Rachel Freundlich
Psychiatry QHC
10/27/24

History:

Chief Complaint: Patient was referred to CPEP by Medical ER due to agitation and unwillingness to cooperate

History of Present Illness:

41 y/o African female, domiciled with her two children, no reported past psychiatric history, medical history of DMT2 was BIBEMS due to agitation. As per ED's note, pt's brother flew in from Las Vegas to visit the patient out of concern for her wellbeing and activated the call. Pt's brother is currently with the children. ED states the patient was uncooperative, refused to engage in conversation and began screaming at the staff. Pt was cleared for CPEP and continued to report grandiose thinking and disorganized thought. Collateral received from her brother states that she had been "acting bizarre" and paranoid. She claimed that family members were stealing her belongings and that she is currently dating NYC Mayor Adams. Upon reevaluation in the morning, she continues to exhibit grandiose and grossly disorganized thoughts. Pt states that she is a colonel in the army and that her uncle was also in the army and killed in a helicopter crash because he was suspected of becoming the next president of Guinea. She also states that she must leave the hospital immediately because she is running the presidential campaign for Kamala Harris. She also mentioned that she successfully ran NYC Mayor Adams' campaign and that they are merely friends, not in a romantic relationship. Pt continues to deny any psychiatric history and has not taken any psychiatric medications previously. She denies alcohol or drug use. Pt has been compliant with Risperidone 1 mg so far. Pt was medicated with 5mg Haldol and 2mg Ativan due to agitation, aggressive and threatening behavior. Pt has been observed in CPEP for 28 hours so far.

Past Medical History:

T2DM
Unknown immunization status
Unsure of past screening tests and results

Past Surgical History:

Denies any past surgeries or blood transfusions

Treatment History:

No known history

Medications:

100mg Sitagliptin

1000 mg Metformin BID

1mg Risperidone (started in CPEP)

Allergies:

NKDA

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Family History:

Unknown and unable to confirm

Denies known family history of diabetes allergies, lung disease, gastrointestinal diseases, disease of urinary tract, or nervous disorders

Social History:

IJ is a single female, residing with her two children. It is not clear whether she is currently employed.
Habits- Patient denies any current/past illicit drug use or alcohol use.
Travel- denies any recent travel.

Diet- Pt unable to clearly report diet
Exercise- Pt does not exercise
Sleep- Reports sleeping well
Sexual Hx- Pt denies being currently sexually active. Past sexual history unclear
Education- Unable to confirm

REVIEW OF SYSTEMS:

General –Denies recent weight loss or gain, loss of appetite, generalized weakness, fever or chills, or night sweats.

Skin, hair, nails – Denies changes in texture, excessive dryness, sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution.

Head – Denies headache, vertigo, or head trauma.
Eyes –Denies glasses, dryness, visual disturbances, diplopia, fatigue with use of eyes, scotoma, halos, lacrimation, photophobia, or pruritus.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses –Denies discharge, epistaxis or obstruction.

Mouth/throat –Date of last dental exam unknown. Denies bleeding gums, mouth sores, sore tongue, sore throat, or voice changes.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion

Breast – Denies lumps, nipple discharge, or pain.

Pulmonary system – Denies cough, dyspnea, wheezing, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea.

Cardiovascular system – Denies palpitations, chest pain, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur.

Gastrointestinal system – Denies intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, unusual flatulence or eructation, abdominal pain, diarrhea, jaundice, hemorrhoids, rectal bleeding, or blood in stool.

Genitourinary system – Denies nocturia, frequency, urgency, oliguria, polyuria, dysuria, or flank pain.

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Nervous –Denies seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, changes in cognition/mental status/memory or weakness.

Musculoskeletal system –Denies muscle/joint pain, deformity or swelling, or redness.

Peripheral vascular system – Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color changes.

Hematological system –Denies anemia, easy bleeding or bruising, lymph node enlargement, blood transfusions, or history of DVT/PE.

Endocrine system – Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism.

Psychiatric – Denies history.

Physical:

General: Overweight African female, appears agitated and preoccupied. Pt appears mildly disheveled with proper hygiene. She appears her stated age of 41 years, in no acute distress.

