Message from the President

Aubrey F. Moncrief, CRNA

Hopefully by the time you are reading this article all signs of winter will be a memory. March was a busy month for the Board of Nursing beginning with the usual three days of hearings. Then I went to Chicago for a leadership program for boards of nursing executive officers and board presidents sponsored by the National Council of State Boards of Nursing (NCSBN).

The same questions from the audience seem to come up at every Board meeting and again I am happy to answer what I can. The most common question is, “What does the Board of Nursing do?” First, we are mandated by law to protect the public. When complaints come into the office we look at each one to determine if an investigation is warranted. Every complaint is taken seriously. Each case is independently reviewed and considered to determine if it is a violation of the Nurse Practice Act. If a violation has occurred, the Board then determines the appropriate disciplinary action to be taken. The result of our diligence means as a Missourian you can feel safe in the care you receive from a nurse in Missouri.

Secondly, we have a variety of responsibilities ranging from nursing education (surveying and approval of schools and clinical placements), to licensure (new and renewal applications), to monitoring outcomes to determine if the program should continue. The Missouri State Board of Nursing and Department of Higher Education would determine categories and areas of need for designating grants. The Board of Nursing Fund would support the grant applications to enter nursing programs has increased in the recent years; however, nursing programs are limited in their capacity due to insufficient numbers of nurse faculty and clinical placements. Career Nursing believes this additional funding would be an investment in the infrastructure of Missouri nursing programs.

Executive Director Report

Authoring Loril Scheidt, Executive Director

Legislative Update

Our newsletter articles are due approximately two months before the newsletter is actually published. By the time you receive this newsletter the legislative session will have ended. In order to determine if bills actually passed, you can check the final disposition of bills at http://www.moga.mo.gov.

Nursing Education Incentive Program

Representative Wayne Wallingford (R-District 158) introduced House Bill 223 and Senator David Pearce (R-District 31) introduced Senate Bill 191. Passage of either bill would authorize the Board of Nursing to provide funding for the nursing education incentive program. In our last newsletter we referred to this as the Caring for Missourians initiative. A substitute bill was filed that would allow any institution of higher education accredited by the Higher Learning Commission of the North Central Association that offers a nursing education program to apply for grants. Grant awards would not exceed $50,000 and no campus could receive more than one grant per year. The Board of Nursing and Department of Higher Education would determine categories and areas of need for designating grants. The Board of Nursing Fund would support the grant transfer for three years with $1,000,000 per year. The Board of Nursing, Department of Higher Education, the Governor and General Assembly would review program outcomes to determine if the program should continue. Future transfers would also depend on the Board of Nursing fund balance at or near the end of the three year period. The Board recognizes that the number of applications to enter nursing programs has increased in recent years; however, nursing programs are limited in their capacity due to insufficient numbers of nurse faculty and clinical placements.

The Board of Nursing believes this additional funding would be an investment in the infrastructure of Missouri nursing programs.

Disciplinary and Administrative Procedures for Professions and Businesses

Senator Kevin Engler (R-District 3) filed Senate Bill 363. The companion bill was filed by Representative Ellen Brandom (R-District 160) as House Bill 732. These bills would modify disciplinary and administrative procedures for professions and businesses licensed under the Division of Professional Registration.

License Verification

Representative Jason Smith (R-District 150) introduced House Bill 265, which would require any board, commission, committee, council, or office within the Division of Professional Registration to notify a licensee’s current employer, if the employer is known, of a change in the licensee’s license or disciplinary status. Employers might also provide a list of current licensed employees and make a written request to the appropriate board to be notified when there is a change in the licensing status of any of those employees. This same language can also be found in Senate Bill 325 filed by Senator Jay Wasson (R-District 20).

MO Healthnet Program

Representative Jeanne Kirkton (D-District 91) filed House Bill 272, which would add a licensed nurse to the MO Healthnet Program.

Prompt Credentialing Act

Representative Jeanne Kirkton (D-District 91) filed House Bill 347. This bill establishes the Prompt
Important Telephone Numbers

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>573-526-5686</td>
<td>Department of Health &amp; Senior Services</td>
</tr>
<tr>
<td>573-636-5659</td>
<td>Missouri State Association for Licensed Practical Nurses (MoSALPN)</td>
</tr>
<tr>
<td>573-636-4623</td>
<td>Missouri Nurses Association (MONA)</td>
</tr>
<tr>
<td>573-635-5355</td>
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<tr>
<td>573-893-3700</td>
<td>Missouri Hospital Association (MHA)</td>
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Number of Nurses Currently Licensed in the State of Missouri

As of April 28, 2011

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>23,960</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>90,265</td>
</tr>
<tr>
<td>Total</td>
<td>114,225</td>
</tr>
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</table>

Schedule of Board Meeting Dates 2011-2012

- June 1-3, 2011
- September 7-9, 2011
- December 7-9, 2011
- March 7-9, 2012
- June 6-8, 2012
- September 5-7, 2012
- December 5-7, 2012

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

Disclaimer Clause

The Nursing Newsletter is published quarterly by the Missouri State Board of Nursing of the Division of Professional Registration of the Department of Insurance, Financial Institutions & Professional Registration. Providers offering educational programs advertised in the Newsletter should be contacted directly and not the Missouri State Board of Nursing.

Advertising is not solicited nor endorsed by the Missouri State Board of Nursing.

Your Role in the Legislative Process

We urge you to study all facets of the issues being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint. Every issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, what your area of expertise is, and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://www.mosna.state.mo.us.

Executive Director Report continued from page 1

Credentialing Act and requires a health carrier to credential a health care professional within 60 days of receiving a completed application. Once credentialed, a health carrier must retroactively compensate a health care professional for services rendered from the date of his or her application.
Authoring this Month's Licensure Corner

Missouri State Board of Nursing

Licensure Committee Members:
- Deborah Wagner, RN, Chairperson
- Adrienne Anderson Fly, Public Member
- Lisa Green, RN
- Rosenda Shimlincen, RN
- Roxanne McDaniel, RN

RN Licenses

There are legitimate concerns about nurse imposters and the potential to alter licenses. Therefore, beginning in 2011, you will receive one wallet-sized card that does not contain an expiration date, multistate or single state license status. You need to go to www.nursys.com to verify multistate or single state license status and expiration date.

www.nursys.com serves as primary source verification for Missouri.

RN renewals with "yes" answers

RNAs who answered “yes” to any questions on the renewal form will need to submit a notarized explanation and supporting documents to the Board. If you answered “no” to any of the questions and have not already submitted the proper paperwork, you will receive a letter in the mail asking for your explanation and supporting documents regarding your answer. It is important that you respond to this letter, failure to do so may result in an investigation and possible discipline against your license.

If you do not receive your new license before the expiration date, do you have to stop working?

To avoid delays, return your renewal notice as soon as it is received. Your license will be renewed upon receipt of the required renewal notice and fee. You do not have to stop working if you can verify that your license has been renewed.

The State Board of Nursing will no longer issue a paper verification to licensees who opt to come to the Board office to renew his/her license. Renewals in person are NOT quicker. If you have waited until the last minute to renew your license, you may come to the board of nursing office to renew your license. However, you will NOT receive your license or verification that day. The license will be mailed to you. It can take up to five business days to renew a license.

As soon as your license status can be verified online as current, you may begin practicing. Nurses and employers are directed to www.nursys.com to verify multistate or single state license status, discipline and expiration date. The actual license will not have an expiration date or multi-state or single state license status. Licensure verification is available free 24/7 at www.nursys.com.

RN Lapsed License Renewals

If you let your Registered Nurse license lapse during the last renewal period and wish to renew it now, you will need to complete the RN Petition for License Renewal found on the Board’s website at http://pr.mo.gov/nursing.asp. The fee to renew a lapsed RN license is $40.00 plus a $50.00 late fee for a total of $90.00. You will also be required to complete a criminal history background check before your license can be renewed.

If you have been practicing on a lapsed license, you must stop practicing immediately and submit stop-working statements from both yourself and your employer, along with the petition and fees.

The nurse’s notarized statement must include the following information:
- How you discovered that your license was not current;
- Date you discovered your license was not current;
- Date you notified your employer that you could not practice nursing;
- Date you ceased nursing practice; and,
- Confirmation that you will not resume employment in a nursing position until your license is renewed.

The statement from the employer must include:
- Date employer received notification that your license was not current;
- Date employer removed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

The license will be renewed after the above information has been received. The information will then be forwarded to the Board Members for deliberation for discipline on the nurse’s license.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again.

If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov. The form may be downloaded from our website and submitted.

Methods of submitting name and/or address changes are as follows:
- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:
- License number
- Pen and paper
A licensee that had received a Settlement Agreement called me and, after asking various obtuse questions, closed with, “is there anyway that you can keep me out of the newsletter?” Much to their chagrin, the answer was, “no”.

Many years ago, the Board decided to print a short summary of the facts of every disciplinary action contained in a section of the newsletter. The purpose was two-fold; first, to give licensees an indication of what kinds of practices could result in discipline; and secondly, to serve as a warning to licensees. “If you’re doing what Nurse A was doing, stop now!”

The Board also lists all disciplinary actions on its website. If there is discipline against the license of a nurse, any member of the public with Internet access can view that information.

All final disciplinary actions by the Board; whether settlement agreements, disciplinary orders or probation license orders, are public records. If properly requested, the Board is required by the Sunshine Law to provide a copy of the disciplinary action to the requestor. The Board is also in the process of putting all disciplinary documents on Nursys. As I’m sure you know, Nursys is the license verification web-site run by the National Council of State Boards of Nursing. When you look up a licensee on Nursys, in addition to telling you if the licensee has a valid license in Missouri, there will also be a pull copy of any disciplinary document available to view and/or print.

I sometimes get asked if the Board is required to put the information in the newsletter or on the website. The answer is “no”. The Board is not required to publish the information, but is authorized to and chooses to do so.

In addition to the reasons noted above, the Board has chosen to put the information on the website for purposes of license verification. By keeping the information on the website complete and up to date, potential employers can view the information online without having to call the Board directly. If the information was not available online, employers would have to call the Board offices to verify license status and inquire about past or current discipline. This also provides employees with access 24/7 without having to make extra calls.

Another question along the same vein is where does the information that is listed in the newsletter or on the website come from. This information came from a Settlement Agreement that the licensee agreed to or an Order issued by the Board, the Administrative Hearing Commission or a Circuit Court.

A complaint frequently seen by the Board involves nurses in the long-term care environment and their confusion surrounding what they are to do for residents with a designation of DNR (Do Not Resuscitate) or AND (Allow Natural Death). This confusion can be seen in other practice settings as well. These phrases can be interpreted very differently. It is important for you to gain a clear understanding at the time of hire as to the expectations of your facility. A misunderstanding of your part may result in a poor outcome for the resident/patient as well as discipline or termination from your job and/or discipline from the Board of Nursing.

DNR or Do Not Resuscitate may be an order from a physician or the request of the resident/family instructing other healthcare providers in a healthcare institution not to try to revive a patient whose heart stops beating or who stops breathing. A facility may also use the phrase “No Code”. It does not instruct healthcare providers “Not To Treat” the patient for other problems such as, but not limited to, signs of an infection, fever, hypotension, symptoms of congestive heart failure, a change in mental status or a lack of oral intake due to poor appetite. These examples constitute a change in condition and must be reported to the physician.

