

Identifying Data

Date: 04 / 28 / 2022
Time: 11:30 AM
Location: Elmhurst Hospital – Inpatient Psych
Patient Name: J.I.
Sex: F
DOB: 08 / 24 / 1995
Informant: Patient, Father

Chief Complaint

“This is not schizophrenia, this is communism”

HPI

J.I. is a 26-year-old Filipina-American female, English speaking, undomiciled, unemployed, with no known PMHx and a documented PPHx of Schizophrenia and Bipolar I Disorder with psychotic features with one prior hospitalization (Woodhull 9/2021-10/2021). Per chart review, she has no known history of suicidal ideation, violence, and no history of illicit substance use. Patient was brought to CPEP by NYPD yesterday after a pedestrian activated emergency services because patient was exhibiting and dangerous behavior. Patient was found wandering into street traffic, talking to self, and dressed in a bathrobe only.

In CPEP, collateral was obtained from patient’s father. Per father, patient presents with “delusions of grandeur and erratic behavior when decompensated. She has been treated with olanzapine after first hospitalization however, she was not stabilized on it because noncompliance with complaints of over-sedation.” Of note, patient’s father has been awarded legal guardianship over patient in State of Florida in February 2022. Awaiting legalization of guardianship, father reports patient “fled Florida in February and came to New York because she felt guardianship was controlling.” Patient observed to have acute symptoms of mania in the setting of treatment noncompliance warrants inpatient psychiatric admission for stabilization and safety.

Upon evaluation on the unit, patient appears poorly groomed and disheveled, with poor eye contact. She is alert and oriented to person, place, and time. Behavior is cooperative but guarded. Patient’s mood is elevated with incongruent affect, as she appears anxious. Speech is pressured and hyper-verbal. She repeatedly states she does not have “schizophrenia” and that her symptoms are a result of “communism.” Patient is observed be mumbling to self and responding to internal stimuli. Thought process is largely disordered and illogical with marked flight of ideas. Thought content is noted to have persecutory delusions and grandiose delusions. She presents with significant paranoid ideations that the “FBI/CIA are after me because of my large family wealth”, also implicating that the NYPD and “illegal immigrants” are also part of this plan to control her family's mind. She then states that a “chip” was implanted in her head through which she receives a frequency from the FBI. She presents with grandiosity stating she was assigned to be in charge of all of her family's assets also elaborating that she came to New York to liquidate those assets. Patient presents with minimal with minimal insight into her condition.

With redirection, patient is able to answer select direct safety questions and denies any current suicidal ideation, homicidal ideation, visual hallucinations. In regards to treatment, patient declines medications stating that she does not believe she has a mental illness and that she only accepted them during her

previous hospitalization because she "wanted a sandwich." She is discharge focused and is informed of discharge criteria and asked to maintain safety while on the unit, to which she agrees.

Patient offers no acute medical complaints. Patient denies any current chest pain, shortness of breath, headache, dizziness, nausea, vomiting, diarrhea, or abdominal pain. Denies extrapyramidal symptoms, tremors, or akathisia.

MSE

General

Appearance: Disheveled, well-nourished, appears to be stated age
Behavior: Calm, guarded, appears to be responding to internal stimuli / mumbling to self
Psychomotor Activity: Increased motor activity, quick verbal response time
Attitude: Cooperative

Sensorium and Cognition

Alertness: Fully alert
Orientation: Oriented to time, place, and date
Attention: Satisfactory attention to examiner and offering relevant responses to questions.
Also concentrated on responding to internal stimuli
Literacy: Full capacity to read and write
Abstract Thinking: Deductive reasoning was appropriate
Memory: Remote and recent memory were intact
Cognition: Within normal limits consistent with level of education (college)

Mood and Affect

Mood: Elevated
Affect: Anxious
Appropriateness: Inappropriate, mood was incongruent with affect

Motor

Speech: Pressured, hypervocal
Eye contact: Poor
Body Movement: Body movements appropriate, no extremity tremor or facial tics

Reasoning and Control

Insight: Poor insight into her psychiatric condition.
Judgment: Poor. Thought content exhibits grandiose, paranoid delusions and auditory hallucinations. Thought process illogical consistent with flight of ideas.
Impulse Control: Satisfactory no suicidal or homicidal urges

