Anthony Guan
07/22/2020
Queens Hospital Center CPEP

History & Physical
Identification:
Name: Mr. I.M.
Address: 44-44 164th street Jamaica Queens, NY
DOB: 03/25/1977
Date & Time: July 13, 2020 1030
Location: Queens Hospital Center CPEP (Comprehensive Psychiatric Emergency Program)
Source of Information: Self, unreliable, in a catatonic state
Source of Referral: Mother, reliable
Mode of Transport: Emergency Medical Services (EMS)

Chief Complaint:
"my name is Mohammed," Mom reports patient has been "acting bizarre and catatonic behavior"

History of Present Illness:

Patient is a 43-year-old Trinidadian male, single, unemployed, domiciled with mother and brother, with past psychiatric history of Schizophrenia and no significant past medical history. Patient was brought in by EMS, activated by his mother secondary to "bizarre and catatonic behavior." Patient was accompanied by mother, Zanimoon (917-284-5827) who stated patient has been refusing to take his medication for the past month or so and non-compliant with outpatient treatment, leading to his decompensation. Mother states patient does not listen or respond in any manner (physically or verbally) when she is talking to him. She reports that patient is usually standing or sitting all day, not talking or moving for hours. She also reports that patient refuses to take care of himself or do anything, and reported to be barely eating, sleeping or grooming for many weeks.

Upon psychiatric evaluation, patient was seated, fairly groomed, well-nourished and in no apparent distress. When speaking with the patient, he is alert and oriented to person and place, poor eye contact and exhibits bizarre behavior, uncooperative, with lack of focus, and appears completely internally isolated, selectively mute, in a state of catatonia. Patient seems labile, internally preoccupied, responding to internal stimuli, unpredictable behavior with poor insight, judgment and impulse control. Pt is anxious and uncooperative, paranoid and guarded, irrational, with flat affect and depressed mood and mumbling to self with disorganized and illogical thought process. Pt only nodding his head indicating he denies active suicidal or homicidal ideation, intent, plan and denies active auditory or visual hallucinations and denies any past or present alcohol or drug use/abuse.

Past Medical History:
Patient and mother deny any past medical hx.

Allergies:
No Known Allergies

Medications:
Risperidone (Risperdal) 2 mg BID

Family History:
Mother denies family hx of any psychiatric disorders.

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Social History:
Patient is a Trinidadian male, single, receiving Supplemental Security Income, domiciled with mother and brother, is a College graduate, currently unemployed, mother states that he worked a few "random jobs before." Per mother he was born in Trinidad, has one younger brother and one older sister who does not live at home. Patient has never been married and no known past relationships. No history of physical abuse, sexual abuse, or neglect. No military history. Unable to assess patients vocational, education and leisure preferences due to severity of his symptoms. No history of arrests, incarcerations, or pending charges.

Review of Systems: Psychiatric
Admits: Unable to assess, due to patient being selectively mute and uncooperative
Denies: currently seeing a mental health professional and taking psychiatric medications

Physical Examination
General Survey
43-year-old Trinidadian-American male is Alert and Oriented to name and place only, in no apparent distress, well-nourished/well-developed, appropriate weight, fairly groomed, small frame, medium build, seated, and appears younger than his stated age.

Vital Signs:
BP: 126/87   Pulse: 87   Resp: 18/min unlabored   Temp: 98.8 °F (37.1 °C) oral   O2 Sat: 98% on Room air
Height: 66"   Weight 145 lbs.   BMI: 23.4

Mental Status Exam

General

1. *Appearance*: IM is average height, appropriate weight and medium build, Trinidadian male with short black hair and a short-extended goatee. He appeared disheveled but well-nourished/developed, seated in chair, and appeared younger than his stated age. His hygienic state was unkept, not shaven. He had no scars, tattoos, or atypical body features. He was wearing a loose fitted white t-shirt and black shorts with flip flops. He was stationary and staring straight ahead.

2. *Behavior and Psychomotor Activity*: IM was selectively mute for most of the interview and frozen and motionless, maintaining an unmoving seated position. Patient appeared anxious, guarded, disorganized, labile, and internally preoccupied during the interview. He had poor eye contact as his eyes were mostly in a fixed gaze during the interview. Appearing to be in a daze or stupor and unresponsive, consistent with a catatonic state.

