STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE: SARAH ANN BOUCHARD License No. 026-0027963	)))	Docket No. NU30-1008

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, by and through State Prosecuting Attorney Edward G. Adrian, and the Respondent, Sarah Ann Bouchard, RN, who stipulate and agree as follows:

Board Authority

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. § 1582; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Alleged Facts

2. Sarah Ann Bouchard (the "Respondent") of South Burlington, Vermont is licensed by the State of Vermont as a Registered Nurse under license number 026-0027963. This license was originally issued on or about February 14, 2003, and is currently set to expire on or about March 31, 2009.

3. At all times relevant, Respondent was employed as a part-time, per diem registered nurse at Fletcher Allen Health Care ("FAHC"), located in Burlington, Vermont.

4. During October of 2008 concerns arose with the Respondent's documentation of controlled substances at FAHC.

5. The Respondent has been in active treatment for alcohol and illicit mood altering substances since April, 2008.

6. The Respondent's license was summarily suspended by the Board on November 12, 2008.

Charges

7. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of:

a. 3 V.S.A. § 129a(b) (2) failure to conform to the essential standards of acceptable and prevailing practice).

Understandings

8. This Stipulation is neither an admission of liability by the Respondent nor a concession by the State of Vermont that its charges are not well-founded. To avoid delay, uncertainty, inconvenience, and expense of protracted litigation of the charges above, the Parties reach a full and final Stipulation pursuant to these Understandings and the Order below.

9. Respondent understands that the Nursing Board must review and accept the terms of the Consent Order. If the Board rejects any portion, the entire Stipulation and Consent Order shall be null and void.

10. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced her rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.

11. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.

12. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.

13. Respondent voluntarily enters into this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulation and Consent Order.

14. Respondent voluntarily waives her right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.

15. Respondent does not contest that the State could prove the facts as alleged above by a preponderance of the evidence if this matter went to a merits hearing and therefore agrees that the Order set forth below may be entered by the Board.

ORDER

Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

A. The Board of Nursing hereby **INDEFINITELY SUSPENDS** the Respondent's license to practice nursing for a **MINIMUM OF SIX (6) MONTHS retroactive to the date of**

summary suspension. Before applying for reinstatement, Respondent must: 1) obtain an independent evaluation report by a licensed professional specializing in drug and alcohol abuse pre-approved by the Board; 2) the results of the report with the drug and alcohol abuse independent evaluator must indicate that the Respondent does not present a risk to the safety, health or welfare of her potential patients; 3) Respondent must submit to the Board the results of a minimum of three (3) random urine analyses, collected in an observed setting, administered by a person who has been pre-approved by the Board, and analyzed by a lab qualified to analyze samples for forensic purposes and pre-approved by the Board; and 4) the results of the random urine analyses shall be negative; failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any urine analysis shall cause that screen to be presumed positive. The Respondent's license shall not be reinstated until these prerequisites are met, regardless of whether more than six (6) months have passed since the suspension went into effect. Once reinstated, Respondent's license will be **CONDITIONED FOR A MINIMUM OF THREE (3) YEARS**. The conditions will be as follows:

(1) Re-issue of License.

Upon the commencement of these conditions, Respondent shall be issued a license labeled "conditioned."

(2) Length of Time of Conditions Imposed.

The conditions shall remain in place until Respondent has completed all conditions ordered. Respondent shall be subject to the conditions until Respondent completes a **minimum of three (3) years** of supervised registered nursing in which she works at least forty (40) hours every two (2) weeks as a registered nurse. Part time hours of less than forty (40) hours every two (2) weeks shall be credited on a prorated basis. Respondent shall be prohibited from working more than forty (40) hours per week.

(3) Completion of Substance Abuse Counseling and Treatment Plan.

Respondent shall enter into and continue substance abuse counseling with a treating professional pre-approved by the Board until the treating professional shall certify in writing to the Board that such counseling is no longer necessary. Respondent shall enter into and comply with the substance abuse treatment plan approved by the Board and the treating professional.

(4) Notification to Treating Professional:

Respondent shall provide a copy of this Stipulation and Consent Order to her treating professional and cause her treating professional to inform the Board, in writing and on professional letterhead, of receipt of the Stipulation and Consent Order and the treating professional's ability to comply with the conditions related to treatment and with all other terms of this Consent Order.

(5) Reports from Treating Professional.

Respondent shall authorize and cause her treating professional to submit to the Board evidence of satisfactory progress with the treatment plan during the effective period of this Consent Order. These reports shall be submitted in writing on forms issued by the Board.

The first report is due commencing the month after the date of the commencement of the conditions and subsequent reports are due **monthly** thereafter.

Respondent shall authorize her treating professional to provide all information requested by the Nursing Board, either orally or in writing, at any time during the period this Consent Order is in effect.

(6) Participation in Recovery Group(s).

Respondent shall participate as recommended by her treating professional in substance abuse recovery group(s), and shall submit **quarterly** reports documenting such attendance on forms issued by the Board.

(7) Random Drug and Alcohol Testing.

Respondent shall submit to random drug and alcohol screenings at the request of the Board or its designee. Respondent shall designate a person, who has been pre-approved by the Board or its designee, to administer random drug and alcohol screens. All testing shall be done on a random, unannounced basis and analyzed by a lab qualified to analyze samples for forensic purposes and approved by the Board. All urine specimens collected for tests shall be collected in an observed setting. All screens shall be negative.

Failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any urine screen shall cause that screen to be presumed positive. Any positive screen shall act as a violation of this Order.

(8) Abstain from Drug and Alcohol Use.

Respondent shall abstain completely from the consumption or possession of alcohol and drugs with the exception of medications as outlined in paragraph A.(9) for the period of time described in A.(2).

(9) Drug Use Exception.

