Refractive Schizophrenia: Court Faults Nurse Practitioner's Care Of Outpatient Psych Patient.

The forty-eight year-old patient had a history of fifteen to twenty mental health hospitalizations over a period of thirty years.

When he moved from California to Washington State he began treating with a nurse practitioner in a community mental health clinic.

The nurse practitioner's assessment was that he clearly had a thought disorder and residual psychotic symptoms and behaved like a chronic schizophrenic. She decided to continue the clozapine he was taking along with Depakote to control the seizures, a side effect of the clozapine, to which he had been prone. She explained the purpose of the medications to him and the need for compliance.

A social worker took over as his case manager. Over time she was able to gathered from him that he was only taking his clozapine for a few days before his blood tests and was basically non-compliant. She advised him it was dangerous to do that.

The client moved back to California. When he presented at the clinic in his old hometown the psychiatrist conferred with the nurse practitioner in Washington State and on the nurse practitioner's recommendation changed his medication to Zyprexa.

Then he moved back to Washington.

The patient's experts are prepared to testify that the patient's correct psychiatric diagnosis is refractive paranoid schizophrenia.

The accepted treatment for refractive schizophrenia is the medication clozapine.

Clozapine carries with it an appreciable risk of seizure if the patient is not also put on Depakote.

Medication compliance has to be monitored. The practitioner must continue asking the patient if he is taking his meds, his clozapine as well as his Depakote. Beyond that, periodic blood tests are necessary to verify therapeutic levels of plasma clozapine.

If a family member reports medication non-compliance or signs of seizure, involuntary commitment must be seriously considered as the only realistic option.

COURT OF APPEALS OF WASHINGTON
September 14, 2009

The nurse practitioner decided not to continue the clozapine since the client was going on and off it anyway. She renewed the Zyprexa from California.

The client started hearing voices and decompensating in his ability to care for himself. He was briefly put on Risperdal and Depakote during an emergency hospitalization at an acute-care facility.

His case manager saw him getting more paranoid and delusional. She reported to the nurse practitioner he was obviously off his medications. His apartment manager called and told the nurse practitioner he found him lying in the middle of his living room hallucinating. His sister also called to express her grave concern.

His sister went out and found him convulsing on the floor of his apartment. Physicians at the hospital believed he had been convulsing for days and soon would have died if the sister had not found him.

He now suffers from renal failure and has permanent traumatic brain damage from the prolonged seizure.

The Court of Appeals of Washington agreed with the patient's medical experts that pushing for clozapine with close self-reporting and laboratory compliance monitoring was the only effective treatment for his refractive paranoid schizophrenia, along with Depakote for his seizures.

His symptom escalation and decompensation after he decided no longer to take the clozapine and Depakote pointed to the need for the nurse practitioner to initiate involuntary treatment proceedings. **Jacobs v. Compass Health, 2009 WL 2938630 (Wash. App., September 14, 2009).**

LEGAL EAGLE EYE NEWSLETTER
For the Nursing Profession
ISSN 1085-4924

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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