Past Medical History

Present Illnesses: Bipolar I Disorder x 2021
Schizophrenia x 2018

Past Illnesses: Denies

Immunizations: Denies

Screening Tests: Denies

Hospitalizations: Inpatient psychiatry for psychosis– Woodhull, 9/2021-10/2021

Medications: Denies

Allergies: Denies

Past Surgical History

Surgeries: Denies

Transfusions: Denies

Family History

Mother: Living at 60 years old, HTN

Father: Living at 58 years old, healthy

Sister: Living at 30 with HTN and DM type II

Brother: Living at 19 with Autism Spectrum Disorder

Social History

J.I. is a 26-year-old female English speaking, undomiciled, unemployed, with no known PMHx and a documented PPHx of Schizophrenia and Bipolar Disorder Type 1 with one prior hospitalization (Woodhull 9/2021-10/2021). She is currently under legal guardianship of her parents in the state of Florida. She was born and raised in the U.S. and her highest education level is college.

Habits: Denies current and past smoking, alcohol use, tobacco use, marijuana use, and illicit drug use.

Diet: She claims to have balanced diet. She frequents caffeinated beverages and cookies. Tries to minimize salt and sugar intake.

Exercise: Inconsistent with exercising. States when she does cardio workouts “the frequencies and telecommunication stops.”

Sexual Activity: Not currently

Review of Systems

Constitutional **Negative** for activity change, appetite change, weight loss, fever, chills, night sweats, malaise/fatigue.

Skin / hair / nails **Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles/rashes, pruritus, or changes in hair distribution.

Head **Negative** for swelling, dizziness, headaches, vertigo, light-headedness, or recent head trauma.

Eyes **Negative** for visual disturbances, blurring, diplopia, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, , redness, or discharge.

Ears	Negative for deafness, pain, discharge, tinnitus, hearing aid use.
Nose / Sinuses	Negative for difficulty breathing, congestion rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.
Mouth / Throat	Negative for sore throat, post nasal drip, bleeding gums, sore tongue, mouth ulcers, voice changes, tooth pain, swelling, pain, dryness, loss of taste, or use of dentures.
Neck	Negative for neck pain, stiffness, decreased range of motion, trauma, localized swelling, lumps, or adenopathy.
Pulmonary	Negative for cough, sputum production, SOB hemoptysis, wheezing, cyanosis, orthopnea, PND.
Cardiovascular	Negative chest pain, palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers, extremity swelling.
Gastrointestinal	Negative for abdominal pain, heartburn, vomiting, nausea, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	Negative for urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, incontinence, hematuria, nocturia, pyuria, dark brown urine, flank pain.
Nervous	Negative for seizures, headaches, dizziness, balance problems, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	Negative for chest pain, back pain, falls, deformity, redness, restricted motion, joint swelling, gout, gait impairment.
Hematologic	Negative for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	Negative for polydipsia, polyuria, excessive sweating or flushing, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	Positive for behavioral problems, paranoia, confusion, and hallucinations – See HPI and MSE. Negative for depression, anxiety, OCD, memory loss, mental disturbance, suicidal ideations, psychiatric medication use.

Physical Exam

Vitals

BP:	127/72 RA, Sitting
RR:	20 breaths / min, unlabored
Pulse:	90 beats / min

O2 Sat: 98% Room air
Temp: 98.5 oral
Height: 1.575 m
Weight: 68.9 kg
BMI: 27.78 kg/m²

General Alert, awake, not in acute distress, not diaphoretic. Appears to be well-developed, well-nourished, and stated age.

Skin Warm, dry and intact, even texture, good turgor. Complexion appropriate for ethnicity. Bilateral skin temperature consistently warm on all extremities. No masses, lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules.

Hair Matted in back. Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp. No swelling, trauma, tenderness to scalp on palpation.

Nails Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.

Head Unremarkable symmetry. Normocephalic, atraumatic, non-tender to palpation throughout. No abnormal facies. No, lesions, mass, deformities, depressions. No swelling, edema, scars. No facial pain to palpation. No recent falls.