Respondent shall not take controlled substances unless necessary. Respondent may take scheduled/controlled medications lawfully prescribed for a bona fide illness or condition by a physician, dentist, or nurse practitioner whose identity shall be made known to the Board in writing by Respondent within forty-eight (48) hours of the establishment of the practitioner/patient relationship. Respondent shall ensure that the physician, dentist or nurse practitioner informs the Board, in writing and on appropriate letterhead, of knowledge of Respondent's substance abuse issue(s) within one (1) week of entering into the practitioner/patient relationship. Respondent shall inform the Board in writing of all scheduled/controlled medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.

The Board or its designee may request at any time that the practitioner document the continued necessity for the prescribed scheduled/controlled medications if the term exceeds fourteen (14) days. This includes medications to be administered as necessary. It is not anticipated that Respondent would be prescribed scheduled/controlled medication during the term of this Consent Order for a period greater than fourteen (14) days, but if so, then the conditions herein may be revoked by the Board.

Respondent shall keep a written record of all medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

(10) Notification to Employers/Nursing School.

Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current or future setting in which Respondent practices as a registered nurse and inform them of Respondent's conditional license status.

Within ten (10) days of the date of entry of this Consent Order or of any subsequent registered nursing employment, Respondent shall cause Respondent's immediate supervisor to write to the Board, on the employer's letterhead, acknowledging receipt of the Stipulation and Consent Order and the ability to comply with the conditions in the Consent Order.

In the event the Respondent is attending a nursing program, Respondent shall cause the Program Director to write to the Board, on school letterhead, acknowledging receipt of the Stipulation and Consent Order and ability of the program to comply with the conditions in the Consent Order during clinical experience.

(11) Reports from Employers/Program Director.

Within one (1) month of the date of entry of this Order or within one (1) month of the commencement of registered nursing employment and **monthly** thereafter, Respondent shall cause every nursing employer the Respondent has worked for during the month to submit to the Board an evaluation of Respondent's work performance and attendance during that month. This report shall be submitted in writing on forms issued by the Board. All employer reports shall indicate satisfactory performance and attendance.

In the event the Respondent is attending a nursing program, Respondent shall cause the Program Director to submit to the Board, on a monthly basis, a written evaluation of her performance and attendance. This report shall be submitted in writing on forms issued by the Board and accompanied by a cover letter on the school's letterhead. All nursing program reports shall indicate satisfactory performance and attendance.

(12) Practice Under Supervision.

Respondent shall practice as a registered nurse only in a setting where Respondent has direct supervision for the entire shift by a licensed registered nurse that is in good standing with the Board.

(13) Administration of Medications.

Respondent is prohibited from administering any controlled substances. This condition may be removed only by the Respondent filing a petition with the Board after she has worked as a registered nurse for twelve (12) weeks for at least forty (40) hours every two weeks (or the part time equivalent) after the date of reinstatement.

In any such petition, the Respondent must demonstrate, to the satisfaction of the Nursing Board, that she can safely and competently administer such medications. In any such petition, the Respondent must include appropriate support from her treating professional and employer or nursing school administrator and a description of the documentation and inventory control procedures in place.

The removal of this prohibition shall not automatically result in the reinstatement of all medication privileges. The Board may gradually restore those privileges through whatever intermediary steps it determines are appropriate.

(14) Types of Employment Prohibited.

The parties have not reached an agreement on this condition and agree that the matter may be set for disposition. The State recommends a disposition as set forth below.

imposed EWL

Respondent shall not work in a supervisory role. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency or as a private duty nurse or personal care provider during the effective period of this Consent Order.

(15) Interview with the Board or its Designee.

Respondent shall appear in person for interviews with the Board or its designee upon request.

(16) Out-of-State Practice.

Before any out-of-state practice can be credited toward fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board prior to Respondent practicing nursing outside the State of Vermont. If Respondent fails to receive such approval before practicing nursing outside the State of Vermont, none of the time spent practicing nursing out-of-state will be credited toward the fulfillment of the terms and conditions of this Consent Order. The Board will approve out-of-state nursing practice so long as the Respondent can still comply with the provisions of this Consent Order.

(17) Notification of Place of Employment/Personal Address/Telephone Number.

Within five (5) days of the date of entry of this Consent Order, Respondent shall notify the Board, in writing, of her current place of employment, personal address, and telephone number. Respondent shall further notify the Board, in writing, within forty-eight (48) hours of any change in employment, personal address, or telephone number.

(18) Notification to Other States.

In the event that the Respondent is licensed in nursing in any other state(s), she must inform the nursing licensing board of the state(s) in which the Respondent is licensed of the conditional status of her Vermont registered nursing license within thirty (30) days of the date of entry of this Order. If the Respondent fails to provide such notification, it will be considered a violation of this Order.

(19) License Renewal.

If the Respondent's license expires while this Order is still in effect, this Order does not automatically extend the license. In that situation, in order to continue to practice as a registered nurse, the Respondent must timely apply for renewal, pay the applicable fee and demonstrate that she has otherwise complied with the requirements for license renewal.

(20) Release of Information Forms.

The conditions of this Order require the Respondent to authorize drug and/or alcohol treatment providers to report information in verbal and/or written format and/or to discuss the

Respondent and any and all treatment rendered to the Respondent for drugs and/or alcohol with the Board or its designee. The conditions of this Order must allow any and all information from the Respondent's treatment providers to also be provided to the Office of Professional Regulation investigators and that the information may be used for further prosecutions if so warranted or if the Office of Professional Regulation determines that said information violates the terms of this Order or any rules or laws governing the profession of nursing.

The Respondent is entitled to revoke this consent at any time. However, any revocation by the Respondent of such consent to disclosure during the term of this Order shall be considered a violation of this Order.

This consent expires when the conditions are removed from the Respondent's registered nursing license.

This Stipulation and Consent Order shall constitute a valid written consent pursuant to the requirements of 42 C.F.R. § 2.31.

The Respondent understands that her treatment provider may require her to sign a separate and distinct consent meeting the requirements of 42 C.F.R. § 2.31.

