Keziah Babu- Psych Rotation Queens Hospital Center HPI #3

Identifying Information:
Full Name: P.A.
Address: Queens, NY
Date of Birth: 8/1/2004
Date & Time: 6/8/22
Location: Queens Hospital Center
Source of Information: Self (reliable); School counselor (reliable)
Reliability: Reliable
Source of Referral: School counselor called ambulance
Chief Complaint: "I want to kill myself and my mom"

HPI

18 year old Bengali American woman, college student, domiciled with parents, with history of PTSD and prior suicide attempts is brought in by EMS to medical ER for suicidal ideation. When asked why she was brought to the hospital, the patient stated " I wanted to kill myself and my mom". She states that after failing one of her classes, her professor called her home to discuss her grade, and her mother found out about the failed class, causing the mother to become upset. The patient then emailed the professor stating that she wanted to kill herself, and the professor notified her school counselor, leading the patient to be brought into the hospital. She admitted to feeling depressed, hopeless, helpless, and reports having "flashbacks" from a recent sexual assault she experienced at school. The patient stated that she was sexually assaulted by a stranger on campus 4 separate times by 4 different people. Since the assault, it has been difficult for her to focus on school. She also reports poor sleep and appetite. She states that she does not get emotional support from her family and has a difficult relationship with her mother, stating that she was emotionally and physically abused by her mother since childhood. Patient admits to two prior suicidal attempts, first in 8th grade when she attempted to hang herself but aborted the attempt and the second was in 12th grade, when she cut her wrists. Additionally, she admits to a history of self-harm (cutting) for the past 4 years. She receives counseling from her school therapist. She denies illicit drug abuse or alcohol abuse. Denies auditory hallucination or visual hallucination.

Collateral received from school counselor, Jasmine (347- XXX- XXXX). She states that the patient started coming to her for counseling after a sexual assault in March. The patient attended a few times and then stopped, and re-started therapy a few weeks ago. Because of the sexual assault case, the patient has been having trouble focusing on school and stopped attending classes regularly, which resulted in her failing one of her classes. She states that the patient has been dealing with PTSD and feelings of a depression for a long time, as the patient does not have much support at home. She also has a history of sexual abuse from family members in her childhood as well. However, she states the patient had never gotten professional help from a psychiatrist, received a proper diagnosis, or started medication.

Father was called with no answer, and message was left.

On evaluation in MER, patient appears extremely anxious, sad, tearful, with depressed mood. Patient currently exhibits impaired insight with poor judgement and impulse control and appears to be a danger to self and others. Will admit to CPEP.

PMHx
Asthma
No past psychiatric history
No illicit substance abuse or drug abuse

PSHx
No pertinent surgical history

Medications
Proventil 2 puffs q 4h PRN

Allergies
Peanuts- SOB, swelling, rash
Seafood- rash
Shrimp- rash

Family Hx
No known family history

Social Hx
College Student
Heterosexual, single
Lives with parents

Review of Systems

General- States she has increased appetite in times of stress. Denies weight loss or weight gain, fever, 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, change in cognition, memory, or balance and coordination

Psychiatric- Patient admits to suicidal and homicidal ideations, but denies visual or auditory hallucinations. Denies substance abuse or alcohol abuse.

Physical Exam

Vital Signs:

BP: 120/70 (sitting)

R: 16 breaths per min

P: 103 bpm

T: 98.4 F

O2 Sat: 99%

Height: 5' 1" Weight: 100 lb BMI: 18.89 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:* Casually groomed Bengali female. Patient looks her stated age, poor eye contact with males, well-nourished
2. *Behavior and Psychomotor Activity:* Patient appears restless and anxious, constantly fidgeting with her hands
3. *Attitude towards Examiner :* Patient is hesitant but cooperative and answers provider truthfully

Sensorium and Cognition

1. *Alertness and Consciousness*: Patient is alert with no signs of acute drowsiness. Patient appears to be in distress and is crying upon arrival
2. *Orientation*: Patient is alert and oriented x 3
3. *Concentration and Attention:* Patient has fair concentration and attention during interview. Responses are straightforward
4. *Abstract thinking:* Patient is able to express abstract thinking.
5. *Memory:* Patient's immediate and remote memory are intact
6. *Fund of Information and Knowledge:* Patient has average intellectual performance

Mood and Affect:

1. *Mood:* Depressed and anxious with average intensity and consistent
2. *Affect:* Blunted affect
3. *Appropriateness:* Patient's mood and affect were consistent with the topics discussed without angry outburst, inappropriate laughter, mutism, or uncontrollable crying

Motor

1. *Speech:* Patient's speech was quiet and normal
2. *Eye contact:* Adequate eye contact with females but would not look directly at male 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 impaired impulse control. Patient admits to suicidal and homicidal ideations but no plan
2. *Judgement:* Patient displays impaired judgement, but appears distressed that she wanted to kill herself and her mother
3. *Insight:* Patient has good insight into her psychiatric condition and understands that she wants to kill herself because of PTSD from previous sexual assault and stress from school and family

Differential Diagnosis

Suicidal Ideation secondary to untreated MDD

It has been made clear by the school counselor that although the patient has been receiving counseling for the past few weeks, she has never seen a psychiatrist to be properly diagnosed with depression and has never been treated with medication. Considering that the patient has been self-harming for 4 years, is a female, and is near her 20s (risk factors for depression) these suicidal ideations may be secondary to untreated depression.

Suicidal Ideation secondary to PTSD

This patient has been through several recent traumatic experiences including sexual assault and rape. Additionally, the patient has faced physical abuse from her mother in the past as well as sexual abuse during her childhood. These traumatic experiences likely caused the patient to develop PTSD and suicidal ideations.

Suicidal Ideation secondary to Life stress

Stress is consistently associataed with suicidal ideation and attempts in adolescents and adults. This patient has several stressors in her life. Not only is she dealing with possible PTSD from her previous sexual assaults, but she is not receiving emotional support at home, has a strained relationship with her mother, and is failing school. This differential is essentially a combination of the patient's depression, PTSD, and current life circumstances leading her to have suicidal ideations.

Assessment

18 year old Bengali American woman, college student, domiciled with parents, with history of PTSD and prior suicide attempts is brought in by EMS to medical ER for suicidal ideation. When asked why she was brought to the hospital, the patient stated " I wanted to kill myself and my mom". After her mother found out that she failed one of her classes, the patient emailed her professor stating that she wanted to kill herself and her mother, leading her professor to notify the school counselor, and EMS. The patient was sexually assaulted in March, as well as 3 other times prior to that, and is currently experiencing flashbacks and difficulty focusing—which she says is the reason why she failed her class. She also states that she doesn't have emotional support at home and is being emotionally and physically abused by her mother. Although she goes to counseling at school, she was never diagnosed or treated by a psychiatrist. Currently, the patient feels helpless, hopeless, has poor sleep and poor appetite. Patient denies AH/VH, denies alcohol and illicit substance use.
Patient was medically cleared and transferred to CPEP. BMP revealed normal findings. Covid negative. BAL < 10 mg/dL. Urine tox was negative for illicit substances

Plan

- Admit to CPEP under psychiatric observation and stabilization
- Medication
    - Start Zoloft 50 mg qd
    - Continue Proventil 2 puffs q4h PRN
- Labs: CBC, CMP, Alcohol level, UA, Urine tox
- Maintain Q15 min observation or safety
- If patient continues to endorse suicidal ideation, will admit to inpatient unit to ensure patient stabilization and safety