June 18TH 2021
Psychiatry
Gagandeep Munday, PA-S
NYC HHC Elmhurst AB11

IDENTIFICATION:

Name: T.L.	Age: 18	PMD: Dr. G
Sex: M	Marital status: Single	Informant: self
Race: Asian	Address: N/A	Reliability: reliable
Nationality: US	Religion: N/A	Referral: EMS

CC: Aggressive behavior at home

HPI

TL is a 18 year old english speaking male single, domiciled with his mother, 22 year old brother, and grandparents. He is currently enrolled in 12th grade, and was accepted into Stony Brook University. He denies any past medical history but endorses past psychiatric history of major depressive disorder with multiple visits to the comprehensive psychiatric emergency program at Elmhurst. He has had one previous admission from 5/11/21 to 5/17/21 in AB11 at Elmhurst hospital center for depression with passive suicidal ideation. At that time he was discharged with a 2 week supply of 15mg of Remeron at bedtime and 0.5 mg of Risperdal every 12 hours. He was and is still connected to a psychologist. Dr. IQ, at the Aristotle Psychological Center who provides weekly therapy via tele visit. TL does not have an outpatient psychiatrist. TL denies any legal history, history of suicidal attempts, or history of self harming behavior. Currently, TL was brought in by EMS activated by brother after TL allegedly threw hot water on her back and attempted to grab a knife from the kitchen.

On assessment on the AB11 unit, TL reports that he was brought to the hospital by EMS after he poured hot water on his mother's back. He states that he woke up well that morning, however after eating breakfast he began to ruminate over all the injustices and trauma that his family has made him suffer. Upon further inquiry TL states that he mother and grandparents have been very controlling all his life. He states that last weekend on 6/5/21 he was yelled at by his mom for a solitary grape that was on the living room floor. TL states that he denied eating grapes that day and told her that it wasn't him. His mother did not believe him. When he suggested that it might have been his grandfather, both the mother and grandfather started yelling at him. He was very angry about being accused but did nothing at the time. For the remainder of the week his mother ignored him and gave him the silent treatment. This led to him pouring hot water on his mother's back on 6/12/21. He states that he is unsure of the extent of the injury that he may have caused but he did notice some redness around her shoulder. He reports that he felt like grabbing the knife in order to scare his mother away. Endorses no remorse for his actions, and states that he thinks he would do the same if given a second chance. TL states that he has anger issues and they have been building over the years. He indicates the source of his anger to be years of bullying and his family. He states that his family is responsible for his suffering and psychiatric illnesses.

June 18TH 2021
Psychiatry
Gagandeep Munday, PA-S
NYC HHC Elmhurst AB11

As per the previous hospitalization from 5/11/21 to 5/17/21, TL had a similar presentation but without the aggressive behavior towards mother. He was discharged at that time on Risperidone 0.5 mg twice daily and Remeron 15 mg nightly. TL states that he felt stable on this regime until he ran out of his medications about a week ago. Reports since then he has been feeling progressively depressed with intermittent anger towards his family members as he believes that they are responsible for his psychiatric illnesses and anger issues. Pt states that he has suffered significant emotional abuse from his family. He describes that his family constantly complains and blames him for everything that seems wrong at home including his illness. He associates feelings of worthlessness and guilt. He denies lack of pleasure in usual activities, changes in his sleep/appetite/concentration, denies suicidal ideation, suicidal intent, suicidal plans. Denies homicidal ideation, states that his sole purpose was to hurt his mother, but not kill her.

Denies audio/visual hallucinations, paranoia, hearing voices, seeing things that are not there, traumatic experiences, feeling anxious, h/o panic attacks. Denies usage of cigarettes, marijuana, alcohol, and other illicit substances. Denies any physical or sexual trauma.

Collateral from mother: MF is TL's mother, she is 54 years old and separated but not divorced from her husband. She seems unconcerned about her actions that her son took on her, she inquired about releasing her son from the hospital before 6/18/21 so he can get his second dose of the COVID vaccine. When asked about TL's behavior she said that he was a very smart and intelligent boy who gets very good grades in school.

General

1. Appearance: Mr. L is a medium height, small built, well nourished, casually groomed male. He is wearing hospital-provided pajamas and his own seeing glasses. He was found sitting straight up on his bed.
2. Behavioral and psychomotor activity: Mr. L appears rigid and tense.
3. Attitude Towards Examiner: Cooperated with examiner and established rapport with the treatment team immediately. Became hostile over the course of the interview as he was talking about his anger.

Sensorium and Cognition

1. Alertness and Consciousness: alert, conscious.
2. Orientation: oriented to time place and person
3. Concentration and attention: demonstrated satisfactory attention but seemed irritated. Gave relevant responses to questions.
4. Capacity to Read and Write**:** He is able to read and write with no difficulty

5. Abstract Thinking: Demonstrated ability to understand simple metaphors in English. Able to conduct simple mathematical calculations to determine his age and significant points in his life.
6. Memory**:** Mr. L's recent and remote memories were normal
7. Fund of information and knowledge: Consistent with his level of education, he is in high school, recently accepted to Stony Brook University. Aware of social events. Able to participate in the interview appropriately. No signs of cognitive delay.

