The Royal Colleges of Psychiatrists and Physicians were asked by the Senior Coroner, Inner London South, to comment on a case where a young woman died in psychiatric care. There was some inconsistency in the evidence given to the coroner’s court which this statement aims to rectify.

The Colleges make the following joint recommendations for the diagnosis and management of neuroleptic malignant syndrome (NMS):

1. NMS is a rare and serious complication of antipsychotic therapy about which there is much uncertainty over definitions, cause, course and outcome. Nonetheless, all psychiatrists practising without immediate on-site supervision should be able to diagnose NMS.

2. NMS is best considered a medical emergency and is properly managed in an acute hospital. All medical staff in acute hospitals with responsibility for taking emergency referrals should know this and act accordingly. Acute clinicians should be prepared to accept cases of diagnosed NMS without reference to the current clinical state of the patient. Any debate over whether a patient should be transferred to the acute hospital should be about the issue of the diagnosis only. Liaison psychiatry services within acute hospitals can manage the mental health needs of such patients, so these needs should never influence the decision to transfer.

DISCLAIMER

This guidance (as updated from time to time) is for use by members of the Royal College of Psychiatrists. It sets out guidance, principles and specific recommendations that, in the view of the College, should be followed by members. None the less, members remain responsible for regulating their own conduct in relation to the subject matter of the guidance. Accordingly, to the extent permitted by applicable law, the College excludes all liability of any kind arising as a consequence, directly or indirectly, of the member either following or failing to follow the guidance.