

## Patient Suicide: Court Sees Grounds For Family's Lawsuit.

The patient received treatment for her mental health issues while an inmate in a county correctional facility.

Because her lithium was causing headaches and her Elavil was not working for her depression the physician started her on Lamictal as an antidepressant.

With Lamictal, according to the court record, there is a .3% to 1% chance of Stevens-Johnson Syndrome (SJS).

The patient herself refused her Lamictal when she started having irritated eyes and facial swelling, which the nurses treated with Benadryl and Tylenol.

She was sent to the hospital where the E.R. physician diagnosed cellulitis and noted he did not believe it was SJS.

Back in the correctional facility, her mouth, lip and facial swelling worsened and a rash spread over her body while the nurses continued with cold compresses, Benadryl, Prednisone, Keflex, Bactrim and Zantac. She was finally sent back to the hospital and diagnosed with SJS caused by a systemic reaction to Lamictal.

She was released from incarceration on her own recognizance, left the hospital, got no further medical treatment and three months later committed suicide because of increased depression caused by her SJS.

***The nurses should have appreciated the risk and recognized the signs of Stevens-Johnson Syndrome and sent her back to the hospital for reevaluation.***

UNITED STATES DISTRICT COURT  
PENNSYLVANIA  
December 9, 2013

The US District Court for the Middle District of Pennsylvania saw grounds for the family to sue for the nurses' negligence in not appreciating the risk and recognizing the signs of SJS and not getting her back to the hospital for medical reevaluation when her condition worsened. Navedo v. Prime-care, 2013 WL 6451159 (M.D. Pa., December 9, 2013).

## Vitiligo: Court Sees No Basis To Fault Nurses.

An African-American prison inmate went to the nurse because of white patches of skin on his arms and legs.

The nurse referred him to a nurse practitioner who diagnosed him with vitiligo, a benign cosmetic affliction. The nurse practitioner got a blood draw to rule out a more serious autoimmune disorder. The results were negative.

The patient's problem persisted and the nurse practitioner continued to follow him. At one checkup she noted in his chart that his skin was warm, dry, intact and hydrated, that is, entirely normal except for the vitiligo patches.

The nurse practitioner gave him a non-prescription moisturizer but declined to write a prescription for psoralen which the patient requested, a medication which sensitizes the skin to ultraviolet light as a means of camouflaging the affected area by darkening the skin.

The nurse practitioner also referred the patient to a physician who re-did the blood work and counseled the patient that his disfiguring condition which was deeply disturbing to him was basically benign and nothing could be done to stop it.

***The medical staff listened to the patient and did everything they could to help the patient with a condition for which no effective treatment exists.***

UNITED STATES COURT OF APPEALS  
SEVENTH CIRCUIT  
December 10, 2013

While expressing sympathy for his plight, the US Court of Appeals for the Seventh Circuit (Wisconsin) ruled the patient had no right to sue his caregivers.

The nurse practitioner and the physician consistently listened to the patient, validated his complaints, ordered appropriate testing and provided what care they could offer for a condition for which no effective curative treatment exists. Edwards v. Schrubbe, \_\_\_ Fed. Appx. \_\_\_, 2013 WL 6439022 (7th Cir., December 10, 2013).

## EMTALA: Court Says Patient Did Not Refuse Care.

The patient came to the county's acute psychiatric services facility and said she was having a psychiatric crisis and was feeling suicidal.

The triage nurse told her to go home. The patient went to find a nursing supervisor who returned with her to the admitting department. The nursing supervisor spoke privately with the triage nurse, and again the patient was told to go home and call her doctor in the morning.

The patient continued to insist she needed to be seen. A mental health evaluator overheard the situation and stepped in. Their brief interaction ended when the evaluator yelled at the patient sarcastically, "Do you want to see me or not?" and the patient replied, "Not with that attitude."

Security guards were called and the patient was escorted off the premises.

### **EMTALA Violation**

The US District Court for the District of Minnesota saw grounds for the patient's lawsuit which claimed damages for a violation of the US Emergency Medical Treatment and Active Labor Act (EMTALA).

A psychiatric emergency is a medical emergency for purposes of the Act.

The Act requires a medical facility which has an emergency department to offer an appropriate medical screening examination and necessary stabilizing treatment to a patient who presents with a complaint of a medical emergency.

If the patient refuses an examination or treatment, the medical facility is deemed to have met its obligations under the Act.

However, before the patient can be deemed to have refused an examination or treatment the facility must have informed the patient of the risks and benefits of the examination or treatment and the patient still must refuse.

The facility is further required by the Act to take all reasonable steps to get the patient's informed consent in writing to refuse an examination or treatment.

According to the Court, calling security to eject a psychiatric patient in distress immediately after a heated verbal face-off does not meet the requirements of the Act. Lee v. Hennepin County, 2013 WL 6500159 (D. Minn., December 11, 2013).