Mood and Affect

1. Mood: Anxious
2. Affect: Constricted but mostly expressionless
3. Appropriateness: Affect congruent with mood. Did not exhibit labile emotions, angry outbursts, or uncontrollable crying.

Motor

1. Speech: normal tone, speed, and volume
2. Eye contact: good eye contact with speaker
3. Body movements: No extremity tremors or facial tics. His body movements were rigid, sat very straight in his bed and straight in the chair during the interview.

Reasoning and Control:

1. Impulse Control: Impulsive, endorses poor control of emotions towards mother
2. Judgement: Endorses no paranoia, bizarre delusions, auditory or visual hallucinations. Does not believe what he did was wrong. States that he would do it again.
3. Insight: Has moderate insight. Is aware of his problems. Capable of relating those problems to himself but mostly blames his family.

Assessment:

TL is a 18 year old english speaking male single, domiciled with his mother, 22 year old brother, and grandparents. He is currently enrolled in 12th grade, and was accepted into Stony Brook University. He denies any past medical history but endorses past psychiatric history of major depressive disorder with multiple visits to the comprehensive psychiatric emergency program at Elmhurst. He has had one previous admission from 5/11/21 to 5/17/21 in AB11 at Elmhurst hospital center for depression with passive suicidal ideation. At that time he was discharged with a 2 week supply of 15mg of Remeron at bedtime and 0.5 mg of Risperdal every 12 hours. He was and is still connected to a psychologist. Dr. IQ, at the Aristotle Psychological Center who provides weekly therapy via tele visit. TL does not have an outpatient psychiatrist. TL denies any legal history, history of suicidal attempts, or history of self harming behavior. Currently, TL was brought in by EMS activated by brother after TL allegedly threw hot water on her back and attempted to grab a knife from the kitchen. Upon interview on unit AB11, TL endorses depressed

mood, feelings of guilt, and worthlessness. Pt has illogical thoughts and poor judgement. Pt states that he ran out of his psychiatric medication prior to the incident at home.

DDx:

- Major Depressive Episode exacerbation (uncontrolled anger, one act of violence, feeling of guilt and worthlessness)
- Complication of being off of his psychiatric medications (15mg of Remeron at bedtime and 0.5 mg of Risperdal every 12 hours)
- Substance Abuse Mood disorder (patient denies illicit substance use but need get utox to rule out)
- Antisocial personality disorder (harmful actions towards mother, harmful actions, no remorse, states that he would do it again if given the option)
- Borderline personality disorder (splitting- indicates his family is terrible, unstable and intense relationship with family, feelings of worthlessness, impulsivity, reactive mood, intense anger)

Plan:

- Admit to AB11 (anger issues, poor impulse control, active aggressive behavior towards family)
- CBC, CMP, POC Glucose HCG, Utox, Covid PCR, EKG reviewed → all WNL
- Routine observation, low risk of suicidal behavior
- Provide a safe and supportive environment; encourage participation in therapeutic group sessions, and activity sessions, and verbalize challenging thoughts & concerns.
- Stabilize, provide outpatient psychiatry, speak with family about where to discharge the patient.

Progress note: After 6 days of admission the patient has been seen actively participating in psychotherapy and is taking prescribed medications on the unit. TL has had no anger outbursts or aggressive behavior with other patients on the unit. TL appears insightful into the sources of his anger and is very interested in utilizing the anger management techniques discussed by the unit's clinical therapist. TL is also willing to take a long acting antipsychotic. On 6/18/21 TL was visited by his mother MF. Upon meeting they greeted each other and TL spoke with her for about 2 minutes. For the remaining 28 minutes of the visit, TL remained quiet, rigid, started breathing faster, and his ears became red. MF spoke for the remaining 28 minutes. She kept her hands on TL, first holding his hands, then his arm, and finally resting her hands on his knee. When the visit was over, MF attempted to get up from the chair and grap TL but she fell backwards onto the chair. She endorsed headaches and palpitations. She was taken to the Elmhurst ED for further evaluation.

June 18TH 2021
Psychiatry
Gagandeep Munday, PA-S
NYC HHC Elmhurst AB11

Justification for continued inpatient care: Patient remains angry with family and is off of his psychiatric medication. He acted violently against his own mother and endorsed he would do it again if given the chance. He has feelings of guilt and worthlessness. Patient is impulsive and has poor judgement. This warrants admission at this time.

Plan:

- Will attempt to stabilize the patient and return home with appropriate follow up after discharge.
- Provide individual/group therapy in a safe structured therapeutic environment
- Routine observation for safety
- PO Mirtazapine 50 mg nightly for major depressive disorder
- PO risperiDONE 2 mg, twice a day for agitation/aggression
- RisperiDONE injection 25 mg, IM, once for agitation/aggression, follow up injection in 1 month