**Keziah Babu- Psych Rotation Queens Hospital Center HPI #2**

**Identifying Information:**
**Full Name:** L.A.
**Address:** Queens, NY
**Date of Birth:** 8/1/1982
**Date & Time:** 6/10/22
**Location:** Queens Hospital Center
**Source of Information:** Self (unreliable) and brother (reliable)
**Reliability:** Not reliable
**Source of Referral:** Brother called police
**Chief Complaint:** "I fell out of a window, broke my right leg and now I have a $7 million lawsuit against this country"

**HPI**

39 year old male, single, unemployed, inconsistently domiciled with girlfriend and brother, with PPHx of Schizoaffective Disorder, Bipolar type, Hx of multiple inpatient psychiatric hospitalizations, last at Elmhurst Hospital Center (01/28/22-02/07/22), Hx of chronic treatment non-adherence, Hx of alcohol use disorder, cannabis use disorder, no PMHx, BIBEMS activated by brother for erratic and agitated behavior. When asked why he was brought to the hospital the patient stated "I fell out of a window, broke my right leg and now I have a $7 million lawsuit against this country". The patient denies psychiatric history or taking any psychiatric medications. He admits to smoking marijuana but denies alcohol abuse. Per chart review, patient was prescribed Haldol Decanoate 200mg Intramuscular last received 03/07/22.

Collateral information provided by brother D.L. (908-XXX-XXXX). Brother reports that on Tuesday the patient was kicked out of his home by his girlfriend and arrived to the brother's apartment at 2:30am. The brother allowed the patient to come in, however when the brother returned home later that day, he found that the patient tore down the curtains, threw out all the food in the house, and threw out the brother's clothes. The patient was walking around the apartment naked and behaving erratically. When the brother asked the patient what happened, the patient displayed flight of ideas, stating "the governor made me do this" and "I know famous rappers". The brother states that the patient normally receives care at Elmhurst Hospital, and that the patient has not received outpatient care for a long time due to COVID-19 restrictions.

Upon psychiatric evaluation, the patient appeared disheveled, good eye contact, superficially cooperative, flight of ideas, poor concentration, grandiose delusions, rapid speech with blunted affect, and anxious mood. The patient currently exhibits poor insight and poor judgement as well as erratic behavior. He is not receiving regular care and is non-compliant with medications. Denies suicidal/homicidal ideation or visual/auditory hallucinations.

**PMHx**
Schizoaffective disorder, bipolar type- 1/28/2022
Depression
Alcohol Abuse
Marijuana use- 7 times per week
Current every day smoker- smokes 0.25 packs per day

**PSHx**
No pertinent surgical history

**Medications**
Currently not taking medications on a daily basis

**Allergies**
Pork

**Family Hx**
Father- Dementia
Maternal Aunt- Schizophrenia

**Social Hx**
Unemployed
Heterosexual, inconsistently domiciled with girlfriend and brother

**Review of Systems**

**General-** Denies weight loss or weight gain, fever, loss of appetite, generalized weakness, chills or night sweats

**Skin, hair, nails-** Denies any recent changes in skin texture, masses or lesions, excessive sweating, change in pigmentation, moles/ rashes or changes in hair distribution

**Cardiovascular system**- Denies history of coronary artery disease, angina, syncope, murmurs, palpitations, irregular heart rate, feet swelling and dizziness

**Nervous- Denies** history of syncope, dizziness, muscle weakness, seizures, sensory disturbances, ataxia, loss of strength, balance or coordination

**Psychiatric-** Patient admits to grandiose delusions and is agitated. Denies suicidal/homicidal ideations. Denies visual/auditory hallucination

**Physical Exam**

**Vital Signs:**

**BP: 114/75 (sitting)**

**R: 16 breaths per min**

**P: 74 bpm**

**T: 98.6F**

**O2 Sat: 99%**

**Height: 6' 3" Weight: 141 lb BMI: 17.62 kg/m^2**

**Skin, hair, nails:** No visible lesions, rashes, bruising, ulcers, lesions, or masses on exposed hands, neck, or face. Cap refill 2 seconds. No bruising, open wounds, or seborrheic dermatitis

**Chest:** Symmetric, no evident deformities. Respiration unlabored on room air, no audible wheezes. No paradoxical respiration or accessory muscle use noted

**Heart:** S1 and S2 have regular rate and rhythm. No murmurs, S3, S4 or S2 splitting. No friction rubs. Carotid pulses are 2+ bilaterally. No bruits appreciated. PMI not appreciated on exam. No JVP pulsation or distention visible on exam

**Mental Status Exam**

**General**

1. *Appearance:* Underweight African American male. Patient looks his stated age, casually groomed with decent hygiene
2. *Behavior and Psychomotor Activity:* Patient has blunted affect and does not answer questions directly, displays flight of ideas
3. *Attitude towards Examiner :* Patient is superficially cooperative and is unable to clearly communicate current circumstances with provider