AND or Allow Natural Death sounds a little friendlier but the expression is less explicit and more vague than “DNR”, thus even more likely to mislead. An “AND” may fall more in line with a “living will”. A “living will” may outline general or very specific instructions about the prolongation of life or the types of treatment that the patient wishes to receive should they become incapacitated.

There isn’t usually much confusion about what a resident code status up to date, maintaining emergency equipment and keeping the equipment in good repair, that once it has been used all disposable things are discarded and replaced and that the equipment is put back in its designated area ready for the next use. Additional assistance from the EMS system will be requested by calling 911. All lifesaving measures will continue until a physician determines that all further efforts are fruitless.

The phrase “presumed dead” is frequently used referring to a policy developed by the medical director and administration of a long-term care facility and would be implemented upon admission of a resident, which describes how an unwitnessed death is determined in their facility. Typically this means that a resident who has an unwitnessed collapse or is found dead, but not limited to: pupils fixed and dilated; skin cold and clammy, and unconscious for more than seven (7) minutes, would not benefit from further medical intervention, regardless of code status. The resident and/or their family are informed of and sign this policy as part of the admission process.

There are many ways to keep staff informed of the code status of a resident. In a busy environment like a long term care facility, often this type of recordkeeping is thought of by staff as mundane and insignificant. That couldn’t be farther from the truth. It is of utmost importance that this designation is kept current, reflecting any changes that may occur in a resident’s status, in order for the staff to be able to respond appropriately in an emergency.

By knowing your facility’s policies regarding code status, maintaining emergency equipment and keeping resident code status up to date, you will be better prepared to respond appropriately when you are called upon to pounce or pronounce.

To Pounce or Pronounce

A complaint frequently seen by the Board involves nurses in the long-term care environment and their confusion surrounding what they are to do for residents with a designation of DNR (Do Not Resuscitate) or AND (Allow Natural Death). This confusion can be seen in other practice settings as well. These phrases can be interpreted very differently. It is important for you to gain a clear understanding at the time of hire as to the expectations of your facility. A misunderstanding of your part may result in a poor outcome for the resident/patient as well as discipline or termination from your job and/or discipline from the Board of Nursing.

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Missouri State Board of Nursing

Practice Committee Members:

• Aubrey Moncrief, RN, CRNA
• Deborah Wagner, RN
• Rhonda Shimmens, RN-C
• Roxanne McDaniel, RN, PhD
• Robyn Chambers, LPN
• Irene Coco, LPN

Practice Corner

Missouri State Board of Nursing
Practice Committee Members:

• Robyn Chambers, LPN
• Rhonda Shimmens, RN-C
• Deborah Wagner, RN
• Aubrey Moncrief, RN, CRNA

Authored by Debra Funk, RN
Practice Administrator

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Again, be sure you understand what this means in your facility.

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May, June, July 2011 Missouri State Board of Nursing • Page 5

Education Report

Authored by Bibi Schultz, RN MSN, Education Administrator

Missouri State Board of Nursing Education Committee Members:
- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhDc
- Ann Shelton, RN, PhD
- Deborah Wagner, RN
- Irene Coco-Bell, LPN

Update on Board Approvals

During the March 2011 board meeting, the Missouri State Board of Nursing reviewed proposals for establishment of two new nursing programs as well as two nursing program expansions. The Board made the decision to grant Initial MSBN Program Approval contingent on a site survey to Brown Mackie College for establishment of a new Associate Degree in Nursing program in Fenton, Missouri. A proposal from ITT Technical Institute for establishment of a new Associate Degree in Nursing program in Springfield, Missouri was denied at that time. Moberly Area Community College received MSBN Approval for expansion of their LPN to Associate Degree in Nursing program at the Kirksville campus. St. Louis Community College received MSBN Approval for expansion of their Associate Degree in Nursing program in partnership with Barnes-Jewish Hospital in St. Louis, Missouri. Both program expansions were granted contingent on site surveys, which will be conducted to verify facilities and resources prior to initiation of instruction.

Revision of Minimum Standards for Nursing Programs

By statute the Missouri State Board of Nursing (MSBN) has authority for regulatory oversight of nursing education programs leading to initial licensure as a nurse. Currently a total of 107 nursing programs are approved by the MSBN. Minimum Standards for Programs of Professional as well as Practical Nursing are stated within the MSBN regulations promulgated pursuant to the Missouri Nursing Practice Act, which are accessible on the MSBN website under rules and statutes.

Every two to three years the MSBN initiates processes designed to keep Minimum Standards current. A Minimum Standards Task Force (Task Force) is formed. The MSBN considers a variety of factors while choosing the Task Force members. Qualifications/credentials, experience/involvement in nursing education, interest in regulatory processes as well as time commitments are considered. The MSBN then issues the charge for review of current Minimum Standards and formulation of recommendations for potential revision.

The current Task Force was formed in the spring of 2010 and is made up of eighteen (18) nurse educators from various regions of the state. All levels of nursing education are represented. Dr. Teri Murray serves as the current Task Force chair. Board staff works with the Task Force to support processes. The first face-to-face meeting was conducted on August 6th, 2010 at the board office in Jefferson City, Missouri.

The Task Force conducted an intense review of current literature, discussed and considered current affairs, reviewed documents including the recent IOM Future of Nursing Report and initiatives related to BSN in 10, U.S. Department of Education accreditation/approval requirements, rules and statutes related to nursing education in other states/jurisdictions as well as National Council of State Boards of Nursing model rules. Standards set forth by national accrediting agencies for nursing education were considered as well. The Task Force then carefully reviewed the current Minimum Standards section by section and made recommendations for potential revision.

As the Task Force continues to meet, each proposed revision is carefully examined, discussed, scrutinized, often restructured/reworded and finally adopted or dismissed by a majority vote of the Task Force. As of February 18th, 2011 the Task Force review of Minimum Standards is almost complete and preliminary recommendations for potential revision have been formed. The Task Force plans to reconvene this spring to complete review and finalize their recommendations. Once finalized, recommendations will be submitted to the MSBN for review/revision and approval. Task Force submission to the MSBN is projected for June 2011. Upon approval by the MSBN the rulemaking process may be initiated at the direction of the MSBN.

The rulemaking process includes multiple steps including a 30-day public comment period during which potential rule revisions are available for public review/response. This public comment period is an important segment of the rule making process. Everyone is encouraged to review recommendations and to submit comments and concerns. Nursing education affects the entire nursing profession. Therefore, it is important to take this opportunity to become involved in regulatory processes and share valuable thoughts related to regulatory updates. At the earliest, enactment of revised Minimum Standards may be expected for June 2012. Watch for periodic updates related to these important processes.
addiction can help others recognize and treat the problem through more empathetic de-stigmatization, and more effective outcomes. Alcohol and drug addiction are primary, chronic, progressive, and often fatal health problems for all of society, not just the medical and nursing community.

### Causes of Addiction

A common perception of the population has a biogenic predisposition to chemical or addictive behaviors; however, early-life traumatic experiences, such as isolation or abuse, can contribute to a predisposition to addiction. A predisposition alone is generally not enough to cause the disease. Often, a person is influenced by social factors, such as peers and societal and familial norms, and psychological issues, such as a history of physical or sexual abuse, other trauma, and dual diagnosis.

### Understanding the Disease of Addiction

The disease of chemical dependency can be traced to neural pathways in the brain predating a diagnosis of addiction. A genetic predisposition alone is not enough to predict addiction. Typically, psychological and social influences drive the person to use the addiction substances, and the combination of genetic predisposition and these inauspicious experiences shapes the disease. Physically dependent nurses are sensitive to the scrutiny of boards of authority if their addiction affects the workplace. Therefore, those in addiction struggle with the diagnosis of addiction and use an effective, compassionate approach that will benefit both the addicted nurse and nursing as a whole.

### Learning Objectives

- Define addiction, substance abuse, and substance dependence.
- Identify contributing factors for addiction.
- Explain the biological neural pathways that underlie addiction.

### The Concept of Alcohol and Other Drug Dependence as Being a Disease

First surfaced early in the 19th century, the idea of addiction as a disease was generally accepted. The American Medical Association (AMA) declared alcoholism an illness, and in 1987, the AMA and other medical organizations officially termed addiction a disease (Leshner, 1997). The American Nurses Association estimates that 6% to 8% of nurses have alcohol or drug abuse problems serious enough to impair their judgment, meaning that the disease of addiction profoundly affects the nursing profession. The following description of the disease of addiction has utility when trying to understand the mechanisms responsible for the processes that occur under the direct influence of substances or addicting behaviors and for a period of time afterwards. The phenomenon of craving in some can also be at least partly attributed to these neurobiologic mechanisms. Under the direct influence of the disease, the addict is in an altered state of consciousness, one that is now measurable with the newer imaging techniques. There are advantages for the nursing and medical communities to understand these mechanisms, so the proper specialized approaches to addiction can be implemented. The status of “disease” can also assist with the necessary treatment for giving addicts their rightful parity with other diseases in psychiatry and medicine.

### Defining Addiction

Addiction is defined as the ongoing use of mood-altering substances (such as alcohol and drugs), despite adverse consequences. Genetic, psychosocial, and environmental factors influence the development and manifestations of the disease (Morse & Flavin, 1992). Characteristics of alcoholism include continuous or periodic impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences, and distortion of time and reality. To the brain, alcoholism and drug addiction are the same.

### The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines substance abuse and dependence as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, although they are manifested differently.

### Substance Dependence

Substance dependence is defined and manifested by three or more of the following occurring at any time in the same 12-month period:

- A need for markedly increased amounts of the substance to achieve intoxication or desired effects.
- A markedly diminished effect with continued use of the same amount of the substance.
- The characteristic withdrawal syndrome for the substance.
- The same substance taken to relieve or avoid withdrawal symptoms.
- The substance taken in larger amounts or over a longer period than was intended.
- A diminished ability to cut down or control substance use.
- A great deal of time spent in activities needed to obtain the substance, use the substance, or recover from its effects.
- Reduction in or absence of important social, occupational, or recreational activities because of substance use.
- Continued substance use despite knowledge of a persistent or recurrent physical or psychological problem caused or exacerbated by the substance.

### Substance Abuse

Substance abuse is defined and manifested by one or more of the following in a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Recurrent substance use in situations in which it is physically hazardous.
- Recurrent substance-related legal problems.
- Recurrent substance-related interpersonal problems caused or exacerbated by the effects of the substance.

### Substance dependence and abuse are differentiated for diagnostic purposes, but often treated similarly by providers.

### Table 1 Recognizing Addiction in the Workplace

<table>
<thead>
<tr>
<th>Symptoms of Addiction</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Mood changes</td>
<td>Sadness, anxiety</td>
</tr>
<tr>
<td>Cognitive impairment</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Physical changes</td>
<td>Fatigue, weight loss</td>
</tr>
<tr>
<td>Social changes</td>
<td>Withdrawal</td>
</tr>
</tbody>
</table>

### Understanding the Disease of Addiction

The Journal of Nursing Regulation, volume 1, issue 2, July 2010 contained the article Understanding the Disease of Addiction by Kathy Bettinardi-Angres, MS, RN, APN, CADC, and Daniel H. Angres, MD. I found the article to have interesting information and I would like to reprint it for you.

