



STATE OF MAINE
 BOARD OF NURSING
 158 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0158

JOHN ELIAS BALDACCI
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

IN RE: **BARBARA CARY, RN/FNP**) **CONSENT AGREEMENT**
 of Madison, Maine) **FOR**
 License #R029182 & #AP081307) **WARNING**

INTRODUCTION

This document is a Consent Agreement (“Agreement”) regarding Barbara Cary's license to practice registered professional nursing and advanced practice registered nursing in the State of Maine. The parties to this Agreement are Barbara Cary (“Licensee” or “Ms. Cary”), Maine State Board of Nursing (“Board”) and the Office of the Attorney General, State of Maine. The parties met in an informal conference on July 7, 2010. The parties enter into this Agreement pursuant to 32 M.R.S.A. § 2105-A (1-A) (A), 10 M.R.S.A. § 8003(5) (B); they reached this Agreement on the basis of 1) a Board Notice of Complaint/Provider Report dated August 27, 2009 with information from Discovery House-Central (“Discovery House”) dated August 6, 2009; and 2) Ms. Cary’s response dated September 11, 2009.

FACTS

1. Barbara Cary has been a registered professional nurse licensed to practice in Maine since January 1986. In addition, she has been approved/licensed as a Family Nurse Practitioner since August 2003.
2. Barbara Cary began her employment as a Nurse Practitioner at Discovery House, an outpatient facility which provides methadone in medication-assisted opiate addiction treatment programs, in January 2008. She was terminated from employment on July 23, 2009 when it was discovered by the program director and Joseph Py, D.O., Medical Director, that she had signed Dr. Py’s name without his authority for several dosing orders, which were initial induction period dosing orders. To be in compliance with State and Federal regulations, all initial induction methadone dosing orders for patients being admitted to methadone maintenance must be given by a physician [Exhibit A].
3. Barbara Cary admits that she exceeded her scope of practice as a Family Nurse Practitioner by signing initial induction orders for newly admitted patients for methadone dosing.

AGREEMENT

4. Barbara Cary understands and agrees that her conduct in the above-stated facts constitutes grounds for discipline under Title 32 M.R.S.A. § 2105-A (2) (F), (2) (H) and Chapter 4.1.A.6, 4.1.A.8. and Chapter 8, Section 6.5.B. (1) of the Rules and Regulations of the Maine State Board of Nursing. Barbara Cary is hereby formally **WARNED** for these violations. Specifically, the violations are:

Title 32 M.R.S.A. §§:

- a. 2105-A (2) (F). Unprofessional Conduct. Ms. Cary engaged in unprofessional conduct by violating standards of professional behavior regarding medication administration and documentation for patient care that have been established in the practice for which she is licensed. (See also Chapter 4, Section 1.A.6.)
- b. 2105-A (2) (H). A violation of this chapter or a rule adopted by the Board. (See also Chapter 4, Section 1.A.8.)

Chapter 8, Section 6.5.B (4). Abuse of prescriptive authority by administering methadone in an unsafe manner.



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
<http://www.maine.gov/boardofnursing/>

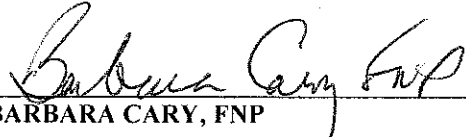
PHONE: (207) 287-1133

FAX: (207) 287-1149

5. The State of Maine is a “party state” that has adopted the Nurse Licensure Compact (“Compact”), which is set out in Chapter 11 of the Rules and Regulations of the Maine State Board of Nursing. The State of Maine is Ms. Cary’s “home state” of licensure and primary state of residence, which means that she has declared the State of Maine as her fixed permanent and principle home for legal purposes; her domicile. Other party states in the Compact are referred to as “remote states,” which means party states other than the home state that have adopted the Compact. Ms. Cary understands this Agreement is subject to the Compact.
6. Barbara Cary understands that she does not have to execute this Consent Agreement and has the right to consult with an attorney before entering into the Agreement.
7. Modification of this Agreement must be in writing and signed by all parties.
8. This Agreement is not subject to review or appeal by Ms. Cary.
9. This Agreement is a public record within the meaning of 1 M.R.S.A. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S.A. § 408.
10. This Agreement becomes effective upon the date of the last necessary signature below.

I, BARBARA CARY, FNP, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THE EFFECT IT WILL HAVE ON MY REGISTERED PROFESSIONAL NURSE AND ADVANCED PRACTICE REGISTERED NURSE LICENSES. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, KNOWINGLY, AND INTELLIGENTLY AND AGREE TO BE BOUND BY THIS AGREEMENT. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.