3. *Attitude Towards Examiner*: IM lack focus, and appears completely internally isolated, selectively mute, uncooperative, and guarded.

Sensorium and Cognition

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1. *Alertness and Consciousness*: IM was alert but unresponsive and his level of consciousness did not change throughout the interview.

2. *Orientation*: IM was oriented to person, and place of the exam.

3. *Concentration and Attention*: IM lacked focus, concentration or attention as he was selectively mute, unresponsive, and uncooperative during interview.

4. *Capacity to Read and Write*: IM deemed to have normal reading and writing ability in English.

5. *Abstract Thinking*: Unable to assess IM as he was not engaging and remained mute when asked to express abstract thinking when prompted to do so. When prompted by, "How is a banana like an apple," he gave no answer.

6. *Memory*: Unable to assess IM's recent, remote, and immediate memory as he was selectively mute and uncooperative.

7. *Fund of Information and Knowledge*: IM intellectual performance was unable to be assessed but presumed consistent with his level of education (college).

Mood and Affect

1. *Mood*: IM mood was mainly extreme negativism. His face remained expressionless.

2. *Affect*: IM's affect was flat and consistent with catatonic presentation.

3. *Appropriateness*: IM's mood and affect were congruent throughout the interview. He did not exhibit labile emotions, angry outbursts, or uncontrollable crying.

Motor

1. *Speech*: IM's speech was selectively mute. When he did speak it was in a low tone, volume and mumbling mostly.

2. *Eye Contact:* IM had poor eye contact throughout the interview, mostly staring straight ahead, fixed gaze.

3. *Body Movements*: IM had no extremity tremors or facial tics. His body movements were rigid, as he maintained a seated posture before and after interview.

Reasoning and Control

1. *Impulse Control*: IM has poor impulse control as indicated by lack of response and mother reported patients barely eating, sleeping or grooming for many weeks

2. *Judgment*: IM's judgement is impaired. He was not engaged and selectively mute.

3. *Insight*: IM has very poor insight into his present condition. As he has been non-compliant with his medication and treatment.

A: Patient is a 43-year-old Trinidadian male, single, unemployed, domiciled with mother and brother, with past psychiatric history of Schizophrenia and no significant past medical history. Patient was brought in by EMS, activated by his mother secondary to “bizarre and catatonic behavior.” Patient was acting strange and selectively mute with body rigidity secondary to non-compliance with medications and outpatient treatment. Patient appears disorganized, internally preoccupied, selectively mute and refused to engage the writer.

Differential diagnosis includes:
Extrapyramidal side-effects: the patient presents with fixed gaze, and rigidity, was taking Risperidone. However, patient was more withdrawn and uncooperative, and lacks a tremor, commonly seen in EPS.

Status Epilepticus: the patient exhibits Immobility, mutism, altered mental status, bizarre behavior.

Non-catatonic stupor: the patient displays unresponsiveness, mutism, and altered mental status however no clear precipitating cause was found.

Locked-in syndrome: the patient appears to be posturing, Locked-in syndrome characterized by immobility and mutism. However locked-in patients usually in complete paralysis and attempt to communicate with eye movements and blinking, whereas catatonic patients are not motivated to communicate.

P:
1. Admit to CPEP for further psychiatric observation and stabilization
2. Contact collateral for additional history if needed
3. Risperdal 1mg BID started
4. Consider stat medications; ativan2mg /Haldol 5mg for stabilization PRN
5. Obtain basic labs; nursing was advised about lab collection and provided with labels
6. Maintain observation and safety and encouraged patient to verbalize needs and concerns to nursing staff.
7. Re-evaluation in the morning for possible continued care and admission due to decompensation, Catatonic state and medication non- compliance

Pt currently exhibits poor insight and judgment. He is guarded, withdrawn, isolative and mute. Pt presents with significant rigidity and psychomotor delay and declines to participate in interview. Pt is currently exhibiting acute psychotic features and erratic behavior thus at risk to harm self and others and thus warrants admission to CPEP for observation and stabilization. Case discussed with Dr. Quyyum, pt will be started on Risperdal 1mg BID and Ativan and Haldol to break catatonic and psychotic state.