- Aubrey Moncrief, RN, Chair
- Adrienne Anderson Fly, JD
- Lisa Green, RN
- Audrey Hughey, PhD, RN
- Deborah Wagner, RN

Kathy Bettinardi-Angres, MS, RN, APN, CADC, and Daniel H. Angres, MD

The disease of chemical dependency can be traced to neural pathways in the brain predating a diagnosis of addiction. A genetic predisposition alone is not enough to predict addiction. Typically, psychological and social influences drive the person to use the addiction substances, and the combination of genetic predisposition and these inauspicious experiences shapes the disease. Physically dependent nurses are sensitive to the scrutiny of boards of authority if their addiction affects the workplace. Therefore, those in addiction struggle with the diagnosis of addiction and use an effective, compassionate approach that will benefit both the addicted nurse and nursing as a whole.
Reward Circuitry of the Brain

The mesolimbic pathways connect the brainstem and peripheral nervous system responsible for automatic body functions, and the limbic areas of the brain responsible for emotions to the prefrontal cortex, where thinking and decision making take place. Intuitively, people know that happiness does not come in a bottle, pill, or morsel. Unfortunately, the brain’s reward circuitry does not know it. In fact, what underlies addiction is reward (see Figure 1).

Reward is the term neuroscience uses to describe experiences that bear repeating, such as pleasure or relief from some discomfort. Neuroscience has come a long way in identifying the areas of the brain involved in reward and punishment. The addiction pathway involves an essential function of the prefrontal cortex. The prefrontal cortex communicates with the reward system, which is responsible for decision making and control of impulses. The prefrontal cortex is the control center for the brain and is responsible for decision making, reasoning, and higher-order thinking.

Many addicts describe this initial experience as finally feeling normal. Sometimes, a paradoxical response occurs. For example, an opiate that typically causes sedation and sleep may produce stimulation and increased energy. This response helps explain why many health-care professionals addicted to oral analgesics describe a feeling of being more alert. Consequently, they feel they can work more hours and even be more effective at what they do, thus feeding their denial. This initial connection is relatively short-lived. Inevitably, a vicious circle takes over. In the pursuit of reward, the receptors that naturally mediate the same level of intensity; thus, they are vulnerable for involvement of the frontal cortex. American Journal of Psychiatry, 162(8), 1403–1413.


Decision Making

Addictive behaviors negatively affect decision making, as well. Noël, van der Linden, and Bechara (2006) suggest that addiction is an imbalance between the neural systems that regulate affect and the prefrontal cortex. This imbalance creates another neural system that is reflective and controls the reward system. When the ventromedial prefrontal cortex (VMPFC) is lit up, these people want to reduce the negative consequences of addictive behavior. The study’s authors hypothesize that some people have a weak decision-making mechanism in the brain and that it appears to make them vulnerable to addiction. The source of the weakness can be genetic or environmentally induced.

Addiction is a biopsychosocial disease process, not a chemical cocktail. White, R., & Adlaf, E. (2011), stated that she grew up wanting to be a physician, not a drug addict. Alcoholic and addicted nurses uniformly report the same sentiments.

The bodies of authority in the nursing profession must understand the nature of disease addiction and its treatment. This understanding may lead to more options for addicted nurses, greater opportunities for them to heal and return to their work, and a more compassionate approach to peers that is congruent with the values of the nursing profession.

Conclusion

The risk to nurses is the same as it is for the general population, except one thing: they have better access to opiates. This accessibility, coupled with the cult of relieving pain with mood-altering substances, can create an ideal environment for a person who is genetically predisposed to addiction. Thus, nurses with a significant family history of addiction should either abstain from working with opiates or have an awareness of the potential for addiction. Nurses should also consider the stress-reducing behaviors that patients use in their lifestyle as a prevention. Currently, one can predict if a person will become addicted in his or her lifetime.

Kathy Bettinardi-Angres, MS, RN, APN, CADC, and Daniel H. Angres, MD. are clinicians in the field of addiction with a focus on health-care professionals.

Understanding the Disease of Addiction

Learning Objectives

- Define addiction, substance abuse, and substance dependence.
- Identify contributing factors for addiction.
- Explain the biological neural pathways that underlie addiction.

Post test

Understanding the Disease of Addiction

If you reside in the United States and wish to obtain 1.6 contact hours of continuing education (CE) credit, please review these instructions.

Instructions

Go online to take the posttest and earn continuing education (CE) credit:

- Members—www.ncsbninteractive.org (no charge)
- Nonmembers—www.learningext.com ($15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers must include a check for $15, payable to NCSBN) included at bottom of form.

Provider accreditation

The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.6
Post test passing score is 75%. Expiration: July 2013

Post test

Please circle the correct answer.

1. Which of the following is defined as the ongoing use of mood-altering substances or behaviors despite adverse consequences?
   a. Dual diagnosis
   b. Substance dependence
   c. Substance abuse
   d. Addiction

2. Which of the following is a criterion of substance abuse according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)?
   a. Characteristic withdrawal syndrome for the substance
   b. Markedly diminished effect with continued use of the same amount of the substance
   c. Recurrent substance use in situations in which it is physically hazardous
   d. The same substance is taken to relieve or avoid withdrawal symptoms

3. Which statement about predisposition to addiction is correct?
   a. A percentage of the population has a biogenetic predisposition to chemical or addictive behaviors.
   b. A predisposition is usually enough to cause the disease.
   c. Early childhood experiences have little influence on the manifestation of addiction.
   d. Studies of family illnesses, twins, and adoption do not support a genetic contribution to opioid abuse.

4. The stronger urge to drink in the alcoholic may be related to:
   a. the C allele.
   b. the G allele.
   c. high beta-endorphin levels.
   d. high alpha-endorphin levels.

5. The risk for addiction in nurses:
   a. is lower than that for the general population.
   b. is higher than that for the general population.
   c. is the same as the general population.
   d. depends on the nurse's specialty.

6. Which statement about the reward circuitry of the brain is correct?
   a. Neurotransmitters facilitate communication to the reward center.
   b. Neurotransmitters inhibit communication to the reward center.
   c. The reward circuitry of the brain includes the prefrontal cortex.
   d. The reward circuitry of the brain involves the limbic system.

7. Which statement about the mesolimbic pathway is correct?
   a. It connects the brainstem and peripheral nervous system responsible for automatic functions, and the limbic areas of the brain responsible for emotions to the frontal cortex.
   b. It connects the brainstem and peripheral nervous system responsible for automatic functions, and the limbic areas of the brain responsible for emotions to the prefrontal cortex.
   c. It connects the peripheral nervous system responsible for automatic functions and the limbic areas of the brain responsible for emotions to the prefrontal cortex.
   d. It connects the brainstem responsible for automatic functions and the limbic areas of the brain responsible for emotions to the frontal cortex.

8. Which neurotransmitter can shape stimulus-reward learning?
   a. Alpha-endorphin
   b. Norepinephrine
   c. Epinephrine
   d. Dopamine

9. Which statement about addicts and treatment is correct?
   a. Addicts usually do not enter treatment because of a consequence of the substance use.

Evaluation Form (required)

Rate each of the following items from 5 (very effective) to 1 (ineffective):
1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).
   a. Define addiction, substance abuse, and substance dependence.
   b. Identify contributing factors for addiction.
   c. Explain the biological neural pathways that underlie addiction.
   d. Addiction

Rate each of the following items from 5 (very effective) to 1 (ineffective):
2. Was the author knowledgeable about the subject?
3. Were the methods of presentation (text, tables, figures, etc.) effective?
4. Was the content relevant to the objectives?

5. Was the article useful to you in your work?
   a. Yes
   b. No

6. Was there enough time allotted for this activity?
   a. Yes
   b. No

Comments:

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Please allow 4 to 6 weeks for processing.
Federal health care reform came into law in March 2010 and will expand coverage to an estimated 32 million Americans, including more than 400,000 Missourians. Many parts of the law will take effect over the next five years. This brochure is intended to answer some frequently asked questions about this law.

What does health care reform mean for me and my family?
If you currently get your insurance through a large employer, your coverage only changes if your employer chooses to change it. You can keep the coverage you have and still see the same doctor. If you work for a small employer, this law offers opportunities to access higher quality and more affordable coverage.

For most of those without insurance, coverage will now be easier to get. Currently, many people work in places that are not affordable for businesses to offer insurance to employees. Currently, small businesses pay 18% more for their insurance than large businesses. Through health insurance Exchanges, businesses with fewer than 25 employees will be able to compare insurance plans and purchase affordable coverage that meets a basic standard. An Exchange should be open in Missouri by 2014. More than 150,000 small businesses in Missouri may be eligible to take advantage of the cost savings resulting from competition between insurance plans.

What is my employer's responsibility?
Employer responsibilities will vary based on the size of the business. Large businesses with over 200 employees will be expected to offer coverage or possibly pay a fine (with exceptions for those who have set limits on lifetime or annual spending). Large businesses with over 200 employees will be expected to offer coverage or possibly pay a fine (with exceptions for those who have set limits on lifetime or annual spending). Large businesses with over 200 employees will be expected to offer coverage or possibly pay a fine (with exceptions for those who have set limits on lifetime or annual spending). Large businesses with over 200 employees will be expected to offer coverage or possibly pay a fine (with exceptions for those who have set limits on lifetime or annual spending).

What is your health care reform plan for Missouri?
Missourians will get coverage because common barriers to getting insurance are addressed in the new law. It is estimated that over the past 3 years, 12.6 million adults were denied coverage due to pre-existing conditions. Coverage denials for pre-existing conditions will not be allowed for children in 2010 and for adults in 2014. Beginning in 2014, there will be a coverage pool for adults with pre-existing conditions to access until Exchanges open in 2014. Also in 2014, young adults will be able to stay on their parents’ insurance until age 26. Finally, the law expands existing programs, such as Medicaid, to cover more low-income individuals who have the hardest time getting and paying for coverage.

How will health care reform affect rural communities?
In rural communities, the lack of access to health care providers is a significant barrier to receiving care. Health care reform addresses access problems by creating programs to increase the number of health professionals practicing in these underserved areas. In the short-term, rural doctors, pharmacies, and hospitals will see their Medicare payments increase by up to 10%. Increasing Medicare payment rates should attract more providers to the areas where they are most needed. In the long-term, the law creates a program to help rural health care workers repay their student loans which creates an incentive to work in rural settings.

Will I have to buy health insurance?
Beginning in 2014, most people will be expected to carry insurance or pay a fine (with exceptions for those with financial hardship and certain religious beliefs). Individuals and families will be able to choose from a variety of basic plans offered in a newly established Exchange or health insurance marketplace. All of the plans will cover preventive care without co-pays and will not have set limits on lifetime or annual spending. Low- and middle-income individuals who are not offered insurance through their work can receive subsidies to help pay for the cost of insurance premiums.