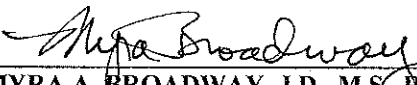
DATED: 10.4.10



BARBARA CARY, FNP

FOR THE MAINE
STATE BOARD OF NURSING

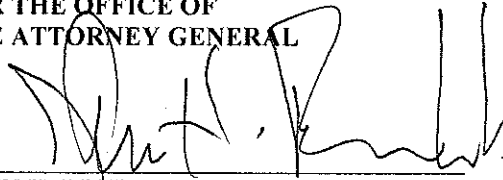
DATED: 10/6/10



MYRA A. BROADWAY, J.D., M.S., R.N.
Executive Director

FOR THE OFFICE OF
THE ATTORNEY GENERAL

DATED: 10/6/10



JOHN H. RICHARDS
Assistant Attorney General

Induction Dosing, Methadone

Creation Date: March 2008	Modified Date: October 2008	Revision : 1
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POLICY:

The Discovery House Physician will ensure that best practice guidelines are followed during the initial dose induction and maintenance phases of methadone dosing.

INTENT:

To ensure that methadone dispensing is in alignment with accepted medical practice and in compliance with regulations.

WRITTEN PLAN:

- The Discovery House Physician or designee will determine the methadone dose based on the individual history of the patient and guided by the policy guidelines. In states where the initial physical can be conducted by an NP or PA the physician will be contacted for the initial titration order.
- For each new patient enrolled in Discovery House, the initial dose of methadone shall not exceed 30 mg and the total dose for the first day shall not exceed 40 mg, unless the program physician documents in the patient's record that 40 mg did not suppress opiate abstinence. If withdrawal symptoms persist after 2 to 4 hours, the initial dose can be supplemented with another 5 to 10 mg. The total first-day dose of methadone allowed by Federal regulations is 40 mg unless a program physician documents in the patient record that 40 mg was insufficient to suppress opioid withdrawal symptoms. (noted from tips 43)
- Standardized questionnaires/assessment tools⁷⁰, including those in this policy, will be used as guidelines by medical staff for objective assessment of patients during methadone induction, but will not supersede clinical judgment.
- NP/MD will assess the patient on at least a weekly basis during the first 4 weeks of treatment.
- Chart audits will be routinely performed during the induction phase of dosing to assure compliance with DH protocols, and to evaluate the efficacy of alternative treatment methods

Methadone Induction Guidelines

Initial dose – low risk	Maximum 30 mg
Initial dose – *high risk	10-20 mg
Dose increase – low risk	5-10 mg every 3-5 days
Dose increase – high risk	5-10 mg every 3-5 days maximum 20 mg/week
Monitoring	Assessed by either the RN, NP or Physician on day 2,4,7, and 14
Missed doses	2 missed - decrease dose for > 3 days –then retitrate 3 missed - half dose
Patient education	Throughout induction period

Adapted from J. Thomas Payte, M.D.

*high risk – history of cardiac, pulmonary or hepatic disease, multi-drug or Rx use,
no prior methadone use or IV drug use.

⁷⁰ Assessment tools and questionnaires that should be used are COWS and DSM-IV

Nursing Assessment during Dose Induction

Creation Date: March 2008

Modified Date: October 2008

Revision : 1

POLICY:

Discovery House will ensure best practices by performing patient assessments throughout the methadone dose induction period.

INTENT:

To ensure safe and appropriate methadone induction, promote retention of new patients and document the patients' response to induction.

WRITTEN PLAN:

- Patients will be evaluated upon initial history and physical by the doctor/NP. Evaluation will be documented in the initial PE.
- Nursing staff will post alerts for the 2nd, 4th, 7th, and 14th days of dosing to complete a nursing methadone induction assessment, form can be found on the company Intranet. When staffing is limited accommodations will allow for delaying the assessments on weekends.
- Nursing staff will perform assessments prior to dosing on the above dates using the DH induction assessment.
- Nursing staff will document assessment under "Nursing Assessments" in the computer.
- The physician/NP must be notified of methadone induction assessment outcomes as follows:
 - If COWS score is greater than 15: Nursing staff will contact on-call medical staff immediately to obtain new dosing order. (or before the patient leaves the clinic)
 - If COWS score is 10-15: Nursing staff will contact on-call medical staff within 24 hours of assessment to obtain new dosing order.
 - Nursing staff should contact on-call medical staff immediately if there are any signs, symptoms or if patient reports any periods of sedation in the last 24 hours.
 - Nursing Assessment Form which is located on the DH Intranet should be used.

Transfer patients who are stable on their current medication do not require nursing induction assessments.