(21) Costs.

The Respondent shall bear all costs of complying with this Consent Order.

(22) Violation of this Order.

If the Respondent violates the terms of this Order in any respect, the Board, after giving the Respondent notice and an opportunity to be heard, may rescind or modify this Order and impose additional appropriate disciplinary actions. If a complaint of unprofessional conduct is made against the Respondent during the term of this Order, this Order shall be automatically extended until the unprofessional conduct matter is concluded.

(23) Completion of Conditional License Period.

After the conditional license period, the Respondent may petition the Board to remove any and all conditions on her license. The Respondent must present proof that she has fully complied with the terms of this Order. The Respondent must also present proof of successful substance abuse rehabilitation and she must demonstrate, to the satisfaction of the Board, that she poses no danger to the public or the practice of registered nursing and that she can safely and competently perform the duties of a licensed registered nurse.

B. Notwithstanding any provision above, the Respondent must continue to meet all Nursing Board requirements for maintaining a license, license renewal and license reinstatement.

C. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

D. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

AGREED TO:

Dated: 8/5/09

STATE OF VERMONT
SECRETARY OF STATE

By: _____
Edward G. Adrian
State Prosecuting Attorney 8/7/09

Dated: _____

SARAH ANN BOUCHARD
RESPONDENT

By: Sarah A. Bouchard
Sarah Ann Bouchard

APPROVED AS TO FORM:

Dated: _____

ATTORNEY FOR RESPONDENT

By: _____
John L. Pacht, Esq.

APPROVED AND SO ORDERED:

Dated: 8.10.09

VERMONT BOARD OF NURSING

By: _____
Chairperson

Date of Entry: 8/12/09

nu.bouchard.stip3

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE: **SARAH ANN BOUCHARD** **License No. 026-0027963**	)))	**Docket No. NU30-1008**

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont and makes the following Charges against the Respondent, Sarah Ann Bouchard, RN:

Board Authority

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. § 1582; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Facts

2. Sarah Ann Bouchard (the "Respondent") of South Burlington, Vermont is licensed by the State of Vermont as a Registered Nurse under license number 026-0027963. This license was originally issued on or about February 14, 2003, and is currently set to expire on or about March 31, 2009.

3. At all times relevant, Respondent was employed as a part-time, per diem registered nurse at Fletcher Allen Health Care ("FAHC"), located in Burlington, Vermont.

4. On or about October 10, 2008, in a telephone call to State Investigator Amy Carlson, Sarah Powell, the attorney representing C.B., Respondent's husband, in pending divorce proceedings with Respondent, informed Investigator Carlson that Attorney Powell was in possession of Respondent's personal journal, which describes Respondent committing acts of drug abuse and narcotic diversion from FAHC.

5. On or about October 10, 2008, Investigator Carlson received and reviewed a copy of Respondent's journal. Respondent's entry from on or about July 10, 2008 stated in part the following:

   a. "14: Initially I was so addicted to my drug that I was shooting up like [twenty] 20 times a day [and] getting physically sick without it. I knew this [sic] insane."

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b. "16: My addiction became a problem because I had to lie about it. I had to steal to get it."

c. "Powerlessness, 2. I am powerless over my addiction. It is a disease [and] there is no cure. I am not powerless over my life. I can make choices. I will always be an addict, but I choose not to today. I stole narcotics from a dying man. I stole drugs from the hospital. I would tell my patient they were getting 1mg of Dilaudid when I would only give them half."

d. "5. If people had any ties to my drugs I would manipulate them in any way possible to get more drugs. I would take on more pt's. I would watch other people's pt's more often."

e. "Unmanageability 2. No, never been arrested but I could have for stealing drugs from the hospital. Could have been a felony or [two] 2 years in jail."

6. On or about October 14, 2008 in an interview with State Investigators Amy Carlson and Jamie Palmisano, Investigator Carlson requested K.M., FAHC Pharmacy Director, to run a report and audit of Respondent's activity on FAHC's Pyxis machine, which dispenses medications for nurses to administer to patients. During this interview, K.M. stated that FAHC had already developed concerns regarding Respondent's medication activity due to Respondent showing up on a High User Report, which lists nursing staff withdrawals of controlled pain medications. K.M. questioned the validity of Respondent's high usage of controlled narcotics, considering Respondent's part-time, per diem status.

7. In this same interview, K.M. ran a High User Report for Respondent during the time period of June 1, 2008 through June 30, 2008. The report for this period listed Respondent as the highest user of IV Morphine. K.M. stated that Respondent's forty-one (41) withdrawals was odd because Respondent only worked approximately twenty (20) hours per week during this period. K.M. stated that she found it unlikely that a part-time nurse would make more withdrawals of this medication than a full-time nurse.

8. On or about October 16, 2008 in an interview with Investigators Carlson and Palmisano at Respondent's residence, Respondent appeared to be impaired. According to a report by Investigator Palmisano, Respondent "seemed disoriented, confused and sleepy. Her mannerisms were uncoordinated and she was unsteady on her feet. When walking from the living room into her kitchen area, [Respondent] stumbled into a bar chair for an unknown reason." Respondent denied diverting narcotics from FAHC.