Sensorium and Cognition

1. *Alertness and Consciousness*: Patient is alert with no signs of acute drowsiness. No alarming distress, discomfort, or labored breathing visible
2. *Orientation*: Patient is oriented to person and place
3. *Concentration and Attention:* Patient is unable to maintain concentration or attention during interview. Responses are tangential.
4. *Abstract thinking:* Patient is unable to express abstract thinking.
5. *Memory:* Patient's immediate and remote memory are not intact

6. *Fund of Information and Knowledge:* Patient has poor intellectual performance

Mood and Affect:

1. *Mood:* Agitated and anxious with average intensity and consistent
2. *Affect:* Blunted affect
3. *Appropriateness:* Patient's mood and affect were inconsistent with the topics discussed with angry outburst but no inappropriate laughter, mutism, or uncontrollable crying

**Motor**

1. *Speech:* Patient's speech was loud and pressured
2. *Eye contact:* Adequate eye contact with provider
3. *Body movement:* Patient had no abnormal body movements, tics or tremors. Patient is able to ambulate without assistance with a steady gait.

Reasoning and Control

1. *Impulse control*: Patient displayed poor impulse control. Patient denies suicidal or homicidal ideations and plans
2. *Judgement:* Patient displays impaired judgement with presence of grandiose delusions
3. *Insight:* Patient has poor insight into his psychiatric condition. He does not believe anything is wrong with him and does not currently take medication

Pertinent labs

| | Latest Reference Range & Units | 06/09/22 20:41 | 06/10/22 00:40 |
|---|---|---|---|
| Anion Gap | 8 - 16 mEq/L | 11 | |
| Sodium | 136 - 145 mmol/L | 142 | |
| Potassium | 3.5 - 5.1 mmoL/L | 3.9 | |
| Chloride | 98 - 108 mmol/L | 104 | |
| CO2 | 22 - 29 mmol/L | 27 | |
| BUN | 6 - 23 mg/dL | **5 (L)** | |
| Creatinine | 0.70 - 1.20 mg/dL | 0.81 | |
| Glucose | 74 - 110 mg/dL | 84 | |
| ALT (SGPT) | 0 - 41 U/L | 14 | |
| AST (SGOT) | 5 - 40 U/L | 21 | |
| ALK PHOS | 40 - 129 U/L | 69 | |
| Total Bilirubin | 0.0 - 1.2 mg/dL | 0.5 | |
| Calcium | 8.6 - 10.3 mg/dL | 9.7 | |
| Total Protein | 6.6 - 8.7 g/dL | 6.9 | |

| | | | |
|---|---|---|---|
| Albumin | 3.5 - 5.2 g/dL | 4.5 | |
| eGFR(cr) | >=60 ml/min/1.73m2 | >60 | |
| WBC | 4.80 - 10.80 x10(3)/mcL | **3.44 (L)** | |
| RBC | 4.70 - 6.10 x10(6)/mcL | **4.51 (L)** | |
| HGB | 14.0 - 18.0 g/dL | **13.1 (L)** | |
| HCT | 42.0 - 52.0 % | **37.8 (L)** | |
| MCV | 80.0 - 99.0 fL | 83.8 | |
| MCH | 27.0 - 31.0 pg | 29.0 | |
| MCHC | 29.8 - 35.2 g/dL | 34.7 | |
| RDW | 12.0 - 15.0 % | 12.1 | |
| PLT | 150 - 450 x10(3)/mcL | 282 | |
| MPV | 8.7 - 12.9 fL | 10.0 | |
| Monocyte % | 2.0 - 10.0 % | 9.0 | |
| Monocyte Abs | 0.10 - 1.10 x10(3)/mcL | 0.31 | |
| Neutrophil Abs | 2.10 - 7.60 x10(3)/mcL | **1.72 (L)** | |
| Neutrophil % | 44.0 - 70.0 % | 50.0 | |
| Lymphocyte Abs | 1.00 - 4.90 x10(3)/mcL | 1.29 | |
| Lymphocyte % | 20.0 - 45.0 % | 37.5 | |
| Eosinophil % | 1.0 - 4.0 % | 2.6 | |
| Eosinophil Abs | 0.10 - 0.40 x10(3)/mcL | **0.09 (L)** | |
| Basophil % | 0.0 - 2.0 % | 0.6 | |
| Basophil Abs | 0.00 - 0.20 x10(3)/mcL | 0.02 | |
| Immature Gran Abs | 0.00 - 0.20 x10(3)/mcL | 0.01 | |
| Imm Gran % | 0.0 - 2.0 % | 0.3 | |
| NRBC Abs | <=0.00 x10(3)/mcL | 0.00 | |
| NRBC % | 0.0 - 0.0 % | 0.0 | |
| Specific Gravity Urine | 1.005 - 1.030 | | 1.013 |
| Protein Urine | Negative mg/dL | | Negative |
| Glucose Qualitative Urine | Negative mg/dL | | Negative |

