

Identifying Data

Date: 05 / 10 / 2022
Time: 10:30 AM
Location: Elmhurst Hospital – Inpatient Psych
Patient Name: O.P.
Sex: F
DOB: 07 / 06 / 1992
Informant: Patient

Chief Complaint

“Parasites inside my body”

HPI

O.P. is a 29-year-old English speaking Hispanic female, living with family in Brooklyn, employed, with no known PMHx and a documented PPHx of Anxiety and Schizophrenia with 1 prior hospitalization (Woodhull 12/2018-1/2019) stabilized with Risperdal 3mg and multiple CPEP visits (last visit EHC 3/2022). Per chart review, she has no known history of suicidal ideation, violence, and no history of illicit substance use. Patient was brought to ED BIBEMS yesterday, activated by self for abdominal pain due to parasitic infection. Upon arrival to ED patient brought specimen cup with feces, which she requested parasitic testing for. Patient complained of “parasites inside my body, stool, and inside my throat” but denied any pain. Transferred to CPEP for erratic behavior, paranoid delusions, and after medical clearance from ER.

In CPEP, collateral was obtained from patient’s brother. Per brother, “when she is decompensated she has extreme paranoia of pinworms and botflies crawling under her skin and infecting her insides.” Patient’s brother endorses patient has been non-compliant with medication x 1.5 years ago and rarely attends her outpatient mental health program. Patient observed to being agitated, somatically preoccupied, and psychosis in the setting of treatment noncompliance, which warrants inpatient psychiatric admission for monitoring and stabilization.

Upon evaluation in the unit, patient appears casually groomed with good eye contact. Behavior is cooperative. Patient’s mood is anxious with congruent affect. Speech is pressured and hyper-verbal. Patient repeatedly explains she is currently infected with multiple parasites after eating a meat sandwich her ex-boyfriend made during a trip in Puerto Rico in 2017. Patient reports episodes of vomiting after that event and seeing worms in the vomit and body orifices ever since. She eagerly points to skin marks as evidence of parasite bites, however there are no evident signs of any abnormal skin issues. Patient admits to visual hallucinations and tactile hallucinations, stating “I see and feel parasites crawling all over and eating the insides of my body.” Thought process is largely illogical, ruminating, and preservative fixated on somatic symptoms. Thought content is noted to have obsessions, paranoid ideations, persecutory delusions, and parasitosis delusions. She endorses racing and ruminating thoughts on her parasitic infection. She states these obsessions prompt her engage in extensive online research and “save multiple stool samples with visible parasites” to bring to doctors. The paranoid ideations and persecutory delusions are evidenced by her idea that her ex-boyfriend gave her the parasites via a sandwich to destroy her body. In response to how she deals with these “parasites,” patient admits to “bathing with dish detergent to rid myself of the parasites” and allows the substance to enter her eyes, as she also sees the parasites coming out of her eyes. Overall, patient presents with poor insight and judgment into her condition and delusions.

Patient offers acute medical complaints based on her delusions of parasitosis. Denies mood symptoms, thought insertion, thought broadcasting. Denies suicidal ideations and homicidal ideations. Denies substance or alcohol use.

MSE

General

Appearance: Casually groomed in hospital attire, well-nourished, appears to be stated age.
No outward signs of any skin condition.

Behavior: Restless

Psychomotor Activity: Increased motor activity by using expansive hand gestures and body movements, quick verbal response time

Attitude: Cooperative and anxious

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 internal somatic preoccupation.

Literacy: Full capacity to read and write

Abstract Thinking: Deductive reasoning was limited and concrete when asked what the metaphor "No risk, no reward" means

Memory: Remote and recent memory were intact

Cognition: Within normal limits consistent with level of education (college)

Mood and Affect

Mood: Anxious

Affect: Exaggerative and anxious

Appropriateness: Appropriate, mood was congruent with affect

Motor

Speech: Pressured, hypervocal

Eye contact: Good

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 obsessions, paranoid delusions, with visual and tactile hallucinations. Thought process illogical, ruminating, and preservative fixated on somatic symptoms. Judgement is impulsive and inappropriate.

Impulse Control: Impaired. No suicidal or homicidal urges

Past Medical History

Present Illnesses: Anxiety x 2017
Schizophrenia x 2018

Past Illnesses: Denies

Immunizations: Denies
Screening Tests: Denies
Hospitalizations: Inpatient psychiatry for psychosis– Woodhull, 12/2018-1/2019
Medications: Denies
Allergies: Shellfish – Swelling
Mushrooms – Rash

Past Surgical History

Surgeries: Denies
Transfusions: Denies

Family History

Mother: Living at 66 years old, Dementia
Father: Living at 59 years old, healthy
Brother: Living at 33 years old, healthy
Brother: Living at 21 years old, healthy

Social History

O.P. is a 29-year-old English speaking female, employed as a campaign assistant and living at home with siblings, with no known PMHx and a documented PPHx of Anxiety and Schizophrenia with 1 prior hospitalization (Woodhull 12/2018-1/2019) and multiple CPEP visits. 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. Tries to minimize salt, sugar, and fat intake.
Exercise: Exercises 2-3 times per week. States it helps “rid myself of the worms”
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 **Positive** for bite marks and rashes from worms and maggots in skin. **Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles, 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, pruritus, 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. LMP – 04/16/2022
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, gain 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, anxiety and hallucinations – See HPI and MSE. Negative for depression, OCD, memory loss, mental disturbance, suicidal ideations, psychiatric medication use.

