

“Difficult” patients in the Emergency Department *Guidelines to reduce your liability exposure*

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EMedicine Alert

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Emergency physicians face daily challenges that other specialties do not regularly encounter, such as: emergency conditions that may be unpredictable, uncomfortable, and/or life-threatening; patients who present in an intoxicated state; patients who exhibit psychotic characteristics or other evidence of mental or behavioral issues; those who present as victims or perpetrators of violence; suicidal patients, pre- and post-attempt; and those who frequent emergency departments seeking drugs for non-therapeutic use. ED physicians are often hard-pressed to treat all patients with equanimity when some patients bring with them a variety of social, physical, and mental challenges that interfere with “business as usual.”

There are precautions and techniques that can assist ED physicians to decrease their liability risks related to “difficult” patients. The following are broad, basic, and elemental guidelines to avoiding risks. Emergency physician and nursing professional societies and groups are good resources for specific and more-detailed recommendations.

INTOXICATED PATIENTS:

Probably the two most important fundamentals one should bear in mind when an intoxicated patient presents to an ED are: 1) An intoxicated patient has a significant injury until proven otherwise, and 2) An intoxicated patient is still a patient. Medical malpractice experts can regale listeners with many stories of the intoxicated patient who was left alone to “sleep it off,” only to be found unconscious later, resulting from the undiagnosed subdural bleed, or other significant unidentified injury. Efforts to examine and treat intoxicated patients should be well-documented, as should monitoring (at clinically appropriate intervals) of patients thought to be “sleeping it off.”

PATIENTS WITH SIGNS OF MENTAL ILLNESS:

One of the most complicated patients is the one who presents with a physical and emergent injury or condition, and also exhibits symptoms of a mood, anxiety, psychotic, developmental or personality disorder that complicates care, if not the dual-diagnosis of a mental health disability plus a florid addiction. Essential to managing these patients is knowing how to access: mental health professionals to assist in patient assessment; emergency mental health resources for in- and out-patient services; social services resources in and out of the hospital; clergy available to the mentally ill; security services in the event a patient becomes violent or otherwise physically unmanageable; the hospital's policy on restraints; and procedures that facilitate time-limited mental health holds for patients who may be a danger to themselves or others. This information should be included in physician and nurse orientation, on-the-job training, and the Policy and Procedures Manual.

POTENTIALLY VIOLENT PATIENTS:

Knowing the risk factors of patients with the most potential for violent behavior is the beginning of prevention. Statistics indicate that these include: Males < 30 years of age; prolonged unemployment; access to weapons; gang and/or drug involvement; history of criminal acts; psychiatric symptoms; organic medical problems such as severe pain or delirium; intoxication; and observable threatening behavior, all indicators for an increased index of suspicion for violent behavior. A screening policy may alert staff to potential dangers and inform staff of actions that may protect individuals and the ED, such as: how to facilitate an involuntary commitment, when to call law enforcement officials, what reporting laws might apply to the situation (if any), and how to comply with a Tarasoff obligation. Failure to identify, acknowledge, and act upon potential violence in the ED may increase the ED's liability risks. Failure to document accordingly may compromise the ED's defensibility in the event of a lawsuit alleging negligence.

SUICIDAL PATIENTS:

When there is reason to believe a patient may be suicidal, ED physicians have an obligation to take appropriate measures that may begin with an assessment for suicidality and lead to a psychiatric assessment or even an involuntary hold initiated by the physician. Many guidelines exist to advise non-psychiatrists of how to assess for suicidality, one of which is the Risk Management Foundation Harvard Medical Institution's *Guidelines for Identification, Assessment and Treatment Planning for Suicidality*. ([http://www.rmhf.harvard.edu/files/documents/suicide As.pdf](http://www.rmhf.harvard.edu/files/documents/suicide%20As.pdf)) In brief, this assessment requires physicians to determine to the extent it is possible: suicidal intent; motivation; specific plan and availability of plan; a history of self-destructive and/or suicidal behavior; the patient's cognitive, affective, and physical condition; the patient's coping potential and support availability; and co-morbidities, if any.

