

Emergency Psych Assessment: Court Rules No EMTALA Violation Occurred.

The US Circuit Court of Appeals for the Ninth Circuit ruled recently that neither of the hospitals that examined and treated a psychiatric patient violated the Emergency Medical Treatment and Active Labor Act (EMTALA).

The crux of the court's ruling was that if a hospital which does not have a psychiatric unit gets a patient in the emergency department with an apparent acute psychiatric disturbance, the hospital can and must screen the patient for medical issues, but when the patient's medical condition is stable the hospital can send the patient to a facility that treats psychiatric cases.

A psychiatric facility, in turn, according to the court's ruling, has the right to assume that such a patient has been screened for medical issues, and can focus its attention on mental health assessment and care, without duplicating the medical tests that were performed elsewhere.

The First Hospital

The patient had been to the hospital's emergency room a few times before. The nurse and the emergency room physician knew he was under the care of an outpatient mental health facility. He had been diagnosed at the outpatient facility with a

The US Emergency Medical Treatment and Active Labor Act requires a hospital to provide an appropriate medical screening examination within the capability of the hospital's emergency department.

If the screening shows the patient has an emergency medical condition, the hospital has two options:

Either the hospital must provide additional examination and treatment, within the staff and facilities available at the hospital, as needed to stabilize the patient's emergency,

Or the hospital can transfer the patient to another facility, if a physician certifies the benefits expected from the transfer outweigh the expected risks.

The first hospital had no psych unit, so it screened the patient for medical issues, then sent him to a psychiatric facility.

UNITED STATES COURT OF APPEALS,
NINTH CIRCUIT, 2001.

psychotic disorder and borderline intellectual function, according to the court.

He came to the emergency room complaining of a sore throat, chest pain and dry heaves. The nurse, who had seen him before, took down his medical history and current complaints, took his vital signs and had him seen by the emergency room physician, who had also seen him before.

The E.R. physician, among other things, got a urinalysis done which detected he was on a tricyclic antidepressant.

As the hospital had no psychiatric unit, the hospital's unwritten policy was to give emergency psychiatric cases a full medical screening and then refer them to an outpatient clinic or send them to a psychiatric hospital. They thought it best to send this man to a nearby state hospital.

The Second Hospital

At the state hospital a psychiatrist promptly began a mental health diagnostic work-up. The patient soon went into cardiac arrest and died while CPR was being done. The autopsy related it to sudden arrhythmia from an acute psychosis precipitated by clomipramine toxicity.

The Court's Ruling

The court refused to find an EMTALA violation by either hospital. Both complied with their legal duties to screen the patient within their capabilities. The first hospital did an appropriate emergency medical screening, within its capabilities, stabilized him medically and then made an appropriate transfer to a place where he could get the best care he apparently needed. ***Jackson v. East Bay Hospital, 246 F. 3d 1248 (9th Cir., 2001).***

LEGAL EAGLE EYE NEWSLETTER

For the Nursing Profession

ISSN 1085-4924

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Indexed in
Cumulative Index to Nursing & Allied
Health Literature™

Published monthly, twelve times per year.
Mailed First Class Mail at Seattle, WA.

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