LPN’S PATIENT CARE AND MEDICATION ADMINISTRATION PROCEDURES RAISE CONCERNS FOR HER AND HER ABILITY TO PRACTICE SAFELY

written by Nancy Brent | September 3, 2025

Avoiding Liability Bulletin – September 2025

Substance Use Disorder in nursing is a clear concern. Estimates of the types of substances used by nurses varies, and can include alcohol or a prescription drug.

Regardless of the statistics, a nurse who provides nursing care while under the influence of a substance such as alcohol or a narcotic creates a clear risk of harm to patients.

In the following case, IN RE Ashley Nicole Barron, LPN, Case Number 237598, Virginia Board of Nursing, May 20, 2025, the LPN’s conduct required action by the state board of nursing.

LPN’s Conduct at Work Prior to Board Proceedings

In February of 2024, the LPN did not complete patient care documentation and had “issues with her attendance” at her place of employment. She was disciplined by her employer.

In March of 2024, the LPN reported to work late. The Assistant Director of Nursing (ADN) informed her that she would be observing the LPN’s medication administration that morning.

During her observations, the ADN noted that the LPN:

- Was very nervous
- Repeatedly asked the ADN if she was ready to begin
- Acted jittery
- Put the wrong medication in a patient’s cup and then apologized and removed the medication when questioned by the ADN
- Failed to take the patient’s BP that was ordered prior to administering the medication and did not acknowledge same when asked by the ADN
- Failed to conform to the five rights of medication administration with two additional patients and did not know she had not done so

Based on these observations, a for-cause rapid drug test was conducted and which was observed by a human resource employee and the nursing unit manager. The LPN's behavior was described as "nervous, "constantly moving, "speaking repetitively, and "continually asking the same questions."

The human resource manager believed the LPN was impaired while the unit manager was unsure of her impairment but believed she was not stable enough to be working.

The rapid drug test was positive for Cocaine, which was later confirmed by an additional drug test.

The LPN was terminated from her position.

LPN enters a Monitoring Program for her Substance Use

The LPN entered a "Participation Contract" to enroll in a monitoring program and admitted she might suffer from a chemical dependency that impaired her ability to practice nursing safely.

When the monitoring program did a search of prescriptions for the LPN, it discovered additional medications not previously reported by her, including Hydrocodone.

The LPN was contacted by the monitoring program, but she did not respond, so she was dismissed from the program.

Further investigation of the LPN found that prior employment problems existed when she was employed by the local jail. This problem involved professional boundary issues with one of the inmates there, including giving the inmate her telephone number and placing money in the inmate's account to place calls.

When the board investigators asked about her employment at the jail, she indicated that she did violate professional boundaries with the inmate but that she was allowed to resign rather than be terminated. However, when further investigation of the situation occurred, the jail employment records indicated she was terminated.

Board Order

Based on the information obtained by the investigators which supported several violations of the state nurse practice act, including unprofessional behavior and providing false information to the board, the LPN was reprimanded and her state license indefinitely suspended for a period of not less than two years from the date of the order, or until she is able to demonstrate she can safely practice as an LPN

The order applied to any license that the LPN might hold under the Nurse Licensure Compact (NLC).

If the LPN wants to reinstate her license, she can do so by applying for restoration of that license in an administrative proceeding before the board. She must provide evidence that she is safe and competent

to return to LPN practice.

Relevance of the Case to You and Your LPN Practice

This case has several points for you to consider in your LPN practice.

First and foremost is the issue of substance use disorder. If you find yourself drinking more or using non-ordered prescription (or prescription) medications in any amount, please consider obtaining help through your primary care provider, who can then direct you to the appropriate care provider.

Your use may not raise to what the LPN in this case's was, but the use of substances is not in your best interest, both as a person and as an LPN. The latter is particularly important if you report to work under even the slightest effects of a substance.

If you enter a monitoring program, be sure to abide by its requirements. In many states, your successful participation in such a program is not seen as a barrier to continued nursing practice. You may also want to consult with a nurse attorney or attorney in you state to obtain specific advice about your participation.

A second issue underscored here is the falsification the LPN utilized with the board investigators and otherwise. Not being truthful in any board proceeding, application for employment, or an application for an LPN license or a renewal thereof is fatal. Untruthfulness in these situations is often discovered with serious ramifications. Truth is always the best option.

It is essential to maintain professional boundaries with patients. This is not only in your best interest for continued nursing practice. It is also essential to the well-being of the patients for whom you provide care.

This LPN was not present for the board proceedings relative to her case. Absence is not the best policy when the state board initiates or proceeds with a disciplinary proceeding against you. As in this case, the board can go forward with its proceedings without you if proper notice is given to you.

In this case, the LPN was fairly lucky with what the board ordered. You, however, may not be so lucky.

Obtain legal representation from a nurse-attorney or attorney before contacting the board if you do not have professional liability insurance that provides this for you. Contact your insurance carrier immediately, again prior to contacting the board, once you obtain notice from the board of an impending proceeding.

This information is for educational purposes only and is not to be taken as specific legal or other advice by the reader. Nor does it create an attorney-client relationship. If legal or other advice is needed, the reader is encouraged to seek such information from a nurse attorney, attorney or other professional.