DRUG-SEEKING PATIENTS:

Consider the following guidelines for fine-tuning your index of suspicion and proceeding cautiously with patients you suspect are drug-seeking:

- Be wary of patients who vigorously request specific medications. Be kind but skeptical.
- Be wary of patients who consistently present to the ED with reported pain uncorroborated by clinical findings.
- Take a thorough history of past treatment, and if a patient requests a specific pain medication previously prescribed by another physician, and your index of suspicion is raised for some reason, obtain authorization to contact that physician for a clearer picture of the patient's treatment history.
- Write prescriptions legibly or use an e-prescribing system or EMR to ensure that there is no room for alteration of your order (i.e., write out numbers; indicate "no refills;")

be careful of placement of zeros and decimal points, etc.).

- Alert staff to inform you if patients' behaviors are radically different in the reception area than in the exam room.
- When you prescribe a narcotic drug, use your best clinical judgment, and prescribe the lowest possible safe dose until you, the patient's primary care physician, or a specialist can assess the efficacy of the medication and determine if more—or less—would be better.
- If in doubt about your ability to identify and treat drug-seeking patients, consider a refresher course in pain management to strengthen your clinical and philosophical positions on the subject.
- California physicians may request a Patient Activity Report (PAR) for a patient under his/her care. A PAR is a printout which contains prescribing history contained in the CURES (Controlled Substance Utilization Review and Evaluation System) data system for that patient by medical prescribers in California. (See <http://ag.ca.gov/bne/trips.htm> for more information.)
- Hawaii physicians may contact the Hawaii Board of Medical Examiners for pain management guidelines through their website at: http://hawaii.gov/dcca/pvl/news-releases/medical_announcements/pain_management_guidelines.pdf/view.
- Idaho physicians may call the Idaho Board of Pharmacy at (208) 334-2356 to receive forms and applications for information on a patient's controlled substance medication history. For more information on Idaho State Board of Medicine's policy for use of controlled substances for treatment of pain visit: <http://www.bom.state.id.us/licensees/opiods.html>.

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MIEC enhances its policyholder services by offering “Added Benefits”

Medical Insurance Exchange of California (MIEC) is pleased to announce the addition of the following “Added Benefits” that will assist policyholders obtain CME credits, manage diagnostic test results, and improve patient education.

Free-online CME: MIEC has partnered with **Advanced Practice Strategies (APS)** to offer policyholders access to its extensive library of core and specialty-specific CME courses developed with nationally recognized experts. A core set of curriculum modules, applicable across all areas of practice, address general topics in risk and safety. Specialty-specific courses cover nearly all areas of medicine. **MIEC policyholders can obtain *AMA PRA Category 1* CME credits free of charge.**

Automated patient notification system: MIEC is facilitating policyholder introduction to **SecuReach**, an automated system that tracks referrals, laboratory and other tests from the time they are ordered until patients are notified of their results. It offers a personalized message system created in the physician’s (or representative’s) voice and preserves the communication indefinitely. It increases office efficiency and reduces the potential for patient injury by facilitating and keeping a record of communication between physicians and their patients. **MIEC policyholders who purchase SecuReach are eligible to receive a ten-percent (10%) discount off SecuReach’s standard monthly fee.**

Multilingual patient education: MIEC has partnered with **The Exchange**, a partnership of health plans, health care delivery entities, and corporate affiliates who exchange health communication, information and resources, and shares online **multilingual** health materials. The Exchange website (www.health-exchange.net) is open to everyone, but its online library of translated health materials is available to partners or corporate affiliates only. **MIEC policyholders receive free unlimited access to the Exchange’s online pdf archive of nearly 4,000 translations of health education materials.**

Animated 3D patient education: MIEC has partnered with **Visible Productions** to allow policyholders access to its library of anatomically structured 3D models of the human body, complete multi-part multimedia programs, 3D medical animations, and topic segments. This media compliments physician-patient informed consent discussions. **MIEC policyholders have unlimited access to this amazing resource.**

To access these resources, go to MIEC’s website at www.miec.com, log in (your username and password is available by calling your MIEC Underwriter) to explore and review all of the resources available to you. Click on the **Why MIEC** tab and then on **Added Benefits** tab to learn more about these alliances, as well as the vast resources that our website has to offer.