Anthony Guan
07/22/2020
Queens Hospital Center CPEP

History & Physical
Identification:
Name: Ms. J.H.
Address: 44-44 164th street Jamaica Queens, NY
DOB: 08/21/1974
Date & Time: July 11, 2020 1140
Location: Queens Hospital Center CPEP (Comprehensive Psychiatric Emergency Program)
Source of Information: Self, unreliable
Source of Referral: Bystander
Mode of Transport: Emergency Medical Services (EMS)

Chief Complaint:
"I was hurt bad and they stole my ATM card"

History of Present Illness:

Patient is a 45-year-old Caucasian female, single, unemployed receiving Supplemental Security Income, and living in Supportive Housing in the Bronx. She has a Past psychiatric history of Schizophrenia, PTSD, and polysubstance abuse (crack, cocaine), also a past medical history of HIV. Per Emergency Department report: Patient was brought in by EMS complaining of being beaten by strangers. As per patient she stated that she was beaten up by strangers who were kicking her in the legs last night and a bystander called 911. In the emergency department patient was not cooperative with staff and refused Covid test, D-dimer, doppler Ultrasound and threatened to rip IV line out and requested no more tests and wanted to leave AMA. Patient was deemed to have poor insight and capacity in medical decision making. She was also medicated with Haldol 5mg and Ativan 2mg for acute agitation and anxiety.

During morning evaluation patient is disheveled, guarded, minimally cooperative, disorganized, confused, poor historian with tangential thoughts, reports being brought to the ED after being assaulted by stranger who stole her ATM card. Patient was irrational and paranoid who is unable to explain her current medical symptoms and conditions. Patient denies any active Suicidal or Homicidal Ideation and active Auditory or Visual Hallucinations. Patient was able to provide collateral Sister, Mary Ellen, 718-309-1421, who reports patient was missing from Supportive Housing in the Bronx since June 21st where she gets medical and psychiatric services, medications and help with groceries and food prep and other services. Sister states pt has been off all meds since June 21st and is unsure if she has been using drugs, sister was worried because last she spoke to patient she was not making sense and appears delusional and sick. Sister does not know any of her medications. She provided Patient's Case Manager, Tamika Murphy 929-322-4919 as collateral.

Writer spoke with patient's case manager, Tamika Murphy, 929-322-4919, who reports patient has been decompensating since early June 2020. Ms. Murphy reports that patient believes strangers are breaking into her apartment and pouring poison in it, causing pt run away from housing, leading case manager to file a missing person report. CM reports patient has been noncompliant with her medications or psychiatric treatment for the past 6 months, patient is supposed to be taking Paliperidone 9 mg daily and Emtricitabine 150mg/120mg/200mg/300mg daily. She reports pt has hx of crack cocaine abuse, but unclear if pt has been currently using. When writer questioned patient about why she ran away from her housing, she reports that her housing has been "shut down by the NYPD" because people were pouring poison in the building. CM also reports that patient was admitted to Bronx Lebanon hospital psychiatric

unit from 10/16/19-11/11/2019, secondary to having paranoid delusions that the NYPD was breaking into her apartment and pouring poison in it.

Past Medical History:
Schizophrenia
HIV disease
PTSD
Current smoker, with a 10-pack year smoking history

Allergies:
No Known Allergies

Medications:
Paliperidone 9 mg daily
Emtricitabine 150mg/120mg/200mg/300mg daily

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

Social History:
Patient is a Caucasian female, single, high school educated, unemployed receiving Supplemental Security Income, and living in Supportive Housing in the Bronx. Patients sister, Mary Ellen reported that patient has been residing in supportive housing since 2015. She reports patient was born and raised in queens. She reports Pt receives Human Resources Administration benefits of Supplemental Nutrition Assistance Program (SNAP) and Supplemental Security Income (SSI), which supportive housing manages for her. She also reports patient has never been married but has two children (Shawn, 27 and Holly, 24) who Mary Ellen has raised. She also states patient was arrested in 2018 but was unsure of charge.

Physical Examination
General Survey
45-year-old Caucasian American female is alert and oriented to person, place, and time, in no apparent distress, disheveled, poor hygiene, short frame, medium build, slouched posture, and appears older than her stated age.

Vital Signs:
BP: 109/73   Pulse: 100   Resp: 18/min unlabored   Temp: 98.7 °F (37.1 °C) oral
O2 Sat: 98% on Room air   Height: 61"   Weight 110 lbs.   BMI: 20.78

Mental Status Exam

General

1. *Appearance*: JH is a short, overweight and small build, Caucasian female with uncombed, brown hair that ends by her neck. She is disheveled, standing in hallway and appeared older than her stated age. Her hygienic state was unkept, noted body odor, and dirty fingernails. She had bruises that were healing on her face, arms and legs. Also, hyperpigmented patches of grayish color noted on face. No visible tattoos, or atypical body features. She was wearing a white shirt

with pink horizontal stripes, black leggings and had a sheet wrapped around her back. Has steady gait; looks sleepy but alert.