Eyes No signs of lesions, masses, deformities, discharge, abnormal color. Symmetrical OU. Sclera white, cornea and lens clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. No cataracts or scleral icterus. Visual acuity good. Visual fields full OU by confrontation, PERRLA. EOMS intact with no nystagmus.

Ears Symmetrical and appropriate in size. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. TM clear upon visualization. No tenderness to palpation. Auditory acuity intact to whispered voice AU.

Nose / Sinus Unremarkable symmetry. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, boggy, trauma, or step off to palpation. Nares patent bilaterally. Nasal mucosa pink & well hydrated. Septum midline without lesions / deformities / injection / perforation. Turbinates without erythema or edema. No foreign bodies. Sinuses are non-tender to palpation.

Mouth Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. Mucosa is pink, well hydrated. No masses, lesions, scars. Palate is pink, well hydrated and intact. Gums are pink, moist. No masses, lesions, erythema, discharge. Tonsils are unremarkable and symmetric. Uvula midline. Hard and soft palette intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no erythema, masses, lesions, foreign bodies, discharge, exudates.

Neck	Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars or adenopathy. No abnormal pulsations noted, carotid bruit, or JVD. Supple, non-tender to palpation. No carotid bruits on auscultation.
Thyroid	Not enlarged and non-tender to palpation. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy.
Lungs	Pulmonary effort appears normal, no accessory muscle use. Chest expansion on respiration and diaphragmatic excursion symmetrical and appropriate. No stridor or respiratory distress. No wheezes, diminished breath sounds. Clear to auscultation bilaterally. No signs of consolidation or fremitus. No tenderness noted. Resonant throughout percussion.
Heart	Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. Neck supple. No JVD present. No abnormal pulsations noted. No heaves or thrills or lifts on palpation. PMI palpable in the 5 th intercostal space at midclavicular line. No chest wall tenderness.
Abdomen	Abdomen symmetric with no bruises, scars, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. No distention noted. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. Tympanic throughout. No guarding or rebounding noted. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness. Abdomen soft and non-tender to palpation.
MSK	Symmetric muscle bulk with appropriate tone for her age. No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. Full active/passive ROM of all extremities without rigidity or spasticity. Strength 5/5 throughout against resistance. No tenderness to palpation.
Neuro	Cranial + Peripheral
CN II	See Eyes section.
CN III, IV, VI	See Eyes section
CN V	Face sensation intact bilaterally to light touch. Strong contraction of jaw muscles without fasciculations or atrophy.
CN VII	Facial expressions are symmetric and intact. No difficulty with BMP speech sounds. Strong eye muscle closure against resistance.
CN VIII	Auditory acuity intact to whispered voice AU.
CN IX and X	Uvula midline with elevation of soft palate, gag reflex intact. No difficulty swallowing. No hoarseness.

CN XI	Full ROM at neck. Strong shoulder shrug against resistance bilaterally.
CN XII	Tongue midline without fasciculations. Strong and symmetric tongue. No difficulty with LTND speech sounds.
Motor	No atrophy, tics, tremors, bradykinesia or fasciculation. No pronator drift. Full active/passive ROM of all extremities without rigidity or spasticity. Strength 5/5 throughout against resistance.
Cerebellar	Coordination by point-to-point intact bilaterally. No asterixis. Gait steady with no ataxia. Base wide and symmetrical. Small stride and normal arm swing.
Sensory	Intact to light touch and vibratory sense throughout. Proprioception intact bilaterally. Romberg test negative.
Reflexes	Deep tendon and abdominal reflexes 2+ throughout, normal and symmetric. Negative Babinski. No clonus appreciated.
Mental Status	See MSE and HPI. Alert and oriented to person, place, and time. Intact memory for recent and remote events. Poor judgement and insight. Cognitive function within normal limits. Intact language. Speech hyperverbal and pressured. No depression or suicidal ideations.
Vascular	Extremities are appropriate in color, size, temperature. Pulses are 2+ bilaterally in upper extremities. Pulses 2+ bilaterally in lower extremities. No edema noted. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No bruits noted, clubbing, cyanosis, stasis changes or ulcerations.

