

VIRGINIA

**BEFORE THE BOARD OF NURSING AND THE COMMITTEE
OF THE JOINT BOARDS OF NURSING AND MEDICINE**

IN RE: SHEILA D. GODDARD, R.N., L.N.P.

NOTICE OF HEARING

Pursuant to § 2.2-4020, § 2.2-4021, § 54.1-110 and § 54.1-2400(11) of the Code of Virginia (1950), as amended ("the Code"), Sheila D. Goddard, R.N., L.N.P., is hereby given notice that, pursuant to § 2.2-4024(F), a formal administrative hearing will be held in the presence of a panel of the Board of Nursing ("the Board") and a quorum of the Committee of the Joint Boards of Nursing and Medicine ("Committee") with the President of the Board presiding. The hearing will be held on March 22, 2006, at 9:00 a.m., at the offices of the Department of Health Professions, 6603 West Broad Street, Fifth Floor, Richmond, Virginia, at which time Ms. Goddard will be afforded the opportunity to be heard in person or by counsel.

At the hearing, Ms. Goddard has the following rights, among others: the right to representation by counsel; the right to have witnesses subpoenaed and to present witnesses on her behalf; the right to present documentary evidence; and the right to cross-examine adverse witnesses. If Ms. Goddard desires any witnesses to appear on her behalf, she must notify the Director of Administrative Proceedings, Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia 23230-1712, in accordance with the Instructions for Requesting Subpoenas.

The purpose of the hearing is to review Ms. Goddard's compliance with the terms and conditions of probation imposed upon her license to practice as a nurse practitioner in Virginia, as set forth in an Order of the Committee entered March 3, 2004 ("the Order"), and to receive and act upon evidence that Ms. Goddard may have violated certain laws and regulations governing the

practice of professional nursing and nurse practitioners in Virginia, as more fully set forth in the Statement of Particulars below.

STATEMENT OF PARTICULARS

The Board and Committee allege that:

1. Ms. Goddard may have violated Term Nos. 7 and 13 of the Order, which require that she not use any non-prescribed, mood-altering chemicals and that she comply with the laws and regulations governing the practice of nursing in Virginia; and § 54.1-3007(2), (5), (6), and (8) of the Code; 18 VAC 90-20-300(A)(2)(c) and (e) of the Regulations of the Board of Nursing (“Regulations”); and 18 VAC 90-30-220(4), (5), and (6) of the Regulations Governing the Licensure of Nurse Practitioners (“LNP Regulations”), in that, during the course of her employment with Montgomery Regional Hospital, Blacksburg, Virginia (“MRH”), where she practiced under her professional nurse title, Ms. Goddard diverted patient medication for her personal and unauthorized use; practiced nursing while impaired due to drug use; falsified hospital and patient records; and tested positive for morphine. Specifically:

a. On or about November 4, 2005, Ms. Goddard withdrew one (1) morphine sulfate (Schedule II) 10mg/ml 1ml disposable syringe from the Accudose dispensing system at approximately 8:10 a.m. for Patient A. Patient A had an order for 4 to 6 mg of morphine sulfate every two (2) hours as needed. The Medication Administration Record (“MAR”) indicates that Ms. Goddard administered 6mg of morphine sulfate to Patient A at 7:59 a.m. Accudose records indicate Ms. Goddard wasted 0.5ml of morphine sulfate, equaling 5mg, at 3:19 p.m. There is no record of Ms. Goddard having withdrawn any additional morphine from the Accudose system between 8:10

a.m. and 3:19 p.m. By her own admission, Ms. Goddard diverted and self-administered 2mg of the morphine that she documented as "wasted." Ms. Goddard exhibited slurred speech, partially closed and red eyes, and was swaying. A urine drug screen administered later that afternoon returned positive results for morphine. As a result of her positive drug screen, Ms. Goddard was terminated on or about November 17, 2005.


b. MRH records indicate that from at least on or about June 6, 2005, to on or about November 4, 2005, Ms. Goddard would often withdraw more medication than was necessary, administer the medication, hold the remainder for later administration, and then document wasting the remaining medication hours after the initial withdrawal. This practice was atypical and indicative of diversion. Additionally, on multiple occasions, Ms. Goddard asked other nurses to witness her wasting narcotics without actually allowing them to see the medication she was purporting to waste.

2. Ms. Goddard may have violated Term No. 13 of the Order, and § 54.1-3007(5), (6) and (8) of the Code, and 18 VAC 90-30-220(4) and (5) of the LNP Regulations, in that, during the course of her employment with MRH, on or about November 4, 2005, by her own admission, Ms. Goddard remained on the unit despite being told to return home following her submission to a drug screen based on the suspicion that she was impaired.

3. Ms. Goddard may have violated Term Nos. 7 and 13 of the Order, and § 54.1-3007(6) of the Code, and 18 VAC 90-30-220(4), (5) and (6) of the LNP Regulations, in that, by her own admission, on or about November 4, 2005, between midnight and 2:00 a.m., in an attempt to relieve her severe abdominal pain, Ms. Goddard self-medicated with Darvocet (propoxyphene,

Schedule IV) and Lortab (hydrocodone, Schedule III) prescribed for her daughter. Ms. Goddard stated that her continuing pain caused her to divert morphine sulfate at work later that day. In addition, by her own admission, Ms. Goddard's physical ailments limit the sorts of nursing employment that she is capable of performing.

FOR THE BOARD



Jay P. Douglas, R.N., M.S.M., C.S.A.C.
Executive Director
Virginia Board of Nursing

ENTERED: February 3RD, 2006