9. On or about October 16, 2008 in an interview with Investigators Carlson and Palmisano, FAHC Nurse Manager R.C. shared the results of an audit of Respondent's patient assignments for June 2008. R.C. stated she discovered in the audit numerous patients in this time period from whom she suspects Respondent had diverted pain

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medication. As a result, R.C. created and provided a spreadsheet detailing this suspicious activity. R.C.'s spreadsheet, Respondent's Pyxis records, and Respondent's patient records include in part the following:

a. On or about June 1, 2008, Respondent documented on her flow sheet that she gave Patient 13 one (1) 2mg dose of Dilaudid [hydromorphone] po at 16:00 when she first assumed care of the patient, and then one (1) .2mg Dilaudid IV at 18:30. According to the patient chart, the patient had only been medicated with Tylenol from 0340 hours to 1600 hours.

b. On or about June 2, 2008, Respondent documented in her Medication Administration Record (the "MAR") that she medicated Patient 4 at 19:30 with 2mg of IV Morphine, and that the patient pain score was 6/10. At 22:30, Respondent recorded in the MAR that she medicated this patient again with 4mg of IV Morphine, and that the patient pain score was 8/10. According to R.C.'s spreadsheet, this patient had not received any IV Morphine since receiving one (1) dose two (2) days prior, and that other nurses on staff had been regularly medicating the patient with Hydrocodone/Acetaminophen tablets.

c. On or about June 7, 2008, Pyxis records indicate Respondent removed two (2) 2mg Hydromorphone tablets at 18:01 for Patient 5. Pyxis records also indicate Respondent then removed one (1) 1mg ampule of Hydromorphone for this same patient at 18:10. The IV dose was not recorded as being administered on the patient's chart. Respondent documented in the patient's flow sheet that this patient was discharged from FAHC at approximately 18:15. R.C. advised that, as an FAHC rule, a patient that remains in need of IV pain medication is not considered to have controlled pain, and therefore, will not be discharged.

d. On or about June 11, 2008, Pyxis records indicate that for Patient 10, Respondent removed one (1) 1mg Hydromorphone Ampule and wasted .5mg of the same at 17:02; removed one (1) 1mg Hydromorphone Ampule and wasted .5mg of the same at 19:01; and removed three (3) Oxycodone IR 5mg tablets at 19:07. In her spreadsheet, R.C. noted in the following in regard to this patient: "Patient has Dilaudid IV ordered in the [morning]. Patient did not need Dilaudid for the rest of the day. [Respondent] comes in to work at 1500 and medicates patient [two times] at [two (2) hour] intervals with pain scale noted by her as being 5/10 at 1600[;] then 8/10 at 1700[;] at 1800 6/10. PO [by mouth] pills ordered at 1630, started at 1900 by [Respondent] at the same time as another dose of IV Dilaudid was given . . ."

e. On or about June 11, 2008, Pyxis records indicate that for Patient 3, Respondent removed four (4) Oxycodone IR 5mg tablets at 16:40. R.C. noted in her spreadsheet, "Patient usually only took 10mg. Sporadically. [Respondent] medicated patient with 20mg. Next nurses also only gave 10mg. [Patient's] pain not any different."

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f. On or about June 12, 2008, Pyxis records and MAR documentation indicate that for Patient 8, Respondent made the following withdrawals:

Time	Medication	Documented on MAR
16:31	3 Hydromorphone Tablets, 2mg	Yes
16:57	2 Morphine Carpuject, 2mg*	Yes
	* Order states: "Use only if PO Dilaudid is ineffective	
18:12	2 Hydromorphone Tablets, 2mg	Yes
18:24	1 Hydromorphone Bag, 0.2mg/ml, 100ml*	No
	*Respondent documented wasting 30 ml at 18:24 in Pyxis	
19:25	3 Hydromorphone Tablets, 2mg	Yes
20:32	2 Hydromorphone Tablets, 2mg	Yes
20:34	2 Morphine Carpuject, 2mg*	Yes
	* Order states: "Use only if PO Dilaudid is ineffective	
20:56	2 Morphine Carpuject, 2mg*	No
	* Order states: "Use only if PO Dilaudid is ineffective	
22:04	2 Morphine Carpuject, 2mg*	Yes
	* Order states: "Use only if PO Dilaudid is ineffective	
23:01	3 Hydromorphone Tablets, 2mg	Yes

R.C's spreadsheet note in regard to this patient states, "Patient was on Dilaudid PCA [Patient-Controlled Analgesia] which was discontinued between 16[:00] and 18[:00], had orders written for hydromorphone po to be given before using morphine IV . . ."

g. On or about June 22, 2008, Pyxis records indicate Respondent withdrew one (1) Morphine Carpuject 2mg for Patient 2. R.C.'s spreadsheet indicates that Respondent was the only nurse that documented medicating Patient 2 with Morphine between on or about June 19, 2008 to the patient's discharge on or about June 23, 2008.

h. On or about June 20, 2008 at approximately 16:00, Patient 11's pain was recorded as 3/10 by Nurse T.L. Respondent then reported for duty at or about 16:00 and at or about 20:00 charted the patient's pain at 6/10 in her nursing notes, but recorded the patient's pain at 7/10 in the MAR. Pyxis records indicate that on this day, Respondent removed one (1) 15mg Morphine IR tablet at 20:13 and documented this medication as administered in the MAR. Pyxis records also indicate that Respondent withdrew one (1) 2mg Morphine Carpuject at 20:41 and subsequently wasted 2mgs at 20:51. R.C.'s spreadsheet indicates that Respondent was the only nurse that documented administering IV Morphine to this patient on this day, and that the subsequent nurse documented on the morning of June 21, 2008 at 4:30 that the patient's pain was 3/10.

i. On or about June 22, 2008, Pyxis records indicate that Respondent withdrew four (4) Oxycodone IR 5mg tablets for Patient 9 at 16:32; Respondent documented giving the patient these tablets at 16:30. At 16:48, Pyxis records indicate

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Respondent withdrew two (2) 2mg Morphine Carpujects and documented giving the patient 4 mgs of Morphine at 16:30. Respondent had charted that the patient was awaiting discharge papers at 16:00. As previously mentioned, if a patient needs IV medication to control pain, the patient will not be discharged.

j. On or about June 22, 2008, Pyxis records indicate Respondent withdrew two (2) 2mg Morphine Carpujects for Patient 12 at 17:32, and wasted all 4mgs at 17:40. Pyxis records then indicate that two (2) 15mg Morphine IR tablets were withdrawn by Respondent at 19:18; however, Respondent did not document the administration of this medication in the patient's chart, nor do the patient's flowsheets reflect that the patient needed or requested pain medication. R.C.'s spreadsheet indicates that this patient had not been receiving any IV medication prior to Respondent's care, as the patient's pain had been controlled well by oral medication.

k. R.C.'s spreadsheet indicates that when R.C. questioned Respondent regarding each of her medication administrations documented in this audit, Respondent's most common response was, "I was within my rights to medicate."