Physical Exam

Vitals

BP: 102/66 RA, Sitting
RR: 18 breaths / min, unlabored
Pulse: 87 beats / min
O2 Sat: 99% Room air
Temp: 97.8 oral
Height: 153 cm
Weight: 53.3 kg
BMI: 22.77 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, moles, pigmentations, bruises, macules, papules. **No signs of rashes, bite marks, burrowing, or open skin abrasions. No worms or other insects to be found.**

Hair 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	7.89	05/09/2022
-	HGB	13.1	05/09/2022
-	HCT	37.5	05/09/2022
-	Platelets	244	05/09/2022
-	MCV	88.0	05/09/2022

BMP			
-	Sodium	140	05/09/2022
-	Potassium	3.6	05/09/2022
-	Chloride	105	05/09/2022
-	Calcium	9.1	05/09/2022
-	CO2	20.0(L)	05/09/2022
-	BUN	9.0	05/09/2022
-	Creatine	0.85	05/09/2022
-	Glucose	100	05/09/2022
-	eGFR	>60	05/09/2022
CMP			
-	Albumin	4.8	05/09/2022
-	ALT	6	05/09/2022
-	AST	10	05/09/2022
-	ALK PHOS	67	05/09/2022
TOXICOLOGY			
-	THC	Negative	05/09/2022
-	Barbiturates	Negative	05/09/2022
-	Benzodiazepines	Negative	05/09/2022
-	Cocaine	Negative	05/09/2022
-	Methadone	Negative	05/09/2022
-	Opiates	Negative	05/09/2022
-	Amphetamines	Negative	05/09/2022
-	PCP	Negative	05/09/2022
THYROID			
-	TSH	1.44	05/09/2022
PREGNANCY			
-	Beta hCG	Negative	05/09/2022
ETHANOL			
-	Alcohol	< 10	04/10/2022
OVA and PARASITE STOOL SCREEN			
-	Ova	Negative	04/10/2022

Recent Imaging

CT of Head

IMPRESSION 01/07/2021

- Normal
- No focal acute intracerebral abnormalities

Recent Exams

EKG 12 LEAD 05/09/2022

INTERPRETATION:

- Normal sinus rhythm

Assessment/Plan

O.P. is a 29-year-old English speaking female, employed and living at home with siblings, with no known PMHx and a documented PPHx of Anxiety and Schizophrenia with one prior hospitalization (Woodhull

12/2018-1/2019). She was admitted to Elmhurst inpatient psych for delusions of parasitosis, paranoid ideations, and erratic behavior in the setting of treatment noncompliance. Vital signs are within normal limits for the patient and physical exam was unremarkable. Patient presents with psychotic symptoms evidenced by delusions, illogical thinking, and paranoid ideations. Additionally, patient presents with increased goal directed and risky behavior, pressured speech, and auditory and tactile hallucinations. Patient's current presentation is likely an acute decompensation of primary psychiatric diagnosis, Schizophrenia versus Delusional disorder, Somatic type.

Differential Diagnoses

1. Schizophrenia with prominent somatic delusions (**most likely**)
 - Has history of Schizophrenia with 1.5 years of treatment non-adherence
 - Patient presents with psychotic symptoms
 - Psychosis evidenced by positive symptoms of paranoid delusions, visual and tactile hallucinations, and disorganized behavior
 - Somatic delusions have caused gross odd / bizarre behaviors and grossly impaired functionality
2. Delusional disorder, Somatic type, Parasitosis
 - Endorses delusions, visual hallucinations, and tactile hallucinations regarding parasites impinging on bodily functions
 - Endorses false beliefs of persecutions even opposing evidence is presented
 - **Unlikely** because delusions drive odd and bizarre behaviors and delusions cause gross impaired functionality
3. Bipolar I disorder with psychotic features
 - Manic symptoms noted such as pressured speech, risk taking behaviors, increased goal directed activities, and racing thoughts
 - Psychosis evidenced by paranoid delusions, visual and tactile hallucinations
 - **Unlikely** because patient presentation does not fit DSM-5 criteria as she goes not have increased energy or irritable moods, or flight of ideas
4. Illness Anxiety Disorder (Hypochondriasis)
 - Preoccupation with fears or ideas of having, a serious disease based on the person's misinterpretation of bodily symptoms
 - Preoccupation persists despite appropriate medical evaluation and reassurance
 - **Unlikely** because the belief is from delusions not fear
5. Substance Induced Psychotic Disorder (**least likely**)
 - Endorses delusions, visual hallucinations, and tactile hallucinations
 - **Unlikely** due to negative toxicology labs and no reported history of substance use

Schizophrenia with prominent somatic delusions

Delusions of parasitosis

- Continues to show poor insight into condition
- Compliant with scheduled inpatient medication
- Remains acutely delusional

PLAN:

- START Depakote 500mg BID for mood stability
- CONTINUE Risperidone 3 mg q12 for acute psychotic symptoms
- CONTINUE Trazodone 100 mg nightly for trouble with sleep and anxiety
- CONTINUE Haldol PRN 5 mg q6 for psychotic agitation
- CONTINUE Ativan PRN 2 mg q6 for anxiety

- CONTINUE Routine observation
- STOP Klonopin 1 mg q12 – course completed
- Encourage medication compliance

Disposition plan

- Pending on psychiatric stabilization and medication optimization

PLAN:

- Refer to EHC PHP once psychiatrically stable