

# LEGAL EAGLE EYE NEWSLETTER

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*For the Nursing Profession*

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## ICU Psychosis: Jury Holds Physician And Nurse Responsible For Patient's Suicide.

The patient was admitted to the hospital's intensive care unit (ICU) for treatment of medical issues which were not specified in the court record in the Appellate Court of Illinois.

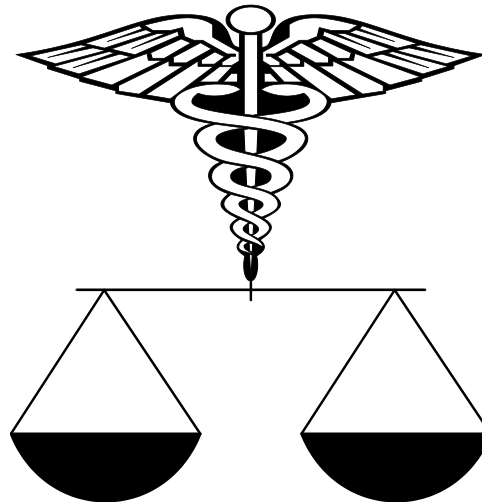
Early in the a.m. three days later she became combative and uncontrollable. A hospital psychiatric nurse who examined the patient detected paranoid ideation, that is, a belief that people in the hospital were trying to invade her privacy and hurt her.

Later in court the experts would describe her condition as a form of delirium known as ICU psychosis.

The psychiatric nurse phoned the hospital's attending psychiatrist and they formulated a treatment plan. The patient would be moved off the ICU to a med/surg unit where there was a calmer atmosphere, Haldol would be ordered to control her psychosis and one-to-one nursing care would be ordered prn for unpredictable behavior.

On the med/surg unit the patient would be ambulatory, no longer on bed rest. She could get out of bed and walk around on her own.

That evening on the med/surg unit the patient said she was seeing green and purple lights and movement on the ceiling.



***A patient suffering from delirium in the form of ICU psychosis is at risk for self-harm.***

***This patient was classified as ambulatory and sent to a med/surg unit with an order for one-to-one nursing care prn for unpredictable behavior.***

***The patient's psychotic symptoms persisted but her nursing care plan was not implemented.***

APPELLATE COURT OF ILLINOIS  
May 15, 2006

At 3:55 a.m. a patient found her in the bathroom. She had hanged herself with her hospital gown. The family sued the hospital, the psychiatrist and the staff nurse on duty. The jury awarded the family \$1,212,000.00 in damages.

The family's lawyers claimed the hospital was at fault for failing to implement one-on-one nursing care for a patient suffering from ICU psychosis, such a patient being at high risk for self-harm.

The hospital's psych nurse who had examined the patient testified she had been concerned the patient could act out impulsively and unpredictably and could harm herself. The psych nurse faulted the hospital for not allowing her to complete her examination and said she thought the psychiatrist should have come in and done a full mental-status evaluation. She also faulted the hospital's medical and nursing staff for failing to implement one-on-one nursing care, a measure strongly indicated for any patient at high risk for self-harm.

The psychiatric experts hired by each side predictably disagreed whether the patient's suicide was foreseeable. That being so, the trial judge, in the Appellate Court's opinion, was in error on a technical legal point as to how he presented the foreseeability question to the jury. The verdict was thrown out and a new trial ordered.

***Hooper v. County of Cook, \_\_ N.E. 2d \_\_, 2006 WL 1319458 (Ill. App., May 15, 2006).***

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