10. On or about October 27, 2008, Nurse Manager R.C. submitted to Investigator Palmisano a sworn written statement describing her knowledge of the diversion complaint against Respondent. R.C. stated in part the following:

a. Respondent took personal leave in or around the beginning of July 2008, and at that time was made aware that she needed a doctor's note before she could return to work. At approximately the beginning of September, Respondent called FAHC, stating that she needed to work immediately because she needed the money. When reminded that Respondent needed to provide the doctor's note prior to returning to work, Respondent stated that she had the note and would fax it to FAHC. However, Respondent did not fax the note and, despite FAHC leaving Respondent messages saying that she needed to follow up, for three (3) weeks, Respondent did not make any sort of communication with FAHC. On or about September 29, 2008, Respondent again called FAHC saying she really needed money and needed to work the weekend. Respondent was told again that a doctor note was needed. Respondent provided such a note on or about October 1, 2008 and was then allowed to work. R.C. stated she found odd Respondent's need to work, coupled with poor follow up.

b. R.C. was auditing Respondent's charts every time Respondent worked. On or about October 9, 2008, Respondent withdrew 15mg of Oxycodone from the Pyxis at or around 19:34 for a patient and documented the medication as given; however, this patient had already gone to the operating room at 19:25. Moreover, the nurse treating this patient prior to Respondent documented that the patient had little to no pain pre-operation, and the operating room nurse subsequently assessed the patient's pain at zero (0). R.C. stated the patient denied having

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received the medication, and the patient's husband confirmed that the patient never received any medications before patient went to the operating room.

c. On or about October 20, 2008, R.C. met with Respondent to question Respondent about the latter-mentioned discrepancy, as well as other findings. Respondent denied diverting narcotics and answered most questions by stating, "I was within my rights to medicate." After this meeting, Respondent was terminated from FAHC.

11. On or about October 27, 2008 in a sworn written statement provided to Investigator Palmisano, C.B., Respondent's husband, stated that at or around the end of April 2008, Respondent admitted to C.B. that she had been diverting various IV drugs. On the night of their conversation, C.B. stated that Respondent went to New Jersey and received medicine to help with her withdrawal symptoms. C.B. stated that one (1) week thereafter, Respondent flew to Mississippi and completed one and a half (1.5) weeks of a three (3) week treatment plan. However, in or around mid-July 2008, C.B. stated that Respondent admitted to C.B. that she was using narcotics again, and Respondent agreed that she would not work at FAHC anymore. In or around August 2008, C.B. came across Respondent's journal, left out in the open in their home. In or around September 2008, C.B. photocopied the journal to have proof of her narcotic usage in order to get Respondent treatment. Thereafter, C.B. stated that Respondent admitted to taking narcotics from FAHC and that Respondent stated that she knew what narcotics to take, and when to take the narcotics, without being caught.

12. On or about November 10, 2008, the Board summarily suspended Respondent's license to practice as a Registered Nurse.

Charges

13. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of:

a. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by reason of any cause);

b. ARBN Chapter 4, Rule IV(II)(B)(1) and (2) ("Inability to practice nursing competently" includes: (1) performance of unsafe or unacceptable patient care; and (2) failure to conform to the essential standards of acceptable and prevailing practice);

c. ARBN Chapter 4, Rule IV(II)(C) ("Any cause" includes, but is not limited to, reasons of physical or mental disability or use of drugs, narcotics, chemicals, or any other type of materials);

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d. 26 V.S.A. § 1582(a)(5) (Is habitually intemperate or is addicted to the use of habit-forming drugs);

e. 26 V.S.A. § 1582(a)(7) (Engages in conduct of a character likely to deceive, defraud, or harm the public) which includes falsifying or altering clinical records or making inaccurate or misleading entries pursuant to ARBN Chapter 4, Rule IV(II)(D)(3); and diverting supplies, equipment, or drugs for personal or other unauthorized use pursuant to ARBN Chapter 4, Rule IV(II)(D)(4);

f. 3 V.S.A. § 129a(a)(7) (Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records);

g. 3 V.S.A. § 129a(b)(1) and (2) (Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (1) performance of unsafe or unacceptable patient or client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice); and

h. 3 V.S.A. § 129a(a)(3) (Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession).

Relief Requested

WHEREFORE, the license of Sarah Ann Bouchard should be revoked, suspended, reprimanded, conditioned, or otherwise disciplined.

DATED at Montpelier, Vermont this 3rd day of December, 2008.

STATE OF VERMONT
SECRETARY OF STATE

By: _____
Edward G. Adrian
State Prosecuting Attorney

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VERMONT SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
STATE BOARD OF NURSING

In re	Sarah Ann Bouchard	}
License No.	026-0027963	}
Docket No.	NU30-1008	}

SUMMARY SUSPENSION ORDER

On Monday 10 November 2008, this matter came before the Vermont State Board of Nursing from a petition filed by the State of Vermont. The State of Vermont seeks a summary suspension of Respondent's professional license pursuant to 3 V.S.A. § 814(c).

The hearing took place at the Secretary of State's Office of Professional Regulation, National Life Building, Montpelier, Vermont before a quorum of the Vermont Board of Nursing.

