Rachel Freundlich
QHC Psychiatry
10/30/24

History:

Chief Complaint: BIBEMS secondary to aggressive behavior

History of Present Illness:

22 y/o Jamaican female, with past psychiatric history of schizophrenia, intellectual disability, domiciled with sisters, who was BIBEMS from home activated by sister due to agitation and aggressive behavior. Pt was recently discharged from Jamaica Hospital on 9/16/24. Pt reports feeling depressed because everyone "ignores" or "is annoyed" at her. Pt states she has been crying a lot recently. She currently denies any suicidal ideations, homicidal ideations, auditory and visual hallucinations. Patient appears superficially cooperative and depressed with flat affect. Patient displays poor insight, judgment, and impulse control. Patient denies any alcohol or substance use. Per chart review, Jamaica hospital outpatient clinic switched patient's medication from Clozaril to Zyprexa. Pt reports compliance. Pt denies illicit drug or alcohol use. Collateral information was obtained from sister who reports that patient has been increasingly agitated and was throwing objects at the window earlier. Sister expresses safety concerns. At this time, patient will be admitted to CPEP for observation and stabilization.

Past Medical History:

Schizophrenia
Intellectual disability

Past Surgical History:

Denies any past surgeries or blood transfusions

Treatment History:

Pt has history of multiple CPEP visits and has been following up with Jamaica outpatient clinic.

Medications:

Olanzapine - 10mg nightly

Allergies:

NKDA

Family History:

Sister - Depression

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

Social History:

JF is a single female, residing at home with her two sisters. She is not currently employed.
Habits- Patient denies any current/past illicit drug use or alcohol use.
Travel- denies any recent travel.

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Diet- Pt does not follow healthy diet
Exercise- Pt does not exercise
Sleep- Reports sleeping well
Sexual Hx- Pt denies being current or past sexual history
Education- Incomplete due to intellectual disability

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.

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.

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

Psychiatric – Admits history of Schizophrenia..

Physical:

General: Overweight Jamaican female, appears with flat affect. She appears her stated age of 22 years, in no acute distress.

Vital Signs:

BP: Right arm, sitting 132/78

O2 Sat: 99% Room air

T: 98.4 degrees F (oral)

P: 95 beats/min, regular

R: 18/min, unlabored

Height: 5'9" BMI: 30.36

Mental Status Exam:

- *General*
    - ○ Appearance: Overweight Jamaican female, appears stated age of 22 with appropriate hygiene. No scars on her face or hands. Sitting calmly in triage chair.
    - ○ Behavior & Psychomotor Activity: No apparent tics, tremors, or fasciculations.
    - ○ Attitude Toward Examiner: Patient was cooperative with examiner. Pt interacted with examiner appropriately.
- *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. Unable to answer all questions adequately.
    - ○ Capacity to Read & Write: Patient was able to properly sign name and read.
    - ○ Abstract Thinking: Poor ability to abstract and use deductive reasoning.

- Memory: Pt expressed appropriate recall of memories.
- Fund of Information & Knowledge: Patient's intellectual performance decreased secondary to intellectual disability.

- *Mood and Affect*
  - Mood: Pt stated "I am depressed"
  - Affect: Flat
  - Appropriateness: Her mood and affect were congruent with discussed topics. She did not exhibit angry outbursts or uncontrollable crying.
- *Motor*
  - Speech: Linear, mildly slowed.
  - Eye contact: Maintained eye contact.
  - Body movements: Body posture and movement is appropriate without psychomotor abnormalities noted.
- *Reasoning and Control*
  - Thought Content: Linear
  - Impulse Control: Impaired
  - Judgment: Impaired
  - Insight: Impaired

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

Differential Diagnosis

1. Medication change induced agitation
   a. The patient was switched from Clozapine to Olanzapine within the last few weeks. The change in her behavior may be associated with symptoms secondary to medication change. Olanzapine has been found to be associated with increased depression, suicidal ideation and agitation.
2. Schizoaffective disorder, depressive type

   a. The patient reports feeling depressed as well as has a history of schizophrenia. The affective changes which the patient is presenting with may be more indicative of an affective disorder such as schizoaffective disorder.

3. Medication noncompliance

   a. Although the patient states that she has been compliant with her medications, it is possible that this is not entirely the truth and she is having symptoms secondary to noncompliance.

4. Acute psychosis associated with schizophrenia

   a. The patient presents with agitation and aggressive behavior at home with a history of Schizophrenia. The patient may be having an acute episode which is consistent with her presentation.

Assessment:

22 y/o Jamaican female, with past psychiatric history of schizophrenia, intellectual disability, domiciled with sisters, who was BIBEMS from home activated by sister due to agitation and aggressive behavior. Patient appears superficially cooperative and depressed with flat affect. Patient displays poor insight, judgment, and impulse control. At this time, patient will be admitted to CPEP for observation and stabilization.

Diagnosis:

- Acute exacerbation of Schizophrenia

Disposition:

- Admit to CPEP for stabilization and observation

Plan:

- Order and review labs
- Continue Olanzapine 10mg nightly
- Maintain safety, q15
- Reevaluate in the morning