



# Office of Ombudsman for Mental Health and Developmental Disabilities



## Medical Alert: Use of over-the-counter medications and possible delay of treatment



This Medical Alert is based on the work of the Medical Review Subcommittee and should be posted prominently. The Office of Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our mission.

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The Office of the Ombudsman has received many reports of the “unexpected deaths” of clients that follow this scenario:

The client appears “ill” or complains of feeling sick but is given Tylenol or ibuprofen (or both) and sent to work. The day program sends the client home early, and/or the client is taken to an ER or to Urgent Care. The client receives an assessment in the ER or Urgent Care and is told to go home and to “come back” if feeling worse. The client dies at his/her home overnight or the next day. Often these deaths are attributed to pneumonia or sepsis.

Upon review by the Medical Review Subcommittee, the ER or Urgent Care note may or may not include the information that the client had been administered acetaminophen and/or ibuprofen for an elevated temperature. On exam, no fever is detected. If labs are drawn they may or may not indicate an elevated white blood count, which can be an indication of an infection. Clinicians may conclude that the client is not very ill due to their multiple medical problems and frequent inability to describe how they are feeling or how long signs of illness have been experienced.

If the client survives the night and is brought to the ER the next day – after the over the counter medications are unsuccessful in reducing a now extremely elevated temperature – they are admitted to the hospital, and treated for pneumonia or a urinary tract infection that may lead to sepsis. In general, symptoms of sepsis can include: chills, confusion or delirium, decreased urine output, fever or low body temperature (hypothermia), hyperventilation, lightheadedness due to low blood pressure, rapid heartbeat, shaking, skin rash, and/or warm skin.

You can read more about sepsis here: <http://www.nlm.nih.gov/medlineplus/ency/article/000666.htm>

After reviewing dozens of these of these deaths in the past ten years, the Ombudsman’s Medical Review Subcommittee has concluded that the use of over-the-counter medications may have masked the seriousness of the client’s condition from the ER physician or Urgent Care provider.

### **Bottom Line:**

Unless otherwise directed by the client’s primary health care provider, the Medical Review Subcommittee recommends that providers **DO NOT ADMINISTER** “as needed” or “prn” medications to reduce a fever for longer than 24 hours without obtaining a professional assessment by the client’s primary health care provider.

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