Findings of Fact &
Conclusions of Law:

Based on a review of the evidence presented at the hearing of this matter, the Board finds:

1. The Board of Nursing licenses the Respondent, and the Respondent is subject to the disciplinary authority of this Board. 26 V.S.A. Chapter 28, 3 V.S.A. § 129(a)(3); and the Administrative Rules of the Office of Professional Regulation.
2. The State filed a "Request for Summary Suspension" dated 6 November 2008, alleging that the Respondent has an unmanaged substance abuse problem. The State also alleges Respondent is suspected of diverting opioids from Fletcher Allen Health Care in June and October 2008 where she was employed at the time.
3. This Board has authority to suspend summarily a license pending further proceedings if it determines that public health, safety or welfare imperatively require emergency action. 3 V.S.A. §814.
4. The State argues that it is imperative for the Board of Nursing to take emergency action in order to protect the public health, safety or welfare.
5. The State further contends that the evidence it presented to this Board in support of its suspension request demonstrates a need for this administrative agency to act. It is the State's position that the Board needs to act, prior to a full hearing on the merits, by suspending summarily the Respondent's license.
6. The Board has considered the evidence related to the allegations in the State's Request for Summary Suspension.

7. The Board finds that the State has, in its presentation of evidence, met its burden to the necessary degree of showing an imperative need for emergency action to protect the public health, safety and welfare.

8. Pursuant to 3 V.S.A. § 814(c), the Board issues the following temporary order, which shall remain in effect until further action by this Board.

ORDER

The Board of Nursing GRANTS the State of Vermont's Request for Summary Suspension.

The Respondent's license is SUMMARILY SUSPENDED pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

- END -
(signature page to follow)

Vermont Board of Nursing

By: _____
Presiding Board Member

Dated at Montpelier: 10 Nov. 2008

OFFICE OF PROFESSIONAL REGULATION

DATE OF ENTRY: 11/12/08

APPEAL RIGHTS

This is a final administrative determination by the Vermont Board of Nursing.

A party aggrieved by a final decision of a Board may appeal the decision by filing a written Notice of Appeal with the Director of the Office of Professional Regulation, Secretary of State's Office, National Life Building, FL2, 1 National Life Drive, Montpelier, Vermont 05602-3402 within 30 days of the entry of the order.

For more information about the procedure for filing an appeal, please see the Administrative Rules for the Office of Professional Regulation, which you can find at: http://www.vtprofessionals.org/opr1/opr/admnrule.pdf and the Rules are also available at the Office of Professional Regulation.

If you file an appeal, the Director of the Office of Professional Regulation shall assign the case to an appellate officer. The appellate officer will review the record (the tape recording, exhibits etc.) created before the board during the hearing of your case. In cases of alleged irregularities in procedure before the board, not shown in the record, proof related to that issue may be taken by the appellate officer. 3 V.S.A. §§ 129(d) and 130a.

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE: **SARAH ANN BOUCHARD** **License No. 026-0027963**	)))	**Docket No. NU30-1008**

REQUEST FOR SUMMARY SUSPENSION

Board Authority

1. The Vermont Board of Nursing (the "Board") has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by Nurses pursuant to 3 V.S.A. §§ 129, 129a; 26 V.S.A. Chapter 28; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation.

2. The Board of Nursing is authorized by 3 V.S.A. § 814 to summarily suspend the license of a nurse when it finds that the public health, safety, or welfare imperatively requires emergency action.

Statement of Facts

3. Sarah Ann Bouchard (the "Respondent") of South Burlington, Vermont is licensed by the State of Vermont as a Registered Nurse under license number 026-0027963. This license was originally issued on or about February 14, 2003, and is currently set to expire March 31, 2009.

4. At all times relevant, Respondent was employed as a part-time, per diem registered nurse at Fletcher Allen Health Care ("FAHC"), located in Burlington, Vermont.

5. On or about October 10, 2008, in a telephone call to State Investigator Amy Carlson, Sarah Powell, the attorney representing C.B., Respondent's husband, in pending divorce proceedings with Respondent, informed Investigator Carlson that Attorney Powell was in possession of Respondent's personal journal, which describes Respondent committing acts of drug abuse and narcotic diversion from FAHC.

6. A review of Respondent's journal entry from on or about July 10, 2008 stated, in part:

   a. "14: Initially I was so addicted to my drug that I was shooting up like [twenty] 20 times a day [and] getting physically sick without it. I knew this [sic] insane."

   b. "16: My addiction became a problem because I had to lie about it. I had to steal to get it."

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c. "Powerlessness, 2. I am powerless over my addiction. It is a disease [and] there is no cure. I am not powerless over my life. I can make choices. I will always be an addict, but I choose not to today. I stole narcotics from a dying man. I stole drugs from the hospital. I would tell my patient they were getting 1mg of Dilaudid when I would only given them half."

d. "5. If people had any ties to my drugs I would manipulate them in any way possible to get more drugs. I would take on more pt's. I would watch other people's pt's more often."

e. "Unmanageability 2. No, never been arrested but I could have for stealing drugs from the hospital. Could have been a felony or [two] 2 years in jail."

7. On or about October 14, 2008 in an interview with State Investigators Amy Carlson and Jamie Palmisano, Investigator Carlson requested K.M., FAHC Pharmacy Director, to run a report and audit of Respondent's activity on FAHC's Pyxis machine, which dispenses medications for nurses to administer to patients. During this interview, K.M. stated that FAHC had already developed concerns regarding Respondent's medication activity due to Respondent showing up on a High User Report, which lists nursing staff withdrawals of controlled pain medications. K.M. questioned the validity of Respondent's high usage of controlled narcotics, considering Respondent's part-time, per diem status.

8. In this same interview, K.M. ran a High User Report for Respondent during the time period of June 1, 2008 through June 20, 2008. The report for this period listed Respondent as the highest user of IV Morphine. K.M. stated that Respondent's forty-one (41) withdrawals was odd because Respondent only worked approximately twenty (20) hours per week during this period. K.M. stated that she found it unlikely that a part-time nurse would make more withdrawals of this medication than a full-time nurse.

