

Emergency Room: Adolescent Psych Patient Elopes, Nurse Not Faulted.

A fifteen year-old girl unexpectedly became depressed, irrational and anxious. She was hyper and could not sleep. She had been an excellent student without any previous social, disciplinary or substance abuse problems.

Her parents took her to their family physician. He thought she might be bipolar or have some type of acute psychosis that needed to be evaluated at a hospital. However, the family physician did not believe there were legal grounds for involuntary commitment and he was not a designated mental health professional who had legal authority to commit her even if he wanted to. He prescribed sleeping pills and sent her home with her parents.

When the girl refused to take the sleeping pills and ran away to a friend's house the family physician arranged for her to get a mental health exam at a local acute-care hospital.

In the hospital emergency room the girl was seen by a social worker and a nurse. They took a history from her and her parents. They had the girl, not her parents, sign a consent form for voluntary outpatient treatment.

The girl was left alone in an exam room for a few minutes while the nurse tended to another E.R. patient who needed a stat IV. When the nurse returned to the exam room the girl had vanished and she has not been seen since.

Over the Age of Legal Consent Nurse Could, Had To Let Her Leave

The Court of Appeals of Washington, in an unpublished opinion, did not look at whether the nurse was checking on her often enough or was actually watching her on the video monitor. That was all irrelevant to the parents' lawsuit.

State law defines the age at which an adolescent can consent or refuse to consent to medical care. In Washington that age is thirteen.

The evidence supported the nurse's assessment that the girl's symptoms would not legally justify an involuntary mental-health hold. She was a voluntary patient with full legal capacity to consent to treatment, refuse to consent or to consent and then change her mind. There was no way to fault the nurse for letting her leave. **Nash v. Sisters of Providence in Washington, 2003 WL 21791593 (Wash. App., August 5, 2003).**

Pediatric Intensive Care Unit: Parents Caused Disturbance, Ejected. Court Says No To Lawsuit.

The baby was born with a congenital diaphragmatic hernia. He was placed in the hospital's neonatal intensive care unit for several months and then was discharged home.

The infant was re-admitted with on-going problems to the pediatric intensive care unit where he remained several more months until he died.

According to the US Circuit Court of Appeals for the Seventh Circuit, over the entire course of the child's hospitalizations the parents were abusive toward caregivers and disruptive of the child's care. For example, the mother once ordered the speech and swallowing therapist out and began bottle-feeding the baby, despite the risk of aspiration, and called the nurse a "bitch" when she tried to stop her.

The hospital has every right to insist that visiting family members observe a sense of decorum, even when they are dissatisfied with the care accorded to a loved one.

When family members refuse to act responsibly, as the parents did here, the hospital has the right and the obligation to quell any disturbance by requiring the parents to leave.

UNITED STATES COURT OF APPEALS
SEVENTH CIRCUIT
August 1, 2003

The parents were ejected by a security guard on a physician's orders, then readmitted only for half-hour visits with a security guard present.

After the infant's death the parents sued for intentional infliction of emotional distress. The Federal District and Circuit Courts threw out their case.

A hospital has the legal right and the legal duty to provide a safe environment for its patients.

When family members refuse to act responsibly, even if they are expressing dissatisfaction with the care being afforded a loved one, they can be ejected by hospital personnel and barred from re-entering the premises except on terms set by the hospital. **Franciski v. University of Chicago Hospitals, ___ F. 3d ___, 2003 WL 21770808 (7th Cir., August 1, 2003).**