| | | | |
|---|---|---|---|
| Ketones Urine | Negative mg/dL | | Negative |
| Bilirubin Urine | Negative | | Negative |
| Blood Urine | Negative | | Negative |
| Urobilinogen Urine | 0.2 - 1.0 mg/dL | | 1.0 |
| Nitrite Urine | Negative | | Negative |
| Leukocyte Esterase Urine | Negative | | Negative |
| Squamous Epithelial Cells Urine | 0 - 4 HPF | | 0-4 |
| White Blood Cells Urine | 0 - 4 HPF | | 0-4 |
| Red Blood Cells Urine | 0 - 3 HPF | | 0-3 |
| Bacteria Urine | Negative | | Negative |
| Hyaline Cast Urine | 0 - 4 /lpf | | 0-4 |
| pH Urine | 5.0 - 7.5 | | 7.5 |
| Appearance Urine | Clear | | **Cloudy !** |
| Color Urine | Yellow | | Yellow |
| Crystals Urine | | | Not Present |
| Acetaminophen | 10 - 30 ug/mL | **<5 (L)** | |
| Amphetamines | Negative ng/mL | | Negative |
| Salicylate | 3.0 - 30.0 mg/dL | **<0.3 (L)** | |
| Alcohol | <=50 mg/dL | <10 | |
| Barbituates QUAL Urine | Negative ng/mL | | Negative |
| Benzodiazepines QUAL Urine | Negative ng/ml | | Negative |
| Cocaine Qual Urine | Negative ng/mL | | Negative |
| Methadone Qual Urine | Negative ng/mL | | Negative |
| Opiates Urine | Negative ng/mL | | Negative |
| Phencyclidine Urine | Negative ng/mL | | Negative |
| THC Urine | Negative ng/mL | | **Positive !** |
| Creat, Urine (DAU) | 20.0 - 250.0 mg/dL | | 111.3 |

**Differential Diagnosis**

***Untreated Bipolar Disorder***

According to previous health records, the last time the patient was treated with a long-acting antipsychotic was 3 months ago, and these medications are typically given on a monthly basis.

With a previous diagnosis of schizoaffective disorder, bipolar type- this patient may be displaying signs of untreated bipolar disorder (i.e. flight of ideas and manic behavior in which he throws out all his brother's clothes and food)

***Substance Abuse***

Although the patient does not abuse alcohol, he does abuse marijuana and his urine tox tested positive for THC. Marijuana abuse can lead to psychosis with symptoms such as paranoid delusions, suspiciousness, and a sense of grandiosity. They can also have disorganized and disturbed thoughts, inappropriate emotional responses, and unusual behavior. Some of these symptoms are clearly evident with this patient, making this a possible diagnosis.

***Schizophrenia***

Although most severe psychotic episodes may appear to be schizophrenia, I believe that schizophrenia should still be included in the differential diagnosis. In order to diagnose schizophrenia, the patient must have at least two of the five main symptoms: delusions, hallucinations, disorganized or incoherent speaking, disorganized or unusual movements and negative symptoms. This patient does suffer from grandiose delusions stating that he "knows the governor and famous rappers" and he also speaks with flight of ideas, exhibiting disorganized speech.

**Assessment**

39 year old African American male, single, unemployed, inconsistently domiciled with girlfriend and brother, with PPHx of Schizoaffective Disorder, Bipolar type, Hx of chronic treatment non-adherence, Hx of alcohol use disorder, cannabis use disorder, no PMHx, BIBEMS activated by brother for erratic and agitated behavior. Per chart patient was prescribed Haldol Decanoate 200mg Intramuscular last received 03/07/22.

The patient's brother states that upon returning home, he discovered the patient tore down the curtains, threw out all the food in the house, and threw out the brother's clothes. The patient was walking around the apartment naked and behaving erratically. When the brother asked the patient what happened, the patient displayed flight of ideas, stating "the governor made me do this" and "I know famous rappers". The brother states that the patient normally receives care at Elmhurst Hospital, and that the patient has not received outpatient care for a long time due to COVID-19 restrictions. Upon evaluation, the patient is anxious, agitated, has pressured speech and is unable to provide straightforward and truthful responses. CBC shows signs of anemia, and urine tox was positive for THC.

**Plan**

- Admit to CPEP for observation and stabilization
- Labs: CBC w/ diff, CMP, THC, Alcohol, UA, Urine tox
- Medications
  - Patient was started on Haldol 5 mg, Depakote 250 mg, and Cogentin 0.5 mg bid
    - Patient tolerated medications without adverse effects

- Decision was made to transfer patient to Brunswick hospital due to patient being impulsive and unpredictable with poor insight and judgement with delusional thinking