What will happen to my health insurance?
Most Americans will be required to have health insurance or pay a penalty of $95 per individual or $285 per family (this penalty increases over time). Businesses with more than 50 employees will pay a fine if workers receive subsidized coverage through an Exchange.

How will health care reform affect the cost of my health insurance?
The most significant way the cost of insurance is addressed in the law is through the creation of a Missouri health insurance Exchange. An Exchange is a marketplace where individuals and small businesses will be able to compare insurance plans and purchase affordable coverage that meets a basic standard. An Exchange should be open in Missouri by 2014. More than 150,000 small businesses in Missouri may be eligible to take advantage of the cost savings resulting from competition between insurance plans.

Another approach to controlling the costs of health insurance includes new regulations on the health insurance industry. Insurance companies will be required to use 85% of premiums on health care services or give consumers a rebate.

How will health care reform affect older adults?
Young adults may remain on their parents' insurance up to age 26. Finally, the law expands existing programs, such as Medicaid, to cover more low-income individuals who have the hardest time getting and paying for coverage.

Cover Missouri is a project of the Missouri Foundation for Health to promote quality, affordable health coverage for every Missourian.
www.covermissouri.org
www.twitter.com/covermissouri
This case was referred to the board by the parent of a severely disabled child with a medical diagnosis of severe Cerebral Palsy, Lissenccephaly-Intractable Epilepsy/ Mixed Type and Cortical Vision Impairment. The patient who will be referred to in this report as JD is totally at the mercy of his caregivers. He cannot walk, talk, or defend himself nor can he tell you when someone has caused him harm. JD attended a facility for children with severe disabilities. After several months of suspected abuse and neglect by the facility staff, JD’s mom hid a tape recorder under his wheelchair.

The tape recorder captured a nurse who will be referred to as RN AP, while under oath admitted that she knew certain things could trigger JD into a seizure. Also during the hearing RN AP was asked if it was her responsibility to know the special health needs of the children in the facility, to which she answered, “yes.” Mom stated that RN AP had been the nurse at this facility for 16 years and had worked with JD for 3 years. JD’s health issues never changed during this time and RN AP could not recite his diagnosis. RN AP stated that JD had heart problems along with his other diagnosis, but according to his mom this was not correct. JD had never had heart problems.

Mom also stated that JD could be heard on the tape moaning for at least six minutes and no one attended to him. RN AP acknowledged the fact that she knew certain things could trigger JD into a seizure. She stated that she was not aware that loud noises could cause JD to have a seizure. She stated that she did not ring the bell three times not thirty. RN AP stated that she rang the bell for JD, and during the hearing RN AP admitted under oath making the aforementioned statement and ringing the bell near JD putting him at risk for a seizure. RN AP acknowledged the fact that she knew certain things could trigger JD into a seizure. Also during the hearing RN AP was asked if it was her responsibility to know the special health needs of the children in the facility, to which she answered, “yes.” Mom stated that RN AP had been the nurse at this facility for 16 years and had worked with JD for 3 years. JD’s health issues never changed during this time and RN AP could not recite his diagnosis. RN AP stated that JD had heart problems along with his other diagnosis, but according to his mom this was not correct. JD had never had heart problems.

RN AP while under oath admitted that she knew certain things could cause JD to have a seizure. And while ringing the bell she continued to ring the bell more than 30 times. Mom stated that she requested a due process hearing for JD, and during the hearing RN AP made the comment she continued to ring the bell more than 30 times. Mom stated that she requested a due process hearing for JD, and during the hearing RN AP admitted under oath making the aforementioned statement and ringing the bell near JD putting him at risk for a seizure. RN AP acknowledged the fact that she knew certain things could trigger JD into a seizure. Also during the hearing RN AP was asked if it was her responsibility to know the special health needs of the children in the facility, to which she answered, “yes.” Mom stated that RN AP had been the nurse at this facility for 16 years and had worked with JD for 3 years. JD’s health issues never changed during this time and RN AP could not recite his diagnosis. RN AP stated that JD had heart problems along with his other diagnosis, but according to his mom this was not correct. JD had never had heart problems.

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Interview with Staff #2:

Facility Staff #1 was asked about the care JD received after he had a seizure. Staff #1 stated that JD had a cluster of seizures and he had difficulty breathing. She said JD was placed in different positions trying to help him to his breath and he was closely observed during this time. She explained that when mom arrived JD was coming out of the seizure and he was feeling much better. Staff #1 stated that mom was upset and confused about what occurred because no one called 911.

Staff #1 was asked “whose responsibility is it to call 911?” Staff #1 replied that it was the responsibility of the administrator or the nurse to call 911. Staff #1 said that she does not know why RN AP did not call 911. She stated that she assumed that RN AP did not think JD was bad enough to call. Staff #1 was asked what should have been done. Staff #1 stated that in the event of a possible seizure for five minutes, 911 should have been called and he should have been transported to the hospital. Staff #1 advised she was not involved in the situation where RN AP rang a bell near JD.

Interview with Staff #2:

The investigator attempted to interview Staff #2 regarding the care of JD by RN AP. Staff #2 denied having any knowledge of the allegations cited by JD’s mom against RN AP. Staff #2 stated she was not present at any such incident and she could not recall anything that was allegedly done to JD by RN AP. Although Staff #2’s voice was identified by JD’s mom as being present when RN AP rang the bell and made her comments. Staff #2 denied any knowledge of this incident.

Staff #2 was asked to comment on RN AP’s nursing abilities. Staff #2 stated that RN AP is very knowledgeable and intelligent, but she was at a point where she was ready to retire. Staff #2 stated that she believed that RN AP cared about the children but became lax at her job. Staff #2 was asked to explain how RN AP had become lax and she said she could not give specifics other than her documentation was incomplete. Staff #2 was asked if RN AP ever abused any of the children. Staff #2 stated that she never witnessed RN AP be abusive and she believes that RN AP provided for all the children’s needs.

Interview with RN AP:

Under the advice of her attorney, RN AP declined to be interviewed by the Board’s investigator. RN AP did submit a written statement pertaining to the allegations made against her by JD’s mom.

In her written statement RN AP admitted that she rang a bell close to JD, but it was to get his attention not to cause a seizure. She stated that she was not aware that loud noises made JD susceptible to seizures. In fact RN AP stated that JD enjoyed the bell. RN AP said that she only rang the bell to get his attention and RN AP did not hear the bell. RN AP refutes all charges against her, because she did not ring the bell to cause harm. RN AP stated that the only thing she was guilty of is poor judgment.

Contents of the audio and video tapes:
The audio tapes submitted by JD’s mom tell a different story than RN AP’s concerning her conduct in this matter. RN AP can be clearly heard ringing the bell close to JD numerous times and stating “watch me send him into a seizure.” Then RN AP along with other staff could be heard laughing in the background.

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Conclusion:

There is audio and video evidence that show this nurse acted improperly while performing her duties. The patient in this case was severely handicapped and vulnerable. This nurse violated a simple trust that every parent puts into a caregiver which is to insure their most precious commodity is protected and cared for. This nurse not only failed this child, she also failed the profession. Needless to say this nurse no longer has a license to practice in the state of Missouri.

Lana Martin has been the Executive Director of the Missouri League for Nursing (MLN) since 1983. Ms. Martin recently retired from her position at MLN and was recognized at the Board of Nursing’s March 2011 meeting for her years of service and for being an integral partner with the Board. Lana’s leadership has had a direct impact on patient safety and the quality of the nursing profession in this state. The Board wishes her well as she takes time to do some of the things she enjoys. Happy Retirement Lana!
Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

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**CENSURE**

Henry, Cammie Lewis
Saint Louis, MO
Registered Nurse 2004022521
Respondent was required to complete continuing education hours. The Board never received proof of completion of any hours by the documentation due date.
Censure 12/13/2010 to 12/14/2010

Jones, Julie Lynn
Fulton, MO
Licensed Practical Nurse 2005037586
Licensee attempted to refill a prescription. She was advised that the prescription did not have any available refills. Licensee called in to the pharmacy and, using the name of an employee at the doctor’s office, attempted to authorize additional refills.
Censure 12/22/2010 to 12/23/2010

Toepfer, Linda S.
Fort Scott, KS
Registered Nurse 2000161612
Licensee wrote an order for and administered 4 mg of Morphine IV to a patient without receiving an order from a physician.
Censure 12/22/2010 to 12/23/2010

Smith, Mark Lynley
Divide, CO
Registered Nurse 2001016245
On May 21, 2008, Mark Smith submitted to a urine drug screening. The urine sample submitted tested positive for marijuana. Licensee successfully completed an outpatient substance abuse treatment program. Licensee renewed his registered professional nursing license and failed to report his marijuana use and substance abuse treatment on his renewal form.
Censure 12/29/2010 to 12/30/2010

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**CENSURE Continued...**

Elder, Laura A.
Saint Louis, MO
Registered Nurse 143785
On December 17, 2009, Licensee entered a plea of guilty to the offense of False Statements in Determining Rights to Receive Benefits or Payments under a Federal Health Care Program in the United States District Court for the Eastern District of Missouri.
Censure 1/18/2011 to 1/19/2011

Groshong, Charles Joseph
Cape Girardeau, MO
Registered Nurse 2005021954
Licensee left work for 25 minutes without advising a supervisor or another nurse.
Censure 12/9/2010 to 12/10/2010

Dominguez, Martin Caleb
Hendersonville, TN
Registered Nurse 2009006911
A volunteer for the Emergency Department informed the charge nurse that Licensee was passing her notes of a sexual nature that made her uncomfortable. Two more female coworkers provided notes that Licensee had written to them that were of a similar nature. Licensee admitted to writing the notes and chose to resign in lieu of termination from his position.
Censure 1/5/2011 to 1/6/2011

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**CENSURE Continued...**

Price, Nancy J.
Miami, OK
Registered Nurse 070733
Licensee practiced as an APRN without the appropriate recognition by the Board from December 1, 2007 until August 30, 2010.
Censure 12/8/2010 to 12/9/2010

Schartz, Tracy Dawn
Cameron, MO
Licensed Practical Nurse 2010030917
In accordance with the Order, Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Order and have the results sent to the Board within ten working days after its completion. The Board never received a thorough chemical dependency evaluation submitted on Respondent’s behalf.
Censure 12/13/2010 to 12/14/2010

Weiss, Kelley Michelle
Godfrey, IL
Registered Nurse 2002000258
Licensee failed to document removal of Lidocaine from the hospital’s automated dispensing cabinet. Licensee left Lidocaine unattended at a patient’s bedside. Licensee failed to administer a...
Censure 12/8/2010 to 12/9/2010
Respondent was required to complete the contract to a toll-free number to report. Respondent was responsible to determine if she was to submit for testing that day. Respondent failed 16/100 on three occasions. Respondent called NTS and was advised that she had been selected.

Licensed Practical Nurse 051758
Licensee was employed as a licensed practical nurse at a nursing home. A resident was found on the floor of her room and was unresponsive. The resident was designated as a full-code. Licensee did not start CPR despite her being a full code patient. Licensee took no steps or measures to attempt to revive the resident.

