

Psychiatric Nursing: Nurse Faulted, Discharged Patient Without Full Mental Health Evaluation.

The daughter of the deceased sued the hospital after her mother was killed in a one-car rollover accident several hours after being discharged from the hospital against medical advice.

The patient had been referred to the hospital by another hospital's E.R. where she had gone to complain about non-existent sores around her eyes.

She revealed to the E.R. physician she had been off her medications for bipolar disorder for two weeks and had been driving around two states and in Canada for five days without sleeping trying to evade people who were after her.

She also revealed she had attempted suicide twice in the preceding month and was currently thinking of harming herself.

The E.R. physician had her admitted to the psychiatric service to get her started back on her meds. The physician ordered q 30 minute checks. The plan was to keep her for several days on a voluntary basis.

Several hours later, about 6:30 p.m. the patient's psych nurse spoke with the county mental health professional, but she had not seen the E.R. physician's evaluation which included her recent history and verbalizations of current suicidal ideation.

In the morning the nurse allowed the patient to leave the hospital against medical advice.

The hospital's psychiatric nurse spoke with the county mental health professional, but without first reviewing the E.R. doctor's admitting notes which revealed the true extent of the patient's gravely disabled condition and current suicidal ideation.

Nor did the nurse obtain a psychiatric consultation as she was told.

There was no documentation for the night shift that the nurse checked on her patient, who apparently was awake all night.

In the morning the nurse let the patient leave AMA even though the patient had not slept all night, had not re-started taking her meds and was still hallucinating.

The patient should have been held for an in-person interview by the mental health professional and kept for treatment.

COURT OF APPEALS OF WASHINGTON
May 24, 2010

The Court of Appeals of Washington reviewed the legal responsibilities of a psychiatric nurse under the circumstances of this case.

A psychiatric nurse has an independent professional responsibility to assess whether the patient has a mental disorder which presents an imminent likelihood of serious harm or whether the patient is gravely disabled. Either would be grounds for involuntary mental health commitment.

The nurse's assessment must include review of assessments done by other professionals, like the E.R. physician in this case who believed the patient was in acute need of inpatient psychiatric observation and care.

The psychiatric nurse must accurately communicate the patient's current condition to the designated mental health professional who has the authority to order an involuntary hold.

The mental health professional in this case decided not to order the patient held for treatment the evening before the morning she left the hospital, based in large part on incomplete information the patient's psych nurse relayed to him.

This patient had a well documented history of mental illness and had stopped taking her antipsychotic medications two weeks earlier. She was having auditory hallucinations and displayed active current paranoid and suicidal ideation when the nurse let her leave the hospital in the morning without taking steps to have her held involuntarily. ***Poletti v. Overlake Hosp., 2010 WL 2028750 (Wash. App., May 24, 2010).***