

**STATE OF VERMONT
BOARD OF NURSING**

IN RE:)
Michelle Monroe) Case File No. NU07-0703
License No. 26-23715)

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

Introduction

The Vermont Board of Nursing ("the Board") held a hearing in this case on Monday, October 11, 2004, at 81 River Street in Montpelier, Vermont. Board members Susan Farrell, De-Ann Welch, Laurey Tyo, Sandra Norton, Pat Rock, Alan Weiss, Ellen Leff and Donarae Metcalf participated in the decision. Edward Adrian, Prosecuting Attorney, appeared for the State. Michelle Monroe ("the Respondent") was present and represented by attorney Norman Blais, who appeared by telephone. Christopher Winters was the Presiding Officer.

The parties agreed to an indefinite suspension of the Respondent's license prior to the hearing and asked the Board for its approval.

Findings of Fact

In her Answer to the State's Specification of Charges dated January 14, 2004, the Respondent admitted nearly all of the Charges against her. The Charges and the Answer are hereby incorporated by reference and the admitted allegations, as well as the representations of the parties at hearing, are the facts upon which the Board's Order is based.

Conclusions of Law

A. Pursuant to 26 V.S.A. §1582 and 3 V.S.A. §129, the Board of Nursing may revoke, suspend or otherwise discipline the license of a nurse who engages in unprofessional conduct as defined by 26 V.S.A. §1582 and 3 V.S.A. §129a.

B. The Respondent does not admit but does not contest the violations of unprofessional conduct alleged in the State's Charges and has agreed to be disciplined by the Board.

Order

A. In light of the above findings and conclusions, the Board hereby INDEFINITELY SUSPENDS the Respondent's license, effective as of the date of the hearing. This suspension will remain in effect until such time as a health care provider, approved in

advance by the Board or its designee, determines that the Respondent is safe to return to the practice of nursing. Such return may be under conditions deemed appropriate by the Board.

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

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

Appeal Rights

This is a final administrative determination by the Vermont Board of Nursing. You may appeal by sending a notice of appeal in writing to the Director of the Office of Professional Regulation within 30 days of the date of entry of this order. If you wish to request a stay of the Board's decision, please refer to the attached stay instructions.

By: Susan Farrell
Susan Farrell
Chair

Date: 10-18-04

OFFICE OF PROFESSIONAL REGULATION

Date of entry: 10/29/04

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

IN RE: MICHELLE L. MONROE) DOCKET No. NU07-0703
License No. 026-0023715)

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont and makes the following Charges against the Respondent, Michelle L. Monroe, R.N.:

Board Authority

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 and; the rules of the Board and the Vermont Office of Professional Regulation.

Statement of Facts

Michelle L. Monroe (the "Respondent") of Richmond, Vermont is a registered nurse holding license number 026-0023715, issued by the State of Vermont. This license was originally issued on or about December 1, 1997 and is set to expire on March 31, 2005.

At all relevant times, the Respondent was employed at Fletcher Allen Health Care - South Burlington Family Practice (the "Facility") located in South Burlington, Vermont.

On or about April 23, 2003, the Respondent notified a patient that the patient's ultrasound results were normal (negative). The patient's ultrasound results were abnormal (positive).

On or about May 12, 2003, the Respondent brought a patient into a dirty room that had a bloody speculum and blood on the exam table. The Respondent picked up the speculum without using any gloves and was going to walk out into the hallway with the speculum exposed, before being prevented from doing so by the physician. The Respondent then proceeded to clean up the room in front of the patient without using gloves. The Respondent took the patient's blood pressure and temperature without washing her hands.

On or about May 22, 2003, the Respondent incorrectly administered an IPV vaccine to a fifteen month old child, when the physician had ordered a HIB vaccine. The child's parents were notified that the child needed to come in to receive the correct vaccine.

On or about June 27, 2003, the Respondent took a triage call from patient G.P. The patient had already been to the emergency room and had been advised that based on an X-ray it was possible that he had tuberculosis. The Respondent failed to advise her co-

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Prosecuting Attorney
Office of
Professional Regulation
Montpelier, VT 05602

workers and the attending physician that G.P. potentially had tuberculosis. Respondent's failure to alert her co-workers and the attending physician of this possibility prevented proper infection protocols from being implemented and placed her co-workers, the physician and other patients at risk.

