

When Not to Trust a Patient

In a Hospital Emergency Room

As a psychiatrist, I am rarely involved in a code blue other than to assist other physicians. However, on my most memorable day, I had admitted a chronically depressed patient of mine through the emergency department (ED). She had taken an overdose of diazepam. The patient was well known to me, and we had discussed her suicidal potential many times. She had “promised” me that she would never kill herself with any of the antidepressants that I had prescribed for her. Although I never take these promises as fact, they offered me some reassurance.

On this particular day, the patient’s husband called to tell me that the patient had taken about 100 10-mg diazepam pills, which were prescribed by her general practitioner. I told her husband to bring her to the ED and meet me there for admission. When the

patient arrived, she was still conscious but groggy. I was talking to her, prior to the physical examination, when she suddenly stopped breathing and slumped in the bed. I immediately called a code blue and began resuscitation.

She responded and eventually became alert and stable. Only then did she tell me that she had also taken 25 50-mg amitriptyline tablets, which were purchased from a friend. Amitriptyline is much more lethal than diazepam! I learned the hard way to simply not trust a patient’s admission of overdose drugs. Treat the patient’s clinical condition and let the laboratory determine what chemical(s) were taken.

—**Harold R. Gollberg, MD**
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