Censure 12/22/2010 to 12/23/2010

Pressley, Gary D.
Florissant, MO
Licensed Practical Nurse 052984
A medication cart was vandalized. The vandal placed band-aids across the labels of the medication bottles. Medications that were separated for administration to a specific patient were smeared with red and white paint. The administration to a specific patient were smeared with red and white paint. The administration to a specific patient were smeared with red and white paint.

Haley, Jane F.
Clinton, MO
Registered Nurse 061483
Licensee practiced nursing without a license from May 1, 2009 through November 3, 2009. Censure 1/7/2011 to 1/8/2011

Brown, Emily Suzanne
East Prairie, MO
Registered Practical Nurse 2010031173
In accordance with the Order, Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Order and have the results sent to the Board within ten working days after its completion. The Board has received a thorough chemical dependency evaluation submitted on behalf of Respondent. Censure 2/10/2010 to 2/11/2010

Bowes, Dana B.
Defiance, MO
Licensed Nurse Practitioner 138188
Licensee and another nurse were working with an agitated psychiatric patient. Licensee contacted the patient's physician who gave an order for an antipsychotic medication. Patient refused the antipsychotic medication and informed Licensee that she was not going to take the medication. Licensee administered Ativan without a physician's order.

Censure 1/25/2011 to 1/8/2011

McGeorge, Monica Ruth
Columbia, MO
Licensed Practical Nurse 2006018960
Respondent was required to contract NTS in random screenings. Respondent did not call for testing that day. Respondent failed to call on 16/100 on three occasions. Respondent failed to report to a laboratory. Respondent was required to abstain completely from the use or possession of any controlled substance.

Censure 12/3/2010 to 12/14/2010

Everett, Sharron
Lee’s Summit, MO
Licensed Practical Nurse 051758
Licensee was employed as a licensed practical nurse at a nursing home. A resident was found on the floor of her room and was unresponsive. The resident was designated as a full-code. Licensee did not start CPR despite her being a full code patient. Licensee took no steps or measures to attempt to revive the resident.

Censure 12/22/2010 to 12/23/2010

Prohibition continued from page 11

Probation continued...

On or about May 19, 2008, Licensee pled guilty to Endangering the Welfare of a Child–2nd Degree (Intoxication/BAC). Licensee was sentenced to 3 years in Missouri Department of Corrections. The execution of this sentence was suspended and Licensee was placed on 5 years of supervised probation.

Probation 1/27/2011 to 1/27/2013

Blair, Megan Koni
Sedalia, MO
Licensed Practical Nurse 2000165503
On June 26, 2008, the home requested Licensee submit to a drug screen. Licensee agreed to do a drug screen of the controlled substance. Amphetamines are a controlled substance. Licensee did not have a valid prescription for amphetamines.

Probation 2/20/2011 to 12/21/2013

Hall, Allison B.
Florissant, MO
Registered Nurse 099489
On December 12, 2008, Licensee was terminated from the hospital for poor nursing practice specific to the handling and administration of narcotics. The hospital conducted a chart audit of Licensee’s patients due to concerns regarding her administration of narcotics. Licensee would regularly withdraw multiple controlled substances for her patients at the beginning of her shift. This was a practice of the hospital’s policy. After withdrawing the controlled substances, Licensee or another nurse would administer or document the administration of the narcotics for several hours. Again, this practice violated the hospital’s policy. Licensee would also administer to her patient the appropriate controlled substances within the parameters of the doctor’s orders. When interviewed by an investigator for the Board, Licensee admitted that she committed the above documentation errors due to being overwhelmed by the job.


Birkemeier, Christine M.
Wentzville, MO
Registered Nurse 112310
On November 25, 2009 the Office Manager, received a faxed refill request for a prescription for a refill of thirty (30) tablets of Darvocet. The office manager denied that the office had prescribed Darvocet. Upon further investigation, it was discovered that Licensee had filled a total of twelve (12) prescriptions has been telephoned into the pharmacy between December 13, 2008 and November 13, 2009 by Licensee. All were for Propoxyphene N 100 (Darvocet). Licensee did not complete any of the controlled substances within the parameters of the doctor’s orders. When interviewed by an investigator for the Board, Licensee admitted that she committed the above documentation errors due to being overwhelmed by the job.

Probation 12/22/2010 to 12/22/2012

James, LaRhonda Nicole
Kenneb, MO
Licensed Practical Nurse 2007023139
On August 12, 2009, Licensee pled guilty to the offense of ‘Driving While Intoxicated’. The Court suspended imposition of sentence and placed Licensee on probation for a period of two (2) years. On November 17, 2008, Licensee successfully completed the inpatient program and continues to participate in the outpatient aftercare program.

Probation 12/7/2010 to 12/7/2012

Owens, Synthia A.
Kansas City, MO
Registered Nurse 136231
Following a report by a nurse of unusual behavior by Licensee, the administrator at the hospital conducted a chart and pysch audit of Licensee’s activities. The audit uncovered multiple occasions when Licensee withdrew controlled substances, but did not document the administration or waste of the narcotics. The controlled substances in question were: thirty-one (31) ampules of Feminy I mg, five (5) ampules of Feminy 2 mg, eight (8) syringes of 10 mg/ml morphine, and five (5) ampules of Morphine 10 mg/ml. When interviewed by an investigator for the Board, Licensee admitted failing to document the withdrawal of the controlled substances from the hospital for her own personal consumption.

Probation 1/18/2011 to 1/18/2016

Thiede, Melissa Mary
East Lyme, CT
Licensed Practical Nurse 2008014838
Pursuant to that contract, Respondent was required to call a toll-free number every day to determine if she was required to submit to testing to that day. The Board received the results of the probate violation complaint, Respondent failed to call NTS on thirty-three (33) days. Probation 1/21/2012 to 2/22/2013

Carroll, Kenny Lynn
Boise, ID
Registered Nurse 2006016201
On March 2, 2010, Licensee brought ten (10) tablets of Viconin 2 mg/ml (Darvocet) for her personal consumption. On March 3, 2009, Licensee withdrew a patient’s Viconin from the pharmacy. Licensee kept the Viconin for her personal consumption.

Probation 1/25/2011 to 12/25/2013

Probation continued on page 13
Probation continued from page 12

Kohlbush, Melanie Mae
Saint Charles, MO
Registered Nurse 2008022183
Licencsee diverted morphine and Dilaudid for her personal consumption.
Probation 12/15/2010 to 12/15/2013

Potter, Kelly A.
Maryland Heights, MO
Licensed Practical Nurse 058380
On May 26, 2009, a resident reported personal items missing, including a gift certificate to Culpepper's restaurant. On May 27, 2009, Licenecsee used the gift certificate. When questioned, Licensee stated that she found the gift certificate and kept it instead of returning it to the resident.
Probation 12/15/2010 to 12/15/2012

Hannon, Christina Gayle
Kansas City, KS
Licensed Practical Nurse 2003001600
Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate in random drug and alcohol screenings. During her disciplinary period, until the filing date of the Probation Violation Complaint, Respondent failed to call NTS on seventeen (17) days. Further, on July 20, 2010, August 13, 2010, and September 9, 2010, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by the August 17, 2010 documentation due date.
Probation 12/8/2010 to 8/17/2013

Maxwell, Cara Lee
Batton Rouge, LA
Licensed Practical Nurse 2004036272
On or about April 6, 2005, Licensee pled guilty to DWI. Licensee received a suspended imposition of sentence and was placed on two years of supervised probation. On or about September 13, 2006, Licensee pled guilty to DWI. Licensee was given a suspended imposition of sentence and was placed on two years supervised probation. DWI-2 was a violation of Licensee's probation regarding DWI-1. A probation violation hearing was held concerning Licensee's probation for DWI-1 on or about September 20, 2006. Licensee's probation for DWI-1 was revoked, and she received a suspended execution of sentence and was sentenced to 60 days in the Clay County Jail, in addition to receiving a suspended execution of sentence and she was placed on five years of criminal probation regarding DWI-3. As a persistent offender, Licensee was ordered to undergo a 120-day Institutional Treatment Program related to DWI-3. Licensee successfully completed this program on or about January 22, 2008. Licensee is also required as part of her probation for DWI-3 to continue out-patient substance abuse counseling which she began on or about March 10, 2008, and continues at the time of this agreement. DWI-3 was a violation of Licensee's probation for DWI-1.
Probation 12/15/2010 to 2/28/2011

PROBATION Continued...

Lane, Jessica Lana
Ozark, MO
Registered Nurse 2010104001
On November 20, 2007, Licensee pled guilty to the offense of 'Driving While Intoxicated' in the Municipal Court of Springfield, Missouri. On October 18, 2007, Licensee pled guilty to the Class A Misdemeanor of 'Assault on a Law Enforcement Officer' in the Associate Circuit Court of Cape Girardeau County, Missouri.
Probation 2/9/2011 to 2/9/2013

Rohrer, Alena Danielle
Saint Joseph, MO
Licensed Practical Nurse 2007026662
On January 5, 2009, Licensee pled guilty to the Class C Felony of 'Possession of a Controlled Substance' The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of three (3) years. Licensee was ordered to participate in the Buchanan County Drug Court Program.
Probation 12/27/2010 to 6/27/2012

Fields, Violet Antoinette
Saint Louis, MO
Licensed Practical Nurse 2010007240
In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of May 26, 2010 and August 26, 2010.
Probation 12/26/2010 to 2/26/2015

Duclos, Stormee Shierre Rae
Kimberling City, MO
Registered Nurse 2009037231
In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the June 8, 2010 and the September 8, 2010 documentation due dates.
Probation 12/26/2010 to 12/26/2012

Hodger, Nancy S.
Florissant, MO
Licensed Practical Nurse 940971
Pursuant to the Agreement, Respondent was required to complete at fifteen (15) continuing education hours and submit proof of completion to the Board by September 1, 2010. The Board never received proof of completion of any continuing education hours.
Probation 12/26/2010 to 9/1/2012

Muiruri, Edward Mumira
Kanans City, MO
Licensed Practical Nurse 2010025788
Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate in random drug and alcohol screenings. At the time the Probation Violation Complaint was filed, Respondent had failed to call NTS on nineteen (19) days. Pursuant to the Order, Respondent was required to abstain completely from the use or consumption of marijuana. Respondent submitted a urine sample for random drug and alcohol screening on September 20, 2010 which tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Probation 12/26/2010 to 12/26/2014

Hill, Kimberly D.
Kansas City, MO
Registered Nurse 123825
Pursuant to the Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On June 13, 2010, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Probation 12/26/2010 to 4/7/2012

Wolford, Dawn Marie
Webb City, MO
Licensed Practical Nurse 2008022143
On May 4, 2010, Licensee was terminated for diverting controlled substances. Licensee diverted Dilaudid for her personal consumption.
Probation 12/15/2010 to 12/15/2013

Caylor, Rebecca A.
Joplin, MO
Registered Nurse 113527
Pursuant to the Agreement, Respondent was required to immediately advise any employer or potential employer of Respondent's probationary status and provide a copy of the agreement to any employer or potential employer. In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. The evaluation was to be completed by Respondent's supervisor. Respondent did not notify the administrator of the facility where she was employed of her probationary status. On July 8, 2010, the Board received an employee evaluation completed by an employee. The employee was not Respondent's supervisor. The Board did not receive an employee evaluation or statement of unemployment by the September 30, 2010 documentation due date.
Probation 12/26/2010 to 3/20/2013

Hall, Debra Elizabeth
Saint Peters, MO
Registered Nurse 2005018743
On May 4, 2010, Licensee was terminated for diverting controlled substances. Licensee diverted Dilaudid for her personal consumption. When interviewed by an investigator for the Board, Licensee admitted that she diverted Dilaudid.
Probation 12/15/2010 to 12/15/2011

Judson, Kay C.
Kansas City, MO
Registered Nurse 125952
On April 9, 2009, Licensee was requested by her employer to submit to a drug and alcohol screening. The test was positive for marijuana. Marijuana is a controlled substance. Licensee did not have a valid prescription for marijuana.
Probation 12/26/2010 to 12/26/2012

PROBATION Continued...