Between June 2002 and June 2003, Respondent was advised multiple times by the Facility that her triage notes were insufficient and that this resulted in the attending physicians going back to the patients for further clarification. During the same time period the Respondent was notified by the Facility that her assessment skills were of concern, that she demonstrated lack of good judgment and that she failed to take proper precautions and implement proper procedures concerning infection controls.

Between February 2003 and April 2003, the Respondent took a six week leave of absence from the Facility because as a result of postpartum depression. On or about March 12, 2003, the Respondent was hospitalized for mania and possible psychosis. In February, 1998 the Respondent was diagnosed with Bipolar Disorder.

10. Since January 2003, the Respondent has been treated for clinical depression, Multiple Sclerosis, Anxiety, Mania and Bipolar Disorder. The Respondent at various times has been prescribed Zoloft, Depakote, Ambien, Klonopin, Clonazepam, Baclofen and Flexeril.

Charges

11. The above acts and circumstances, alone or in combination, violate:
- i. 3 V.S.A. § 129a(a) (5)(practicing the profession when medically or psychologically unfit to do so);
 - ii. 3 V.S.A. § 129a(a) (7)(engages in conduct of a character likely to deceive, defraud or harm the public);
 - iii. 3 V.S.A. § 129a(b)(failure to practice competently by reason of any cause on as single occasion or on multiple occasions);
 - iv. 26 V.S.A. § 1582(a)(3)(is unable to practice nursing competently by reason of any cause);
 - v. 26 V.S.A. § 1582(a)(6)(has a mental, emotional or physical disability, the nature of which interferes with ability to practice nursing competently);
 - vi. Administrative Rules of the Board of Nursing (the "ARBN") Chapter 4, Rule IV, II, B, 1 and 2 (performance of unsafe or unacceptable patient care and failure to conform to the essential standards of acceptable and prevailing nursing practice);
 - vii. ARBN Chapter 4, Rule IV, II, D, 1 (performing acts beyond the limits of the statutory definitions of the practice of nursing in 26 V.S.A. § 1572); and
 - viii. ARBN Chapter 4, Rule IV, II, D, 5 (failing to take appropriate action to safeguard a patient from incompetent health care);

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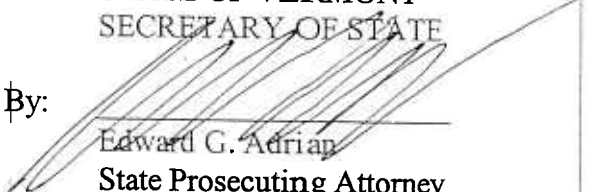
Prosecuting Attorney
Office of
Professional Regulation
Montpelier, VT 05602

WHEREFORE, the license of Michelle L. Monroe should be revoked, suspended, reprimanded, conditioned or otherwise disciplined.

DATED at Montpelier, Vermont this 14th day of January, 2004.

STATE OF VERMONT
SECRETARY OF STATE

By:



Edward G. Adrian
State Prosecuting Attorney

nu.monroe.soc

STATE OF VERMONT



Prosecuting Attorney
Office of
Professional Regulation
Montpelier, VT 05602

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

IN RE: Michelle Monroe
License no. 026-0023715

Docket No. NU07-0703

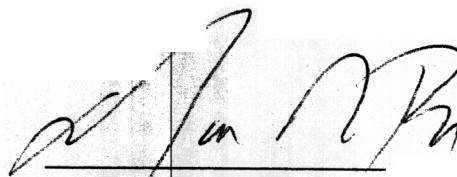
ANSWER TO SPECIFICATION OF CHARGES

NOW COMES Respondent Michelle Monroe, by and through her attorney Norman R. Blais, and hereby responds to the Specification of Charges filed against her in this matter as follows:

1. Admit.
2. Admit.
3. Admit.
4. Admit that this event occurred; Respondent contends that this was an excusable error.
5. Admit that a patient was brought into a room which had not been properly picked up by the person (not Respondent) whose responsibility it was to do so. Admit that the Respondent cleaned up the room without the benefit of gloves. Deny that Respondent failed to wash her hands.
6. Admit.
7. Deny that Respondent placed co-workers at risk; any error with respect to the failure to notify of a possible tuberculosis patient was excusable error.

8. Admit that Respondent was given that advise or warnings; deny that Respondent engaged in any activities that were substantially different from her co-workers.
9. Admit.
10. Admit.
11. Deny.

DATED at Burlington, this 26th day of January, 2004.


Norman R. Blais