

IDENTIFICATION:

| | | |
|-----------------|------------------------|-----------------------|
| Name: K.F. | Age: 22 | PMD: Dr. D |
| Sex: M | Marital status: Single | Informant: self |
| Race: Asian | Address: N/A | Reliability: reliable |
| Nationality: US | Religion: N/A | Referral: EM |

CC: Aggressive behavior at home

HPI

Ms. F is a 22 year old, Bengali-American female, single, domiciled with family (parents and brother), unemployed, reportedly enrolled at Barnard College but currently on mental leave of absence. She denies any significant past medical history but endorses past psychiatric history of bipolar 1, unspecified psychotic disorder, and substance-induced psychotic disorder. She has a history of prior psychiatric admissions, most recent admission was at Elmhurst Hospital Center on unit AB11 from 10/27/20 to 11/10/20 due to erratic and disorganized behavior at home. She has had multiple comprehensive psychiatric emergency program visits, most recently was at Elmhurst Hospital Center on 5/19/21 to 5/20/21 due to a verbal and physical altercation with her mother. She reports no history of suicidal behavior. She does endorse engaging in self harm via cutting, last episode was during middle school. She is currently connected with an outpatient psychiatrist at the PostGraduate Center for Mental Health, Dr. D, who prescribed Lithium 300 mg PO BID. KF states that she is not always compliant with her medication. She endorses a history of aggression towards her family. As per current admission, the patient was brought in by EMS and escorted by hospital police. As per family, on 6/12/21 KF was behaving erratically at home. As per EMS, the patient was noted to be throwing and breaking objects at home, as well as endorsing suicidal ideation. She required multiple oral PRNs and STAT intramuscular injections of Haldol 5 mg and benadryl 50 mg. During that time pt was noted to be disorganized, illogical, with pressured speech, flight of ideas, religiously preoccupied, irritable, crying intermittently, restless, screaming, kicking, and banging chairs. She was unable to be verbally redirected.

Upon arrival to unit AB11 from the comprehensive psychiatric emergency program, the patient was approached by the team and appeared to be sleeping. She was woken up by the clinical psychologist Dr. P who introduced herself and the team. Patient was given a few minutes to gather herself and meet the team in the interview area. Patient appeared cordial and was willing to communicate with her treatment team. Patient states that prior to the episode she was experimenting with natural medications and trying to open her “third eye” and “cure” her depression. She states that she feels intense strength and feminine power when meditating under the influence of these substances. When questioned upon the type of substances she uses, the

patient endorsed using marijuana, kambol, and shrooms. KF states that she is misunderstood at home. Her family is muslim but she states that she feels an intense connection with the hindu goddess kali ma. KF states she did “wrong at home”. KF reports that she was reading a story out loud at home to her father. The story was about the destruction of a male villager as punishment for disrespecting the female body. The punishment was carried out by the goddess Kali Ma. KF states that she was telling her family this story and her father got mad at her for wearing “clothing”. KF reports that her father is an angry man, and he went to his room after hearing her story and started punching his bed. KF states that she needed to defend herself and started yelling at her father. KF endorses non-compliance with her outpatient medication Lithium 300 mg. KF states that lithium was “an unnatural chemical which redirects my cellular energy and stops my performance of cellular nutrients”. KF endorses daily use of cannabis and shrooms however she denies use of any other illicit substances. She reports using a natural product from the amazon basin called Kambol, which she burned on to her chest one week ago. KF states that she feels unsafe returning home to her family, she smiled and that her family is “part of a gang, and I am their goddess”. Near the end of the interview KF started tearing up and crying. She stated in tears that she is brilliant and that she is going to college.

Denies audio/visual hallucinations, paranoia, hearing voices, seeing things that are not there, traumatic experiences, feeling anxious, h/o panic attacks, h/o sexually inappropriate behavior. Denies any physical or sexual trauma.

Collateral from mother: KF gave permission to speak to her mother KM. Mom states that the patient has not been sleeping for the past 4 days and was misbehaving at home. She states that the patient has been walking around the house only in her underwear and would scream at them when questioned. Patient was continuously playing loud music at home. Mom reports that KF has been yelling and screaming at her father whenever he has attempted to speak to her. Mother states that her daughter has a history of using marijuana and mushrooms. She notes that recently KF burned 4 superficial holes on her sternum and placed a substance into them. Mother states that she is overwhelmed by KF’s behavior and wants her to be admitted.

General

1. Appearance: Ms. F is a small height, small built, well nourished, casually groomed female. She is wearing an oversized Georgia university hoodie and grey pajamas. She was found laying down on her assigned hospital bed.
2. Behavioral and psychomotor activity: Ms. F appears calm and engaged. Initially she was smiling at the interviewers, at the end she was crying.
3. Attitude Towards Examiner: Cooperated with examiner and established rapport with the treatment team immediately.