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Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate in random drug and alcohol screenings. At the time the Probation Violation Complaint was filed, Respondent had failed to call NTS on nineteen (19) days. Pursuant to the Order, Respondent was required to abstain completely from the use or consumption of alcohol. Respondent submitted a urine sample for random drug and alcohol screening on September 20, 2010 which tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Probation 12/26/2010 to 12/26/2014
On November 9, 2009, certified nursing assistants (CNA) found a resident in his room unresponsive. The CNAs reported this to Licensee. Licensee then left the resident’s room and went on low. Licensee ordered the CNAs to administer a health shake to the resident. Licensee took the resident’s blood sugar, which was normal. Licensee then went to deprise the owner K-Mart 9401 Metcalf of the possession, violations)?” As part of Petitioner’s Application, a criminal background investigation revealed that on or about May 22, 1977, Petitioner pled guilty to the crime of Possession of Cocaine, which is a felony pursuant to K.S.A. 65-4127a, in the District Court of Douglas County, Kansas. Petitioner was sentenced to two years incarceration in the Kansas Department of Corrections. Cocaine is a controlled substance pursuant to § 195.017, RSMo. Probation continued on page 15

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Hoyt, Michelle D.
Pacific, MO
Licensed Practical Nurse 056588

On May 22, 2010, Licensee signed out Vicodin at three separate times. There was no documentation of the administration or waste of the Vicodin. On May 28 and 29, 2010, Licensee signed out Vicodin on one occasion. There was no documentation of the administration or waste of the Vicodin. On May 28 and 29, 2010, Licensee signed out Vicodin at four separate times. There was no documentation of the administration or waste of the Vicodin. Licensee informed the patient that she was in the hospital and they needed to draw blood now. The patient’s life was not in danger and no emergency situation existed to warrant that the blood be drawn immediately. The patient continued to say that she did not want to be “stuck” so soon. Licensee held the patient’s shoulder and reached across the bed to grab the patient’s left arm. Licensee then held the patient’s wrist and forced her arm to an extended position while leaning across the patient and placing her forearm under the patient’s jaw. The phlebotomist again asked the patient if she could draw blood, but the patient again objected. Licensee informed the patient that she was in the hospital and they needed to draw blood. Licensee then continued to hold the patient in this manner while the phlebotomist drew blood.

Probation 2/25/2011 to 2/25/2013

Emerson, Katherine Denise
Mexico, MO
Licensed Practical Nurse 2006031482

While working at the hospital, Licensee developed an unprofessional relationship with a client of the facility. The client wrote multiple letters to Licensee. The letters contained multiple sexually explicit references. Licensee kept the letters and never reported them to the facility. On at least two occasions, Licensee wrote letters to the client. Licensee and the client exchanged letters by hiding the letters in magazines and passing the magazines back and forth to one another.

Probation 12/21/2010 to 12/21/2011

Suber-Lancos, Carolyn Juanita
Kansas City, MO
Licensed Practical Nurse 2011002157

On or about March 17, 2010, the Board received Petitioner’s Application. On Petitioner’s Application, Petitioner answered “no” to the question: “Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was impose (excluding traffic violations)?” As part of Petitioner’s Application, a criminal background check was conducted. This criminal background investigation revealed that on or about May 22, 1977, Petitioner pled guilty to “willfully, unlawfully, and intentionally with intent to deprive the owner K-Mart 9401 Metcalf of the possession, use, or benefit of his property, did obtain, or exert unauthorized control over property in violation of O.P.M.C. 11.12.120A and 11.04.040.” Petitioner pled guilty to this violation on or about June 2, 1977, and was sentenced to 30 days in jail and imposed a fine of $100.00. The criminal background investigation revealed that on or about March 14, 1979, Petitioner pled guilty to the crime of Class A Felony, First Degree Robbery in violation of § 569.020 and 558.011.1, RSMo 1979, in the Circuit Court of Jackson County, Missouri, case number CR1979-0135. As part of a plea agreement, Petitioner was given a suspended imposition of sentence and was placed on five years of supervised probation. On or about September 4, 1981, Petitioner’s probation was revoked due to probation violations and she was sentenced to serve ten years in the Missouri Department of Corrections. The criminal background investigation revealed that on or about January 12, 1995, Petitioner pled no contest and was found guilty of Possession of Cocaine, which is a felony pursuant to K.S.A. 65-4127a, in the District Court of Douglas County, Kansas. Petitioner was sentenced to two years incarceration in the Kansas Department of Corrections. Cocaine is a controlled substance pursuant to § 195.017, RSMo.

Probation 1/25/2011 to 2/14/2011

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Sharpe, Mary L.
Warrensburg, MO
Registered Nurse 129082

On January 28, 2010, a medication error was discovered on Licensee’s unit. A resident was given a medication that had been discontinued by the resident’s physician. A nurse’s aide began to fill out a Medication Incident Report. While the aide was completing the form, Licensee entered the room, took the form from the aide and placed it in a locked destruction bin. When questioned by her supervisor, Licensee admitted to attempting to destroy the Medication Incident Report.

Probation 12/21/2010 to 12/22/2010

Conway, Kathy Jerome, MO
Licensed Practical Nurse 056260

On October 9, 2009, Licensee was assigned to provide care for a patient who was experiencing nausea. The patient requested a Scopolamine patch for his nausea. Licensee documented that she administered the patch on the patient at 10:47 a.m. At approximately 12:30 p.m., the patient told the Director of Nursing that he had not received the patch yet and requested that she administer the patch. Licensee falsely documented that she had provided the requested patch to the patient.


Dickens, Linda K.
Florissant, MO
Licensed Practical Nurse 052969

Licensee was requested to submit to a drug screen. Licensee’s test came back positive for marijuana.

Probation 1/25/2011 to 2/15/2013

Nave, Angela Dawn
Lawson, MO
Licensed Practical Nurse 2004021966

On October 7, 2009, Licensee pled guilty to one (1) count of the...
Class C Felony of ‘Possession of a Controlled Substance’. The Court suspended imposition of sentence and placed licensee on supervised probation for a period of four (4) years.
Probation 12/27/2010 to 12/27/2014

Owens, Amy M.
Chesterfield, MO
Registered Nurse 2006017243
On March 22, 2010, Licensee brought her daughter to the Emergency Room and told the pediatrician and nurse that she had been treating her daughter herself with IV Zofran. Licensee explained that she had withdrawn the Zofran for a patient and didn't use it all so she placed it in her pocket, intending to waste it later in her shift. Licensee further explained that when she had gotten home she had found the Zofran in her pocket. Licensee's daughter did not have a valid prescription or a doctor's order for the administration of Zofran. Licensee was suspended.
Probation 2/22/2011 to 2/22/2014

Schuerger, Bonnie Marie
Orly, MO
Licensed Practical Nurse 2003023657
While employed at the hospital in late 2008, Licensee diverted Demerol for her personal consumption.
Probation 2/3/2011 to 3/24/2013

King, Ramona J.
Jackson, MO
Licensed Practical Nurse 055203
On October 11, 2009 Licensee removed one (1) Percocet tablet at 2049. Licensee did not document the administration or waste of the Percocet. On October 11, 2009 Licensee did not document a pain assessment on a patient. On October 24, 2009 Licensee withdrew one (1) Oxycontin SR 10 mg. Licensee did not document the administration or waste in the Pyxis. On November 23, 2009 Licensee removed five (5) Oxycodone tablets at 0047. Licensee removed one (1) more Oxycodone tablet at 0052 for the same patient. Licensee documented the administration of two Oxycodone tablets. Licensee did not document the administration or waste of the remaining Oxycodone tablets. Licensee was terminated on December 23, 2009.
Probation 12/22/2010 to 12/22/2011

Patrick, Wendy A.
Bethany, MO
Licensed Practical Nurse 055938
On April 22, 2010, Licensee pled guilty to the Class C Felony of ‘Possession of a Controlled Substance’. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation.
Probation 12/27/2010 to 12/27/2013

Christensen, Naomi Jeanne
Chesterfield, MO
Registered Nurse 2009014672
Licensee was providing in-home care for a patient that was under the care of a hospice agency who had a signed contract. Licensee failed to document any face to face visits. Licensee was suspended.
Probation continued on page 16

Coffee, Dawn Nicole
Advance, MO
Licensed Practical Nurse 2000172565
On April 21, 2010, Licensee pled guilty to the Class D Felony of ‘Fraudulently Attempting to Obtain a Controlled Substance’. The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of four (4) years.
Probation 12/27/2010 to 12/27/2014
arranged to provide health care services that include the
miles from the Licensee's practice location in Jefferson City,
physician, resided in Red Cloud, Nebraska, approximately 435
collaborating advanced practice nurse if the advanced practice
miles by road, using the most direct route available, from the
collaborative practice arrangement, is no further than fifty (50)
diagnosis and initiation of treatment for acutely or chronically ill
the use of a collaborative practice arrangement by an advanced
Registered Nurse 130847
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Probation 1/1/2011 to 1/1/2015
Licensee did not have an order for the medication. The pharmacy's review
On February 4, 2010, Licensee removed 100 mg of Demerol from
Registered Nurse 155222
Probation 12/28/2010 to 12/28/2013
Licensee showed that she sometimes forgets to document on patients because she gets
Probation 12/28/2010 to 12/28/2013
Herman, Samantha H.
Nixa, MO
Registered Nurse 135222
On February 4, 2010, Licensee removed 100 mg of Demerol from the hospital's automatic medication dispensing system called
omnicell. The patient for whom Licensee removed the Demerol did not have an order for the medication. The pharmacy's review
showed Licensee had removed Demerol for patients that were not assigned to her care and made addendums to patient charts
showing medications were given when they were not. Licensee admitted that she diverted Demerol from her employer for her
personal consumption between December 2009 and February 2010. Licensee admitted an addiction to opiates.
Probation 1/1/2011 to 1/15/2015
Tucker, Carolyn J.
Henry, MO
Registered Nurse 130847
On or about August 1, 2007, Licensee entered into a collaborative practice agreement. Pursuant to 20 CSR 2200-4.020 (2) (b) (8), the use of a collaborative practice arrangement by an advanced practice nurse who provides health care services that include the
diagnosis and treatment of acutely or chronically ill or injured persons at a location where the collaborating physician is
not continuously present shall practice at the same location with the collaborating physician for a period of at least one (1)
calendar month before the collaborating advanced practice nurse practices at a location where the collaborating physician is
not present. Licensee and the collaborating physician, did not practice together at the same location when they entered
into their collaborative practice agreement. Pursuant to 20 CSR 2200-4.200 (b), the collaborating physician shall review the work,
records and practice of the health care delivered pursuant to a collaborative practice arrangement at least once every two
weeks. The collaborating physician did not review the work, records and practice of the health care delivered pursuant to a
probation continued on page 17
Probation continued from page 16

