

Psychiatric Nursing: Court Faults Nurse Practitioner's Prescription Of Prozac For Adolescent Patient.

The US District Court for the Middle District of Georgia awarded more than \$3,000,000 from the US Government to the family of a patient who hanged herself at age fifteen.

The patient hanged herself at home twenty-three days after being started on Prozac by a nurse practitioner employed in a Federally-funded health clinic.

The young woman actually survived, completely dependent and in a persistent vegetative state, for more than three years after the incident before she passed away.

Prozac Prescribed Without Psychiatric Work-Up

The patient's mother brought her to the clinic two days after an E.R. visit for abdominal pain, nausea and vomiting.

The only charting done by the nurse practitioner at the time of the visit was a note "depression-Prozac." The nurse practitioner used a prescription pad pre-signed by the physician to order the medication. That was an illegal act at the time under state law in Georgia.

Several weeks later there were late entries placed in the chart that a full psychiatric evaluation had been done, but the Court was not willing to believe that.

The Court concluded the nurse practitioner never discussed the evaluation, diagnosis or plan of care with the physician.

Prozac is capable of causing chemical imbalances in the brains of certain adolescents that can lead them to take their own lives when they would not otherwise do so.

The US Food and Drug Administration has warned that pediatric patients being treated with antidepressants need to be watched closely for clinical worsening during the first few months after starting the medication or after changing the dosage up or down.

Face-to-face meetings should occur with the pediatric patient and the patient's family at least weekly during the first month, then every other week for the next four months, with phone contact in between.

Attention must be paid to specific signs of suicidality as well as unusual changes in general behavior.

The Court's Ruling

The Court faulted the nurse practitioner on a fundamental level for misdiagnosing the patient with depression and for doing so herself without a psychiatric consultation or referral. The patient was not showing any clinical signs of depression.

The nurse practitioner did not refer the patient for counseling or therapy as would be appropriate for a patient suffering from depression who was being placed on anti-depressant medication.

A warning had been issued by the FDA for pediatric patients being started on antidepressants, which the nurse practitioner did not know of or chose to ignore. Pediatric patients need close follow-up with return visits at least weekly, if not more frequently, during the first month.

Family members need to be instructed by the patient's caregivers to appreciate the real danger of self-harm, to look for expressions or behavioral indications of suicidality and other uncharacteristic and ominous changes in behavior, to report those things promptly to the patient's caregivers and to get immediate help if told to do so or if it seems necessary.

Instead, the nurse practitioner told the mother to call for an appointment and bring her back in one month.

The Court expressly ruled that other events in the patient's life, an argument followed by a breakup with her boyfriend and her alleged participation in the "Goth" subculture at her high school were not sufficiently traumatic to account for her suicide. **Floyd v. US, 2010 WL 4905010 (M.D. Ga., November 26, 2010).**

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