Vital Signs:

BP: Right arm, sitting 136/76

O2 Sat: 100% Room air

T: 98.0 degrees F (oral)

P: 100 beats/min, regular

R: 18/min, unlabored

Height: 66 inches BMI: 28.57

Mental Status Exam:

- *General*
    - Appearance: Overweight African female, appears stated age of 41 with appropriate hygiene. No scars on her face or hands. Sitting comfortably in a hospital gown.
    - Behavior & Psychomotor Activity: No apparent tics, tremors, or fasciculations.
    - Attitude Toward Examiner: Patient was cooperative with examiner. Pt had difficulty following her train of thought but attempted to answer questions when prompted. Displayed respect toward staff members.
- *Sensorium and Cognition*

- Alertness & consciousness: Patient was conscious and alert throughout the interview.
- Orientation: Patient was oriented to the date, place, and time of the interview.
- Concentration & Attention: Displayed satisfactory attention. Gave irrelevant responses to questions.
- Capacity to Read & Write: Patient was able to properly sign name and read.
- Abstract Thinking: Poor ability to abstract and use deductive reasoning.
- Memory: Patient's remote and recent memory appear impaired.
- Fund of Information & Knowledge: Patient's intellectual performance consistent with assumed level of education.

- *Mood and Affect*
  - Mood: Restless
  - Affect: Irritable affect
  - Appropriateness: Her mood and affect were congruent with discussed topics. She did not exhibit angry outbursts or uncontrollable crying.
- *Motor*
  - Speech: Rapid and pressured speech.
  - Eye contact: Maintained eye contact.
  - Body movements: Body posture and movement is appropriate without psychomotor abnormalities noted.
- *Reasoning and Control*
  - Thought Content: Paranoid and tangential with grandiose thoughts
  - Impulse Control: Proper impulse control.
  - Judgment: Exhibits paranoia and bizarre delusions. No active auditory or visual hallucinations.
  - Insight: Poor insight. Does not appear to understand why she is in CPEP.

Risk Assessment:

1. Wish to be dead – Have you wished you were dead or wished you could go to sleep and not wake up? No
2. Suicidal thoughts – Have you actually had any thoughts of killing yourself? No
3. Suicide behavior – While you were here in the hospital, have you done anything, started to do anything, or prepared to do anything to end your life? No

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Differential Diagnosis

1. Brief psychotic disorder
    a. The patient is exhibiting signs of psychosis for an undefined amount of time. Based on the information collected from collateral, it seems that this current behavior has not happened before. Furthermore, the brother states that he noticed these symptoms recently. If the patient's symptoms last for less than one month this can be defined as a brief psychotic episode.
2. Bipolar Disorder, Manic episode with psychotic features
    a. A manic episode secondary to Bipolar Disorder can present with symptoms such as grandiose thinking, disorganized thoughts and agitations. This patient's behavior is consistent with these symptoms. The patient also reports paranoia and exhibits rapid and pressured speech which may be seen in manic episodes.
3. Delusional disorder
    a. The patient presents with grandiose delusions such as running a mayoral and presidential campaign and being a colonel in the army. Typically, delusional disorder is not associated with other impairments in daily functioning to the extent that this patient is experiencing. However, this may explain the patient's presentation if other causes are ruled out and the grandiose delusions persist for more than one month.
4. Substance Induced Psychotic Disorder
    a. Pt does not have a known history of psychiatric disorder. Due to the patient's current psychosis, it is not possible to receive a complete and accurate history for her. It is possible that the patient is currently undergoing psychosis secondary to substance use. However, a uTox would likely have been completed at this point and would rule this out.
5. Delirium
    a. The patient has a history of DM and it's important to rule out any underlying medical causes that may contribute to explain the patient's confusion, bizarre thinking and agitation. Glucose testing should have been done to rule this out.

Assessment:

41 y/o African female, domiciled with her two children, no reported past psychiatric history, medical history of DMT2 was BIBEMS due to agitation. Pt continues to exhibit acute psychosis with bizarre behavior, agitation, grandiose thinking and internal preoccupation. Pt requires a higher level of psychiatric stabilization and will be admitted for inpatient psychiatric care.

Diagnosis:

- Acute psychosis

Disposition:

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- Admit to inpatient psychiatry

Plan:

- Continue oral Risperidone 1mg BID
- Maintain safety, q15
- Continue contact with collateral (brother)