Medication administration and seizure management in patient with brain injury
(12HDC01495, 30 April 2013)

Residential rehabilitation service ~ Psychiatric services ~ District health board ~ Brain injury ~ Medication non-compliance ~ Seizures ~ Rights 4(1), 4(5)

A man suffered a traumatic brain injury and developed post traumatic epilepsy causing seizures. Initially, the seizures were successfully managed with medication in the community. However, following a further brain injury, the man became non-compliant with his medication, suffered a number of seizures, developed psychotic symptoms, and psychiatric services became involved in his care.

The man was initially treated compulsorily as an inpatient at a district health board's inpatient services. He was later transferred for ongoing compulsory residential rehabilitation services, and remained a resident until his death. He was a difficult client to manage due to his complex care needs and his challenging and aggressive behaviour.

The man's non-compliance with his medication escalated. When he was non-compliant with his medication, he would suffer from increased seizure activity and aggressive behaviour. He was admitted to the inpatient unit at another district health board after experiencing a grand-mal epileptic seizure precipitated by 15 days of non-compliance with his medication. Following two documented events of aggressive behaviour towards nursing staff and medication refusals, a decision was made to temporarily administer his medications surreptitiously by crushing them and giving them to him in his food or drink.

The man was discharged back to the residential rehabilitation service, and his medication continued to be administered to him surreptitiously. He continued to experience seizures and, one morning, was found dead in his room after having suffered a seizure at 11:50pm the previous evening.

It was held that there were shortcomings in the residential rehabilitation service's care planning and documentation. In addition, instructions to staff on how to administer and manage the surreptitious administration of medication, and how to manage and respond to his seizures, were inadequate. There was also no evidence that the plan to administer his medications surreptitiously was ever reviewed. The documentation of his seizure activity was suboptimal, and staff failed to ensure that recommended tests and medical reviews were carried out.

It was also held that the residential rehabilitation service failed to co-ordinate and oversee the man's care, and that there was a lack of a cohesive approach to coordinate care consistent with his needs. The service breached Rights 4(1) and 4(5).