLAN:**

must submit evidence of continued compliance with treatment plan/ continued counseling. Psychologist/psychiatrist or counselor is to submit to the Board a minimum of quarterly evaluations of compliance with treatment plan. Upon discharge from treatment counselor is to submit to the Board a discharge summary to include any future recommendations. Licensee must sign the enclosed release of information form and submit it to his treatment center, counselor/practitioner of record, giving the Board the authority to discuss treatment recommendations and compliance with treatment plan at all times.

10) **MOOD ALTERING CHEMICALS:** Respondent must abstain at all times from the use of controlled or abuse potential substances, except as prescribed by a licensed practitioner from whom he/she seeks medical attention. Should the respondent obtain a prescription from a licensed practitioner he/she shall submit a copy of the prescription to the Board within 48 hours. Respondent shall inform all licensed practitioners who authorize prescriptions of controlled or abuse potential substances, of his/her dependency on controlled or abuse potential substances, and respondent shall cause all such licensed practitioners to submit a written report identifying the medication, dosage, and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioners within ten (10 ) days of the date of the prescription. If prescription drugs are refilled the Board must also have a letter from the prescribing practitioner to the continued need for the medication.

11) **NEW REPORTS:** that receipt of any new verifiable reports of any violation(s) of the Nurse Practice Act will result in his license being immediately suspended for 2 years without an appearance before the Board.

12) **VIOLATIONS:** failure to comply with Order may result in the following: a) indefinite suspension of license, b) ineligibility for annual renewal of license, c) additional fines, cost and penalties up to \$500.00 per occurrence, d) increased probationary period if applicable, e) summary suspension and/or f) revocation.

Rendered this 13<sup>th</sup> day of March, 2004 and signed this 18th day of March, 2004 at Metairie, Louisiana.

  
ANN LAWS, RN  
CHAIRMAN OF THE BOARD

  
CLAIRE GLAVIANO, RN, BSN, MN  
EXECUTIVE DIRECTOR