

LEGAL EAGLE EYE NEWSLETTER

August 2010

For the Nursing Profession

Volume 18 Number 8

Antidepressant: Nurse's Advice To Patient's Spouse Implicated In Patient's Suicide.

The patient went to a US Veterans Administration medical facility in June, 2004 for treatment of anxiety. The physician prescribed a beta blocker and scheduled a follow-up visit.

At the follow-up visit the physician added the antidepressant Paxil and advised the patient to come back in two or three weeks at which time he would probably refer him for a psychiatric consult.

The patient's Paxil prescription was filled at the Veterans Administration pharmacy on July 6, 2004.

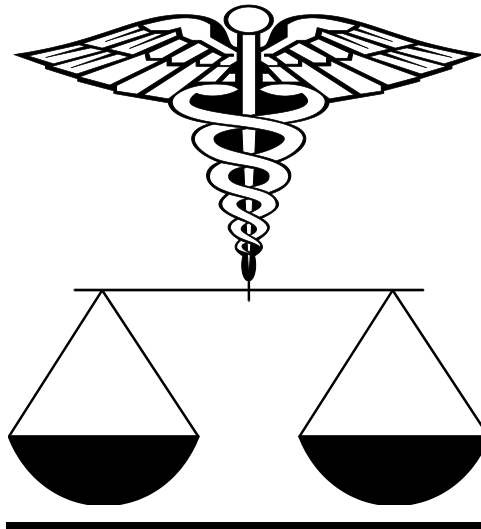
Two days later the patient's wife phoned the same facility and left a message that she wanted to discuss her husband's medication. A nurse decided to return her call.

The nurse looked up Paxil in the 2004 Mosby's Nursing Drug Reference during her conversation with the wife.

Based on what was in that reference source, the nurse told the patient's wife that it usually takes seven to ten days for an antidepressant medication to begin to work and to call back again if any changes in her husband's mood or behavior concerned her.

The patient committed suicide on July 23, 2004, his seventeenth day on the medication.

The widow sued the US Government and the drug manufacturer.



When a nurse counsels a patient or family member about the potential side effects of the patient's medication, the nurse has the legal responsibility to do so on the basis of up-to-date information.

This is especially important when a nurse talks with the patient or a family member without first consulting with the patient's physician.

UNITED STATES COURT OF APPEALS
TENTH CIRCUIT
July 21, 2010

The lawsuit was based on the fact that the FDA had issued an advisory bulletin in March 2004 to inform health care providers of the risk of suicide in depressed patients newly started on antidepressant medications. Caregivers were alerted to watch for the emergence of agitation and irritability and worsening of depression.

In May 2004 the manufacturer had also circulated a letter to healthcare professionals with basically the same warnings as the FDA's advisory.

The drug reference book the nurse was relying upon, however, was published prior to and did not contain the FDA's or the manufacturer's recently circulated warnings about the potential for patient suicide or caution caregivers and family members about the signs and symptoms they should look for.

The US Court of Appeals for the Tenth Circuit ruled that a nurse who counsels a patient or family member about the potential side effects of a patient's medication has the legal responsibility to do so on the basis of up-to-date information about the medication.

The nurse's responsibility is especially acute when the nurse communicates with the patient or family without consulting with the patient's physician. ***Van Dyke v. US, 2010 WL 2853722 (10th Cir., July 21, 2010).***

Inside this month's issue...

August 2010

New Subscriptions
See Page 3

Antidepressant Medication /Patient Teaching/Nursing Negligence
CDC H1N1 Infection Control Guidelines For Healthcare Facilities 2010
Post-Surgical Nursing/Respiratory Depression - E.R. Nursing
Labor & Delivery Nursing - Dilantin Overdose/Nursing Negligence
Psychiatric Nursing - Alzheimer's/Nursing Home Patient Poisoned
Post-Surgical Nursing/Neurosurgery Patient - Choking/Care Plan
Discrimination/Race/Pregnancy - Sexual Harassment/Nursing Home
Forcible Enema/Abuse/Neglect - Medication Allergy/Negligence