9. On or about October 16, 2008 in an interview with Investigators Carlson and Palmisano at Respondent's residence, Respondent appeared to be impaired. According to a report by Investigator Palmisano, Respondent "seemed disoriented, confused and sleepy. Her mannerisms were uncoordinated and she was unsteady on her feet. When walking from the living room into her kitchen area, [Respondent] stumbled into a bar chair for an unknown reason." Respondent denied diverting narcotics from FAHC.

10. On or about October 16, 2008 in an interview with Investigators Carlson and Palmisano, FAHC Nurse Manager R.C. shared the results of an audit of Respondent's patient assignments for June 2008. R.C. stated she discovered in the audit numerous patients in this time period from whom she suspects Respondent had diverted pain medication, and created and provided a spreadsheet detailing this suspicious activity. R.C.'s spreadsheet includes in part the following:

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a. On or about June 1, 2008, Respondent documented that she gave Patient 13 two (2) .02mg doses of IV Dilaudid: the first at 16:00 when she first assumed care of the patient, and the second at 18:30. According to the patient chart, the patient had only been medicated with Tylenol from 0340 hours to 1600 hours.

b. On or about June 2, 2008, Respondent documented that she medicated Patient 4 at 19:30 with 2mg of IV Morphine, and that the patient pain score was 6/10. At 22:30, Respondent recorded that she medicated this patient again with 4mg of IV Morphine, and that the patient pain score was 8/10. According to R.C., this patient had not received any IV Morphine in the previous two (2) days. Up until this date, R.C. stated other nurses on staff had been medicating the patient with regular doses of Hydrocodone/Acetaminophen.

c. On or about June 7, 2008, Pyxis records indicate Respondent removed two (2) 2mg Hydromorphone tablets at 18:01 for Patient 4. Pyxis records also indicate Respondent then removed one (1) 1mg/1ml ampule of Hydromorphone for this same patient at 18:10. The latter IV dose was not recorded as being administered on the patient's chart. According to FAHC records, this patient was discharged from FAHC at approximately 18:15. R.C. advised that, as an FAHC rule, a patient that remains in need of IV pain medication is not considered to have controlled pain, and therefore, will not be discharged.

d. On or about June 11, 2008, Pyxis records indicate that for Patient 10, Respondent removed one (1) 1mg Hydromorphone Ampule at 17:02; one (1) 1mg Hydromorphone Ampule at 19:01; and three (3) Oxycodone IR 5mg tablets at 19:07. In her spreadsheet, R.C. noted in the following in regard to this patient: "Patient had Dilaudid IV ordered in the [morning]. Patient did not need Dilaudid for the rest of the day. [Respondent] comes in to work at 1500 and medicates patient [two times] at [two (2) hour] intervals with pain scale noted by her as being 5/10 at 1600[;] then 8/10 at 1700[;] at 1800 6/10. PO [by mouth] pills ordered at 1630, started at 1900 by [Respondent] at the same time as another dose of IV Dilaudid was given . . ."

e. On or about June 11, 2008, Pyxis records indicate that for Patient 3, Respondent removed four (4) Oxycodone I.R. 5mg tablets at 16:40. R.C. noted in her spreadsheet, "Patient usually only took 10mg. Sporadically, [Respondent] medicated patient with 20mg. Next nurses also only gave 10mg. [Patient's] pain not any different."

f. On or about June 12, 2008, Pxyis records indicate that for Patient 8, Respondent made the following withdrawals:

Time	Medication	Documented on MAR
16:31	3 Hydromorphone Tablets, 2mg	Yes
16:57	2 Hydromorphone Carpuject, 2mg/1ml*	Yes

* Order states: "Use only if PO Dilaudid is ineffective

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18:12	2 Hydromorphone Tablets, 2mg	Yes
18:24	1 Hydromorphone Bag, 0.2mg/ml 100ml*	No
	*Respondent documented wasting 30 ml at 18:24 in Pyxis	
19:25	3 Hydromorphone Tablets, 2mg	Yes
20:32	2 Hydromorphone Tablets, 2mg	Yes
20:34	2 Morphine Carpuject, 2mg/1ml*	Yes
	* Order states: "Use only if PO Dilaudid is ineffective	
20:56	2 Morphine Carpuject, 2mg/1ml*	No
	* Order states: "Use only if PO Dilaudid is ineffective	
22:04	2 Morphine Carpuject, 2mg/1ml*	Yes
	* Order states: "Use only if PO Dilaudid is ineffective	
23:01	3 Hydromorphone Tablets, 2mg	Yes

R.C's spreadsheet note in regard to this patient states, "Patient was on Dilaudid PCA [Patient-Controlled Analgesia] which was discontinued between 16[:00] and 18[:00], had orders written for hydromorphone po to be given before using morphine IV; began by giving 6mg hydro[morphone], 30 [minutes] later gave morph[ine] 4mg, 90 min[utes] later gave 4 hydro[morphone] and 4mg morph[ine] at the same time. One hour later again gave 4mg hydromorphone po and 4mg morphine together."

g. On or about June 19, 2008, Pyxis records indicate Respondent withdrew one (1) Morphine Carpuject 2mg/1ml for Patient 2. On or about June 22, 2008, Pyxis records indicate Respondent withdrew one (1) Morphine Carpuject 2mg/1ml for Patient 2. Respondent was the only nurse that documented medicating Patient 2 with Morphine between on or about June 19, 2008 to the patient's discharge on or about June 23, 2008.

h. On or about June 20, 2008 at approximately 16:00, Patient 11's pain was recorded as 3/10. Respondent then reported for duty at or about 16:00 and charted the patient's pain at 6/10 in her nursing notes, but recorded the patient's pain at 7/10 in the Medical Administration Record (the "MAR"). Pyxis records indicated that on this day, Respondent removed one (1) 15mg Morphine IR tablet at 20:13 and documented this medication as administered in the MAR. Pyxis records also indicate that Respondent withdrew one (1) 2mg Morphine Carpuject at 20:41 and subsequently wasted 2mgs at 20:51. Respondent was the only nurse that documented administering IV Morphine to this patient on this day. The subsequent nurse documented on the morning of June 21, 2008 at 4:30 that the patient's pain was 3/10.