Robinson, Paula R
Dexter, MO
Licensed Practical Nurse 042391
In October of 2009, Licensee submitted time sheets for payment representing that she had worked shifts that in fact, she had not worked. Licensee admitted that she submitted falsified time sheets to her employer.
Probation 1/5/2011 to 1/5/2013

Munson, Lindsay Grace
Shawnee Mission, KS
Registered Nurse 2008022803
A random audit performed by the hospital revealed that Licensee was pulling an abnormally high amount of controlled substances compared to other nurses in her department. Further investigation revealed a number of discrepancies, including Licensee pulling controlled substances for patients who did not have orders for controlled substances. Licensee was requested to submit to a drug screen. The screen was positive for benzo diazepines, cocaine and oxazepam. Licensee did not have a valid prescription for any of these controlled substances. Licensee admitted that she had been diverting controlled substances from the hospital for her personal consumption.
Probation 1/5/2011 to 1/5/2016

Shelton, Kathy Lynne
Locust Grove, OK
Registered Nurse 120475
Pursuant to the Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On July 27, 2010, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Probation 12/9/2010 to 6/12/2012

Hicks, John Michael
Kansas City, MO
Licensed Practical Nurse 2011004746
Licensee pled guilty to Possession of Marijuana and was placed on one year of probation. Licensee pled guilty to Minor Visibly Intoxicated/BAC 0.02% or More. Licensee was given a suspended execution of sentence and was placed on one year of unsupervised probation. Licensee pled guilty to Driving While Intoxicated on or about February 16, 2007. Licensee pled guilty to Operation of vehicle by person under the influence of alcohol or drugs.
Probation 2/15/2011 to 4/15/2013

Huffman, Stephanie M.
Grand Tower, IL
Licensed Practical Nurse 045960
On or about 11:40 a.m. on October 25, 2009, a certified nursing assistant advised Licensee that a resident had fallen. Licensee went to resident room, but failed to fully assess the resident’s condition. At approximately 1:30 p.m. on October 25, 2009, Licensee charted that resident had a small abrasion near his left eyebrow and that resident complained of pain associated with the fall. Licensee failed to administer any pain medication to ease the resident’s discomfort and failed to fully assess the resident’s condition. The investigation revealed that Licensee failed to properly following nursing administration policies and procedures, specifically, the fall management program. The home concluded that Licensee’s failure to follow facility practices and respond appropriately resulted in missed opportunities to reduce the risk of negative outcomes related to the resident’s fall.
Probation 1/8/2011 to 1/8/2012

Steven, Ulika B
Highland, IL
Registered Nurse 154364
In early February of 2010, Licensee was assigned to provide care to a post-operative patient. The patient had an order for a post-operative antibiotic. Licensee failed to administer the antibiotic to the patient and also failed to report to the oncoming nurse that the antibiotic had not been administered. On February 22, 2010, Licensee was assigned to provide care to a patient who complained of chronic headaches. The patient’s chart indicated that Licensee was advised at 8:30 a.m. that the patient was suffering pain and rated their pain at a six on a scale of one to ten. Licensee did not provide any assistance to the patient until 12:30 p.m.
Probation 11/8/2011 to 1/18/2012

Boyd, Danielle Jane
Farmington, MO
Licensed Practical Nurse 2006007978
On or about February 24 2010, Licensee was terminated for failure to comply with the code of conduct policy, failure to follow timekeeping procedures, failure to follow medication administration, medication disposal and security procedures including controlled medication counts. Licensee has a duty to act in the best interest of her patients.
Probation 1/18/2011 to 1/18/2012

Ellis, Amy Marie
Willow Springs, MO
Licensed Practical Nurse 2011001201
On December 26, 2007, Licensee pled guilty to two (2) counts of the Class A Misdemeanor of ‘Passing a Bad Check’. The Court suspended imposition of sentence and placed Licensee on two (2) years of unsupervised probation. On September 28, 2006, Licensee pled guilty to the Class A Misdemeanor of ‘Passing a Bad Check’. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On March 8, 2007, Licensee pled guilty to the Class A Misdemeanor of ‘Passing a Bad Check’. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On August 23, 2006, Licensee pled guilty to the Class A Misdemeanor of ‘Passing a Bad Check’. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. Licensee on two (2) years of supervised probation. Licensee on two (2) years of supervised probation. Licensee on two (2) years of supervised probation.
Probation 11/1/2011 to 11/1/2013

Mottern, Stephanie Ranae
Vienna, MO
Licensed Practical Nurse 2005033191
On September 27, 2010, Licensee pled guilty to the Class C Felony of ‘Theft/Stealing of a Controlled Substance’. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation.
Probation 1/19/2011 to 1/19/2016

Rittman, Sarah Christine
Parkville, MO
Registered Nurse 2008022128
On April 23, 2010, Licensee submitted to a random drug screen. The test was positive for the presence of marijuana.
Probation 1/19/2011 to 1/19/2013

Hayden, Denise M
Caineville, MO
Registered Nurse 151378
Licensee entered into a Consent Agreement with the Arizona State Board of Nursing to Voluntarily Surrender her Arizona Registered Nurse License.
Probation 1/19/2011 to 1/19/2014

Gilliland, Gina R
Atlanta, MO
Registered Nurse 120873
In October of 2009, it was discovered that Licensee had forged a prescription for Norco. Upon further investigation, they discovered that Licensee had been forging prescriptions for herself for approximately four years. When confronted Licensee admitted that she had stolen prescription pads and had been forging prescriptions in the names of two doctors.
Probation 1/19/2011 to 1/19/2014

Watson, Jamie Lynn
Grove, OK
Registered Nurse 2003022487
On September 18, 2009, while working at the Hospital, Licensee was the charge nurse when another registered nurse had questions about a patient’s pacemaker. The patient was on palliative care. The family asked if the patient’s pacemaker could be turned off. Licensee told them “no”. Licensee asked the family if they wanted her to stop the pacemaker. The family replied “yes”. Licensee placed a magnet on the patient’s chest. When questioned about the incident, Licensee stated that she offered to place the magnet to ease the family’s suffering. Licensee believed placing the magnet would reset the pacemaker to factory settings. Licensee did not chart placing the magnet to the patient’s chest. It was beyond the scope of practice of a registered professional nurse to place the magnet on the patient’s chest without a physician’s order. Licensee did not have a physician’s order, or express or implied authorization to attempt to alter the pacemaker’s settings.
Probation 12/6/2010 to 12/6/2011

Trout, Carol A.
Fredericktown, MO
Licensed Practical Nurse 054785
On April 23, 2009, Licensee pled guilty to the Class B Misdemeanor of ‘Driving While Intoxicated’ and the Class A Misdemeanor of ‘Possession of Drug Paraphernalia’.
Probation 1/25/2011 to 1/31/2011

Hanson, Joni M.
New Boston, MO
Licensed Practical Nurse 2011000171
License No. 2011000171
On or about October 8, 1992, Licensee pled guilty to four counts of second degree burglary and two counts of felonies, on or about November 25, 1992. Licensee pled guilty to a felony charge of receiving stolen property. On or about January 14, 1993, Licensee pled guilty to one count of second degree burglary and one count of felonies. On or about December 21, 1994, Licensee pled guilty to the misdemeanor charge of passing bad checks. Licensee’s practical nursing license was placed on probation for a period of two years. Licensee failed to comply with the conditions of the probationary license and her license was revoked on or about January 28, 1997. Licensee pled guilty to Class C felony stealing on or about January 28, 2001. On or about September 24, 2002, Licensee pled guilty to Class C Felony Stealing. As a result of both of these guilty pleas, Licensee received a suspended execution of sentence and was placed on five years of supervised probation. Licensee successfully completed her criminal probation.
Probation 1/4/2011 to 1/4/2013

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Probation continued on page 19
patches from the stock of residents of the facility. When Kansas City, MO
she did not have the appropriate certification. Licensee also would require her to have her IV certification. Licensee also additional certifications to perform the treatment. Licensee
Harmon, Anita G.

On October 26, 2010, the Illinois State Board of Nursing Millstadt, IL

Havel, John Joseph

Probation 1/28/2011 to 1/28/2014

6, 2006. Following this second probation violation, the Board
The audit revealed approximately ten (10) more errors

Davis, Jeffrey Scott

East Prairie, MO

Probation 12/21/2010 to 12/22/2010

On or about February 24, 2009, while working at the facility, Kansas City, MO

Grant, Betsy S.

Reeds Spring, MO

Licensed Practical Nurse 2002026251

Respondent was required to contract with NTS to participate in random drug and alcohol screenings. Respondent never completed the contract process with NTS. Revoked 12/28/2010

Davis, David

Lexington, MO

Probation 12/28/2010

DeShazer, JoAnn

Lexington, MO

Licensed Practical Nurse 2001044231

Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent never called in to NTS and has, therefore, never participated in random drug and alcohol screenings. Revoked 12/28/2010

Wooldridge, Karen R.

Slater, MO

Registered Nurse 080022

Respondent was required to abstain completely from the use of any controlled substance or drug of abuse for thirty (30) days. Revoked 12/28/2010

Campbell, Katherine Johanne

Chillicothe, MO

Registered Nurse 2001051665

Respondent was required to contract with FirstLab to participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. On two dates, Respondent called FirstLab and was advised that she had been selected. Respondent failed to report to a laboratory. Revoked 12/28/2010

McManness, Kelly Raye

Rolla, MO

Probation 12/8/2010

On or about July 9, 2007, Licensee was convicted of 'Murder after Deliberation', M.S., which included nebulizer treatments and to check oxygen saturation. Licensee failed to document the new orders. On or about July 10, 2007, Licensee was again assigned to Resident M.S. Licensee failed to document anything in Resident M.S.’s chart during her entire shift. On or about August 9, 2007, Licensee failed to submit an incident report on a resident reporting the presence of bruises but failed to document the findings in the resident’s chart. On or about August 13, 2007, Licensee was assigned to care for resident E.R. Resident E.R. had just undergone surgery one week prior to returning to the facility to repair a broken hip. Upon her return to the facility Resident E.R. experienced a decrease in shortness of breath. Licensee failed to assess Resident E.R. Revoked 12/26/2011

Tinker, Janet Sue

Saint Joseph, MO

Licensed Practical Nurse 2008014247


Ackley, Christine D.