2. *Behavior and Psychomotor Activity*: JH fidgeted for most of the interview while standing. Patient appeared anxious, guarded and internally preoccupied during the interview. Patient appeared agitated, frustrated and expressed desire to leave. She had poor eye contact as her eyes did not look up much during the interview.

3. *Attitude Towards Examiner*: JH was minimally cooperative and poor historian with tangential thoughts. She was guarded and becoming hostile when she was not given what she wanted.

Sensorium and Cognition

1. *Alertness and Consciousness*: JH was alert and her level of consciousness did not change throughout the interview.

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

3. *Concentration and Attention*: JH had fair ability to concentrate on any directions throughout the interview. Although sometimes distracted by internal thoughts.

4. *Capacity to Read and Write*: JH had normal reading and writing ability in English.

5. *Abstract Thinking*: JH abstract thinking was poor based on interview and when asked to express abstract thinking when prompted to do so. When prompted by, “How is a banana like an apple,” she gave no answer.

6. *Memory*: JH’s recent, remote, and immediate memory were intact as she was able to recall her sisters phone number, events that led up to her being in hospital and what she had for breakfast.

7. *Fund of Information and Knowledge*: Unable to assess JH’s intellectual functioning at this time.

Mood and Affect

1. *Mood*: JH mood was sad, anxious, irritable, nervous and angry because she wants to leave. She would be staring at the floor and head was down and she was not smiling much.

2. *Affect*: JH’s affect was sad and labile.

3. *Appropriateness*: JH’s mood and affect were congruent throughout the interview.

Motor

1. *Speech*: JH’s speech pattern was normal in rate, rhythm and effort. She spoke loudly and in short sentences.

2. *Eye Contact:* JH had poor eye contact throughout the interview.

3. *Body Movements*: JH had no extremity tremors or facial tics. Her body movements were purposeful and not excessive. Prior to exam, she was pacing in hallway waiting to be seen.

Reasoning and Control

1. *Impulse Control*: JH has poor impulse control as indicated by her disappearance from the shelter and history.

2. *Judgment*: JH's judgement is poor based on self-defeating and endangering behavior. Patient does not realize consequences of refusing testing and treatment. She has active paranoia but denies current auditory or visual hallucinations.

3. *Insight*: JH has poor insight into her present condition. She was reluctant to speak about her psychiatric illness, not taking medication. When Pt was explained the risks and benefits of and possible complications from refusing diagnostic tests for medical treatment that can be life threatening. Pt states she does not care and does not want to listen and is demanding d/c and refusing tests or treatments in the medical emergency room.

A: Pt is a 45-year-old Caucasian female, unemployed, single, domiciled in Supportive Housing in the Bronx, with Past Psychiatric History of Schizophrenia, PTSD, Crack Cocaine Abuse, and Past Medical History of HIV, with past psychiatric admissions, brought in by EMS activated by bystander, with patient reporting that she was assaulted by stranger. Patient on interview is uncooperative, disorganized, and agitated, with paranoid delusions. Collateral obtained from Case Manager, Tamika Murphy, 929-322-4919, who reports that patient has been decompensating since early June, believing people were coming into her apartment and pouring poison, leading patient to leave her housing and wandering the streets.

Differential Diagnosis includes:
Substance-induced psychotic disorders: Patient has a past history of substance use and may be experiencing this as acute withdrawal, if recently taken.

Schizotypal personality disorder: is characterized she has presence of odd thoughts and behaviors. Seems she has difficulty and lack of interest in forming close relationships with others besides family.

HIV related psychosis: Patient is non-compliant with medication, HIV can cause a number of mental status changes, or neuropsychological impairment. Additionally, she could have an opportunistic infection, such as neurosyphilis or cytomegalovirus encephalopathy.

DIAGNOSIS:
Schizophrenia

Anthony Guan
07/22/2020
Queens Hospital Center CPEP

P:

1. Admit to CPEP for further psychiatric observation and stabilization with medication management
2. Start Invega 6 mg
3. As per case manager pt prescribed Emtricitabine 150mg/120mg/200mg/300mg daily for HIV. Medical Nurse Practitioner to follow-up on restarting medication
4. Routine labs and utox 5-panel.
5. Maintain observation and safety
6. Re-evaluation tomorrow for possible continued care due to decompensation and med non-compliance

Patient currently exhibits poor insight and judgment as CM reports pt has been noncompliant with her medication or treatment for the past 6 months. Patient is currently exhibiting acute psychotic features, with paranoid delusions and erratic behavior thus at risk to harm self and others and thus warrants admission to CPEP for observation, medication management, and stabilization. Case discussed with Dr. Quyyum.