Examination of the Unconscious Patient – development of FCFM guideline

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Guideline for examination of the unconscious patient

- Guideline is just that – an advisory document but not necessarily proscriptive for every case
- The potential exists for guidelines to be raised in legal proceedings
- FCFM draft is based loosely on FFLM (UK) guideline (with due consent and attribution) but modified to suit Australasian conditions
- Overriding principles:
  - Consent
  - Communication
  - Confidentiality
Consent

- Overview – rationale for this guideline
- Consent
  - General principles regarding consent
- Situations where the doctor needs to assess consent
  - Children
  - Adults with temporary or prolonged incapacity
  - Patients with mental health problem or intellectual disability
  - Intoxication (including withdrawal)
  - Illness
  - Injury
  - Court ordered examinations
- Consent to release information, specimens or a report
Exceptional circumstances

- Releasing information, specimens or a report in absence of consent
- Doctor unable to conduct examination because of conflict of interest or other reason
Subjects covered

- General principle of assessing consent
- Gillick principles for young people
- Consent from parents, guardians or child protection authorities
- Sedation or EUAs
- Psychiatric illness or intellectual disability
- Consent for involuntary patients from treating doctor
- Documentation of all stages of consent
- Intoxication and withdrawal – basic principles
- Use of Early Evidence Kit
- Advisability or otherwise of medication to facilitate consent
Subjects covered

- Legislation regarding guardianship and the Public Advocate (or equiv.)
- Mental health legislation
- Holding exam findings or specimens until patient recovers
- When the next of kin is a suspected perpetrator
- Communicating the details of what occurred to the patient on recovery
- Court orders and compulsory procedures – the position of the doctor in such cases
- Disclosure of findings without consent
- Conflicts of interest