Recent Labs

CBC

-	WBC	6.68	04/24/2022
-	HGB	13.8	04/24/2022
-	HCT	43.2	04/24/2022
-	Platelets	329	04/24/2022
-	MCV	91.9	04/24/2022

BMP

-	Sodium	139	04/24/2022
-	Potassium	4.1	04/24/2022
-	Chloride	105	04/24/2022
-	Calcium	9.2	04/24/2022
-	CO2	21.0(L)	04/24/2022
-	BUN	11	04/24/2022
-	Creatine	0.92	04/24/2022
-	Glucose	95	04/24/2022
-	eGFR	>60	04/24/2022

CMP			
-	Albumin	4.5	04/24/2022
-	ALT	41(H)	04/24/2022
-	AST	30	04/24/2022
-	ALK PHOS	39	04/24/2022
SALICYLATE LEVEL			
-	Salicylate	< 0.3(L)	04/24/2022
THYROID			
-	TSH	1.44	04/24/2022
PREGNANCY			
-	Beta hCG	Negative	04/24/2022
ETHANOL			
-	Alcohol	< 10	04/24/2022

Recent Imaging

CT of Head	04/24/2022
- Canceled, patient refused	

Recent Exams

EKG 12 LEAD	04/24/2022
INTERPRETATION:	
- Normal sinus rhythm	

Assessment/Plan

J.I. is a 26-year-old female English speaking, undomiciled, unemployed, with no known PMHx and a documented PPHx of Schizophrenia and Bipolar Disorder Type 1 with one prior hospitalization (Woodhull 9/2021-10/2021). She was admitted to Elmhurst inpatient psych for manic behaviors in the setting of treatment noncompliance. Vital signs are within normal limits for the patient and physical exam was unremarkable. Patient presents with prominent manic symptoms including flight of ideas, grandiosity, increased goal directed and risky behavior, pressured speech, and elevated energy levels. Additionally, she is presenting with notable psychotic symptoms including persecutory delusions, thought insertion, and responding to internal stimuli. Patient's current presentation is likely acute exacerbation of underlying Bipolar I Disorder in the context of poor treatment adherence.

Differential Diagnoses

1. Bipolar I Disorder, most recent episode manic with psychotic symptoms (**most likely**)
 - Manic episode evidenced by pressured speech, grandiosity, flight of ideas, risk taking behaviors, elevated mood, increased energy, lack of sleep, increased goal directed activities
 - Psychosis evidenced by paranoid delusions, thought insertion, and auditory hallucinations / responding to internal stimuli
2. Schizoaffective bipolar type
 - Patient presents with psychotic symptoms and a mood episode
 - Psychosis evidenced by paranoid delusions, thought insertion, and auditory hallucinations / responding to internal stimuli

- Manic episode evidenced by pressured speech, grandiosity, flight of ideas, risk taking behaviors, elevated mood, increased energy, lack of sleep, increased goal directed activities
- Treatment to target manic symptoms during this course will help
- 3. Substance induced psychosis
 - Psychosis evidenced by paranoid delusions, thought insertion, and auditory hallucinations / responding to internal stimuli
 - **Unlikely** because labs are negative and per chart review, she has no history of substance use
- 4. Schizophrenia
 - Psychosis evidenced by paranoid delusions, thought insertion, and auditory hallucinations / responding to internal stimuli
 - **Unlikely** because there is a mood disorder
- 5. Insomnia induced psychosis
 - Endorses lack of sleep
 - Psychosis evidenced by paranoid delusions, thought insertion, and auditory hallucinations / responding to internal stimuli
 - **Unlikely** due to presence of manic symptoms

Bipolar I Disorder, most recent episode manic with psychotic symptoms

- Continues to show poor insight into condition and need for treatment
- Episode in the setting of treatment noncompliance
- Remains acutely psychotic and currently manic

PLAN:

- START Risperidone 1 mg q12 for acute psychotic symptoms and acute mania
- CONTINUE Haldol PRN 5 mg q6 for psychotic agitation
- CONTINUE Ativan 2 mg q6 for anxiety
- CONTINUE Routine observation
- Encourage medication compliance

Disposition plan

- Pending on psychiatric stabilization and medication optimization
- Treatment over objection submitted for ongoing poor insight and refusal of treatment

PLAN:

- Treatment over objection court date 5/12/2022