Sensorium and Cognition

1. Alertness and Consciousness: alert, conscious.
2. Orientation: oriented to time place and person
3. Concentration and attention: Demonstrated satisfactory attention. Gave relevant responses to questions.
4. Capacity to Read and Write: She 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 her age and significant points in her life.
6. Memory: Ms. F's recent and remote memories were normal
7. Fund of information and knowledge: Consistent with her level of education, she states that she is on leave from college. Aware of social events. Able to participate in the interview appropriately. No signs of cognitive delay.

Mood and Affect

1. Mood: Elevated
2. Affect: Labile
3. Appropriateness: Affect incongruent with mood. Patient started crying uncontrollably.

Motor

1. Speech: pressured speech
2. Eye contact: good eye contact with speaker
3. Body movements: No extremity tremors or facial tics.

Reasoning and Control:

1. Impulse Control: Impulsive, endorses poor control of emotions towards father, EMS and Family report contradicts patient's explanation of her behavior. Routinely takes illicit substances.
2. Judgement: Endorses no paranoia, bizarre delusions, auditory or visual hallucinations. Engages in self harm with use of Kambol. States that her psych medication is an unnatural chemical and does not associate her erratic behavior with non-compliance.
3. Insight: Has minimal insight. Is unaware of her problems. Completely blames father for actions that resulted in her admission.

Assessment:

Ms. F is a 22 year old, Bengali-American female, single, domiciled with family (parents and brother), unemployed, reportedly enrolled at Barnard College but currently on mental leave of absence. She denies any significant past medical history but endorses past psychiatric history of

bipolar 1, unspecified psychotic disorder, and substance-induced psychotic disorder. She has a history of prior psychiatric admissions, most recent admission was at Elmhurst Hospital Center on unit AB11 from 10/27/20 to 11/10/20 due to erratic and disorganized behavior at home. She has had multiple comprehensive psychiatric emergency program visits, most recently was at Elmhurst Hospital Center on 5/19/21 to 5/20/21 due to a verbal and physical altercation with her mother. She reports no history of suicidal behavior. She does endorse engaging in self harm via cutting, last episode was during middle school. She is currently connected with an outpatient psychiatrist at the PostGraduate Center for Mental Health, Dr. D, who prescribed Lithium 300 mg PO BID. KF states that she is not always compliant with her medication. She endorses a history of aggression towards her family. As per current admission, the patient was brought in by EMS and escorted by hospital police. As per family, on 6/12/21 KF was behaving erratically at home. As per EMS, the patient was noted to be throwing and breaking objects at home, as well as endorsing suicidal ideation. She required multiple oral PRNs and STAT intramuscular injections of Haldol 5 mg and benadryl 50 mg. During that time pt was noted to be disorganized, illogical, with pressured speech, flight of ideas, religiously preoccupied, irritable, crying intermittently, restless, screaming, kicking, and banging chairs. She was unable to be verbally redirected. Upon arrival to unit AB11 from the comprehensive psychiatric emergency program, KF was interviewed and states that she has been non-compliant with her medication. She has been experimenting with natural medications and trying to open her “third eye” and “cure” her depression instead of taking Lithium 300 mg. KF is engaging in self harmful behavior when using the drug Kambol but otherwise denies active suicidal ideation or homicidal ideation.

DDx:

- Bipolar I manic episode (previous diagnosis, lack of sleep for days, mother states that behavior is erratic at home, unable to attend college because of mental condition, grandiosity)
- Substance induced psychosis (taking marijuana, shrooms, and kambol, has not slept for 4 days as per mom, is not taking her prescribed medications)
- Substance Abuse Mood disorder (patient endorses illicit substance use daily)
- Borderline personality disorder (unstable relationship with family, 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, lithium level, EKG reviewed → Utox positive for THC, rest 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 follow up, speak with family about where to discharge the patient.

Progress note: After 8 days of admission KF is still refusing to take her daily dose of 300 mg of lithium but takes all of her other assigned medications including PRNs. She says she doesn't like how the lithium makes her feel. She still appears elated during her psychotherapy and has moments where she breaks down crying. As per her behavior with other patients, KF is seen agitating others and talking down to them. She uses profanity while yelling at other patients. She enjoys watching other patients fight and is seen instigating her peers during community meetings. She has been harassed by other male peers and tries to avoid them as much as possible. She continues to place a great deal of importance on her education level and during therapy sessions she states that she looks down on the other patients.

Justification for continued inpatient care: Patient remains conflicted about relationship with family. Mother states that she would like the patient to be admitted. She is not compliant with her psychiatric medication, Lithium 300 mg daily. She endorses illicit substance use and engages in self-harm when using kambol. She remains labile, is impulsive, and has poor judgement and insight. 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
- Close observation for safety from other male patients
- PO olanzapine 5 mg at night for mania
- PO lithium 300 mg twice a day for bipolar disorder
- As needed haldol 5 mg orally every 8 hours and ativan 2 mg orally every 8 hours