

When AI Got There First

A nurse's guide to assessing care a patient already received from an AI system

Federal health officials are moving forward with programs that let AI systems take on functions closer to direct clinical care — diagnosis, treatment support, even therapy — while the regulatory framework for these more autonomous systems is still being built. Nurses are increasingly caring for patients who arrive having already received AI-mediated assessment, advice, or treatment. This guide adapts the AI Safety Pause™ for that specific moment: when the AI got there first, and the nurse has to pick up from where it left off.

FOUR QUESTIONS TO ASK

- 1 What did the AI actually do?**
Identify the scope before assessing the substance. Was it a screening, a diagnosis, a therapy session, a medication recommendation? Was a clinician supervising, reviewing, or absent from the loop entirely?
- 2 Does this make clinical sense right now?**
The AI's output reflects a moment in time. Reassess against the patient in front of you — current presentation, vitals, and history — not the picture the AI was working from.
- 3 What might the AI have missed?**
Look for context an algorithm wouldn't have access to: subtle deterioration, a comorbidity, a medication change, something the patient didn't think to mention to a machine but will tell a nurse.
- 4 Who is responsible for this decision now?**
Determine whether accountability has clearly transferred to a human clinician, and document your own assessment and reasoning independent of what the AI concluded.

RED FLAGS FOR ESCALATION

- Patient's condition doesn't match the reassurance or resolution the AI's output implied
- Symptoms fall outside the scope the AI system was designed or authorized to address
- Patient seems unclear on what was actually recommended, or why
- No evidence of clinician review or oversight in the documentation trail
- Your own clinical assessment conflicts with the AI's recommendation, however slightly

Any one of these is reason enough to pause, reassess independently, and escalate through your normal clinical channels — regardless of what the AI system concluded.

AI informs. The nurse decides.

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