Denver, CO

Registered Nurse 136003

Licensee was found guilty of ‘Murder after Deliberation’, ‘Felony Murder’, ‘Aggravated Robbery’, ‘Robbery of an At-Risk Adult’, ‘Threats to Deliver an Unlawful Service’ and ‘Unlawful Use of a Financial Transaction Device’ in the District Court of Douglas County, Colorado. On December 17, 2004, Licensee was sentenced to life imprisonment without the possibility of parole. On January 5, 2005, the Colorado State Board of Nursing entered its Order accepting the surrender of Licensee’s Colorado nursing license. Revoked 2/29/2011

Butler, Aaron Russell

Van Buren, MO

Licensed Practical Nurse 2006033974

Licensee replaced the stolen Percocet with Tylenol in an attempt to conceal the diversion. Revoked 1/25/2011

Revocation continued on page 20
Revocation continued from page 19

SUSPENSION/PROBATION

Krupp, Christina Louise
Owensville, MO
Registered Nurse 2001022453
Suspended from 1/19/2011 to 3/20/2011; Probated from 3/21/2011 to 3/21/2014

From February 2009 through July 2, 2009 Licensee obtained prescriptions for Vicodin from three separate physicians. The physicians were not aware that the Licensee was obtaining multiple prescriptions for controlled substances. Licensee admitted she was ‘doctor hopping’ and admitted that she may have been addicted to Vicodin.

Suspension 1/19/2011 to 3/20/2011
Probation 3/21/2011 to 3/21/2014

Vandevender, Patricia M.
Cameron, MO
Licensed Practical Nurse 0226688

Voluntary Surrender 1/17/2011

Licensee’s Oklahoma Nursing License.

On November 17, 2009, the Oklahoma Board of Nursing revoked License in Missouri. Licensee failed to disclose the convictions.

Licensee also pled guilty to ‘Obstructing an Officer’ and ‘Eluding a Police Officer’ in the District Court for Tulsa County, Oklahoma.

On January 12, 2009, Licensee pled guilty to ‘Eluding a Police Officer’ and ‘Obstructing an Officer’ in the District Court for Tulsa County, Oklahoma.

Suspension 1/17/2011 to 2/27/2014
Probation 3/2/2011 to 3/2/2014

Swyers, Brandi S.
Ironton, MO
Registered Nurse 155450

Voluntary Surrender 2/15/2011

At the institution where Licensee worked, diabetic inmates were allowed to self-inject their insulin after the dosages were drawn up by nurses. The inmates were supposed to double-check the dosage that had been drawn up for them prior to administering the injection. Licensee routinely drew up a dose that was as many as five (5) units too large to ‘test’ to see if the inmates were checking their dosages. If the inmate did not check the dosage, Licensee would allow the inmate to inject the dose without preventing them from administering the extra medication. As a result of Licensee’s ‘testing’ the inmates, multiple inmates injected themselves with larger than necessary doses of insulin.

Suspension 2/27/2011 to 5/6/2011
Probation 5/7/2011 to 5/7/2013

VOLUNTARY SURRENDER

Kiwan, Salahuddin Mohammad
Topeka, KS
Registered Nurse 2000022626

Voluntary Surrender 1/7/2011

On January 12, 2009, Licensee pled guilty to ‘Eluding a Police Officer’ in the District Court for Tulsa County, Oklahoma. Licensee also pled guilty to ‘Obstructing an Officer’ and ‘Reckless Driving’ in the District Court for Tulsa County, Oklahoma. On February 18, 2009, Licensee renewed his nursing license in Missouri. Licensee failed to disclose the convictions.

On November 17, 2009, the Oklahoma Board of Nursing revoked Licensee’s Oklahoma Nursing License.

Voluntary Surrender 1/7/2011

Marshall, Keeb L.
Kennett, MO
Registered Nurse 147606

On January 5, 2011, Licensee Voluntarily Surrendered her Missouri Nursing License

自愿Surrender 1/5/2011

Edwards, Dustin Shane
Overland Park, KS
Registered Nurse 152973

On December 21, 2010, Licensee voluntarily surrendered his Missouri Nursing License.

Voluntary Surrender 12/21/2010

Ramsey, Christine E.
Grain Valley, MO
Licensed Practical Nurse 055073

On March 9, 2010, Licensee was terminated from employment.

On March 10, 2010 Licensee returned to collect her pay check and told the Director of Nursing and Administrator that she had copies of resident charts. Licensee admitted that she copied medication error reports and took the copies home with her.

Voluntary Surrender 1/19/2011

Cooper, Jill M.
Elkland, MO
Registered Nurse 155481

Licensee was employed by a home health agency as a Case Manager and Staff Nurse. On December 29, 2007 Licensee was transported by ambulance and hospitalized after Licensee was found unresponsive. Licensee explained to the doctor that she overdosed, that she had got some pills and took a quantity but she does not remember, but explained that it could have been Ambien or Xanax. Licensee further stated that she obtained those pills from a patient that she had taken care of who had given them to her for pain and to help her sleep.

Voluntary Surrender 2/28/2011

James, Christine Ellen
Brighton, IL
Registered Nurse 2007038065

On June 17, 2009, Licensee's Illinois nursing license was disciplined by the Illinois Department of Professional Regulation.

Voluntary Surrender 2/16/2011

Witte, Kaaren C.
Kansas City, MO
Registered Nurse 144732

Licensee was employed as an RN Care Team Leader until her termination. Licensee went for three routine patient visits and was accompanied by another RN. During the visits, Licensee failed to provide necessary and appropriate care to the patients.

Voluntary Surrender 2/15/2011

Hyland, Patricia Hallock
Creve Coeur, MO
Registered Nurse 2000167141

Licensee's co-workers reported to the nurse manager that Licensee was acting strangely. The nurse manager observed and spoke with Licensee. The manager requested Licensee submit to a drug and alcohol screening. Licensee's blood alcohol content was measured at .084. Licensee was referred to the Employee Assistance Program. Licensee entered into a Return to Work Agreement with the hospital. Conditions of the agreement included random blood alcohol testing. At a later date, Licensee was at the hospital for a required class. The instructor reported that she believed Licensee was under the influence of alcohol.

Voluntary Surrender 2/15/2011

Voluntary Surrender continued on page 21
Voluntary Surrender continued from page 20

Barton, Penny L.
Salem, MO
Registered Nurse 096325
The Chief Nursing Executive discovered twelve (12) charts that showed Licensee had removed and wasted 2 mg Dilaudid for patients who did not have orders for Dilaudid. When Licensee was questioned regarding these discrepancies, she could not offer an explanation as to why she had withdrawn the Dilaudid. A hair test returned a positive result for marijuana. A urine drug screen was positive for Meperidine and Nomeperidine. Licensee did not have a prescription.
Voluntary Surrender 12/22/2010

Salem, MO
Registered Nurse 096325
The Chief Nursing Executive discovered twelve (12) charts that showed Licensee had removed and wasted 2 mg Dilaudid for patients who did not have orders for Dilaudid. When Licensee was questioned regarding these discrepancies, she could not offer an explanation as to why she had withdrawn the Dilaudid. A hair test returned a positive result for marijuana. A urine drug screen was positive for Meperidine and Nomeperidine. Licensee did not have a prescription.
Voluntary Surrender 12/22/2010

Chaplin, Roxzan M.
Greendale, MO
Registered Nurse 105637
Licensee was unable to complete duties related to her job. Licensee could not insert intravenous catheters, draw blood or perform urinary catheterizations. Licensee would not complete admission paperwork and routinely administered medications late.
Voluntary Surrender 12/1/2010

Amaro, Richard J.
San Francisco, CA
Registered Nurse 2003013681
On January 17, 2010, Licensee’s California nursing license was disciplined by the California Board of Registered Nursing. Voluntary Surrender 12/3/2010

Alsadi, Juli Beth
Mountain Grove, MO
Registered Nurse 2007020216
On January 19, 2011, Licensee voluntarily surrendered her Missouri Nursing License.
Voluntary Surrender 1/19/2011

Cotton, Loretta R.
Lees Summit, MO
Licensed Practical Nurse 029509
On January 19, 2011, Licensee Voluntarily Surrendered her Missouri Nursing License.
Voluntary Surrender 1/19/2011

Brewer, Monica Lynn
Winona, MO
Licensed Practical Nurse 2002032085
Respondent was employed with a nursing home. On September

Voluntary Surrender continued...
28, 2007, nurses and med techs were required to submit to a drug test. Respondent’s drug test was positive for amphetamines. Respondent admitted that she took her son’s prescribed before going to work because she was tired.
Voluntary Surrender 1/18/2011

Blake-Shatley, Tara Eileen
Saint Charles, MO
Registered Nurse 2001005014
Licensee voluntarily surrendered her Missouri Nursing License on January 13, 2011.
Voluntary Surrender 1/13/2011

Zubiri, Crystal D.
Kansas City, MO
Licensed Practical Nurse 055385
On July 7, 2010, Licensee pled guilty to the Class C Felony of ‘Possession of a Controlled Substance’ in the Circuit Court of Ray County, Missouri.
Voluntary Surrender 1/13/2011

Estell, Shirley A.
Ferguson, MO
Registered Nurse 069818
Licensee voluntarily surrendered her Missouri Nursing License on January 13, 2011.
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Voluntary Surrend
The Board of Nursing is requesting contact from the following individuals:

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<thead>
<tr>
<th>Name</th>
<th>License Type</th>
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<tbody>
<tr>
<td>Elaina Bentrup</td>
<td>RN</td>
<td>2008008474</td>
</tr>
<tr>
<td>Carrie Berry-Moyer</td>
<td>PN</td>
<td>PN051027</td>
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<tr>
<td>Jana Coble</td>
<td>RN</td>
<td>097254</td>
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<tr>
<td>Sandra Dawson</td>
<td>RN</td>
<td>2007007742</td>
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<tr>
<td>Kathy Deckard-Smith</td>
<td>PN</td>
<td>2001026758</td>
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<tr>
<td>Elaine Evers</td>
<td>PN</td>
<td>2001027052</td>
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<tr>
<td>Linda Forrest</td>
<td>PN</td>
<td>053815</td>
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<tr>
<td>Debra Gundry</td>
<td>PN</td>
<td>PN047615</td>
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<tr>
<td>Pamela Kerr</td>
<td>RN</td>
<td>068952</td>
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<tr>
<td>Amanda Kuehn</td>
<td>RN</td>
<td>2000151384</td>
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<tr>
<td>William E. Ray</td>
<td>RN</td>
<td>133205</td>
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<tr>
<td>Meredith Roman</td>
<td>RN</td>
<td>RN106239</td>
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<tr>
<td>Athena Surface-Lewis</td>
<td>PN</td>
<td>2000169226</td>
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If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov.

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**NAME AS CURRENTLY IN OUR SYSTEM**

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**NEW INFORMATION**

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Daytime Telephone Number

E-mail Address

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**PRIMARY STATE OF RESIDENCE ADDRESS:** (where you vote, pay federal taxes, obtain a driver’s license)

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**MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)**

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☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102
Or
Fax to 573-751-6745

If you wish to obtain a duplicate license you must return this form along with your current wallet size license and a $15.00 check or money order payable to the Missouri Board of Nursing.