i. On or about June 22, 2008, Pyxis records indicate that Respondent withdrew four (4) Oxycodone IR 5mg tablets for Patient 9 at 16:32; Respondent documented giving the patient these tablets at 16:30. At 16:48, Pyxis records indicate Respondent withdrew two (2) 2mg/1ml Morphine Carpujects and documented giving the patient 4 mgs of Morphine at 16:30. Respondent had charted that the

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patient was awaiting discharge papers at 16:00. As previously mentioned, if a patient needs IV medication to control pain, the patient will not be discharged.

j. On or about June 22, 2008, Pyxis records indicate Respondent withdrew one (1) 2mg/1ml Morphine Carpuject for Patient 12 at 17:32, and wasted the entire Carpuject at 17:40. Pyxis records then indicate that two (2) 15mg Morphine IR tablets were withdrawn by Respondent at 19:18; however, Respondent did not document the administration of this medication in the patient's chart, nor do the patient's notes reflect that the patient needed or requested pain medication. This patient had not been receiving any IV medication prior to Respondent's care, as the patient's pain had been well-documented by oral medication.

11. On or about October 27, 2008, Nurse Manager R.C. submitted to Investigator Palmisano a sworn written statement describing her knowledge of the diversion complaint against Respondent. R.C. stated in part the following:

a. Respondent took personal leave in or around the beginning of July 2008, and at that time was made aware that she needed a doctor's note before she could return to work. At approximately the beginning of September, Respondent called FAHC, stating that she needed to work immediately because she needed the money. When reminded that Respondent needed to provide the doctor's note prior to returning to work, Respondent stated that she had the note and would fax it to FAHC. However, Respondent did not fax the note and, despite FAHC leaving Respondent messages saying that she needed to follow up, for three (3) weeks, Respondent did not make any sort of communication with FAHC. On or about September 29, 2008, Respondent again called FAHC saying she really needed money and needed to work the weekend. Respondent was told again that a doctor note was needed. Respondent provided such a note on or about October 1, 2008 and was then allowed to work. R.C. stated she found odd Respondent's need to work, coupled with poor follow up.

b. R.C. was auditing Respondent's charts every time Respondent worked. On or about October 9, 2008, Respondent withdrew 15mg of Oxycodone from the PYXIS at or around 19:34 for a patient and documented the medication as given; however, this patient had already gone to the operating room at 19:25. Moreover, the nurse treating this patient prior to Respondent documented that the patient had little to no pain pre-operation, and the operating room nurse subsequently assessed the patient's pain at zero (0). R.C. stated the patient denied having received the medication, and the patient's husband confirmed that the patient never received any medications before patient went to the operating room.

c. On or about October 20, 2008, R.C. met with Respondent to question Respondent about the latter-mentioned discrepancy, as well as other findings. Respondent denied diverting narcotics and answered most questions by stating, "I was within my rights to medicate." After this meeting, Respondent was terminated from FAHC.

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12. On or about October 27, 2008 in a sworn written statement provided to Investigator Palmisano, C.B., Respondent's husband, stated that at or around the end of April 2008, Respondent admitted to C.B. that she had been diverting various IV drugs. On the night of their conversation, C.B. stated that Respondent went to New Jersey and received medicine to help with her withdrawal symptoms. C.B. stated that one (1) week thereafter, Respondent flew to Mississippi and completed one and a half (1.5) weeks of a three (3) week treatment plan. However, in or around mid-July 2008, C.B. stated that Respondent admitted to C.B. that she was using narcotics again, and Respondent agreed that she would not work at FAHC any more. In or around August 2008, C.B. came across Respondent's journal, left out in the open in their home. In or around September 2008, C.B. photocopied the journal to have proof of her narcotic usage in order to get Respondent treatment. Thereafter, C.B. stated that Respondent admitted to taking narcotics from FAHC and that Respondent stated that she knew what narcotics to take, and when to take the narcotics, without being caught.

Request for Relief

13. The facts as set out above establish that in order to protect the public health, safety, or welfare of the people of the State of Vermont, emergency action is imperative.

14. The above acts and circumstances, alone or in combination, violate:

a. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by reason of any cause);

b. ARBN Chapter 4, Rule IV(II)(B)(1) and (2) ("Inability to practice nursing competently" includes: (1) performance of unsafe or unacceptable patient care; and (2) failure to conform to the essential standards of acceptable and prevailing practice);

c. ARBN Chapter 4, Rule IV(II)(C) ("Any cause" includes, but is not limited to, reasons of physical or mental disability or use of drugs, narcotics, chemicals, or any other type of materials);

d. 26 V.S.A. § 1582(a)(5) (Is habitually intemperate or is addicted to the use of habit-forming drugs);

e. 26 V.S.A. § 1582(a)(7) (Engages in conduct of a character likely to deceive, defraud, or harm the public) which includes falsifying or altering clinical records or making inaccurate or misleading entries pursuant to ARBN Chapter 4, Rule IV(II)(D)(3); and diverting supplies, equipment, or drugs for personal or other unauthorized use pursuant to ARBN Chapter 4, Rule IV(II)(D)(4);

f. 3 V.S.A. § 129a(a)(7) (Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or

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filing of reports or records or willfully failing to file the proper reports or records);

g. 3 V.S.A. § 129a(b)(1) and (2) (Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (1) performance of unsafe or unacceptable patient or client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice); and

h. 3 V.S.A. § 129a(a)(3) (Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession).

WHEREFORE, the State of Vermont respectfully requests that pursuant to 3 V.S.A. § 814(c), the Respondent's nursing license number 026-0027963 be summarily suspended, pending a hearing on the merits.

DATED at Montpelier, Vermont this 10th day of November, 2008.

STATE OF VERMONT
SECRETARY OF STATE

By: _____
Edward G. Adrian
State Prosecuting Attorney

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