**Identifying Data:**

Full Name: P.F.

Sex: Male

DOB: XX/XX/1988

Race/Nationality: African American

Primary Language: English

Address: Queens, NY

Date & Time: 09:30AM 07/14/22

Location: QHC

Source of Information: Self and Medical Records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** “I have covid because of 5G radiation” x3 days

**HPI:**

A 34-year-old male who is unemployed and homeless with history of schizoaffective disorder-bipolar type was brought in by EMS activated by bystanders for bizarre behavior. According to EMS, patient was exhibiting agitation walking up to people on the street telling them “I have Covid because of the 5G radiation.” Patient was discharged June 13, 2022 from CPEP with a similar presentation which he was given Abilify Maintena 400mg intramuscular injection and Depakote 250mg PO. Patient denies suicidal/homicidal ideations or visual/auditory hallucinations. Patient was evaluated and held for 42 hours for observation. Patient recompensated and has improved control during the CPEP stay. Patient’s behavior was calm and cooperative and did not require stat medications or restraints. Patient had routine work up with no significant findings. Patient was restarted on Depakote and Abilify orally. Patient tolerated medications without adverse effects. Collateral information was not obtained because patient denied having any contacts reachable via telephone. Patient’s presentation was felt to be related to his psychotic mood disorder. After evaluation and observation, the decision was made to discharge to the community because patient is psychiatrically stable at this time.

**Past Medical History:**

* No reported past medical history
* *Immunizations*
* Up to date on adult immunizations
* Sars-Covid-2 x3 doses (Pfizer & Moderna)
* *No reported past surgical history*

**Past Psychiatric History:**

* Schizoaffective, bipolar type – Diagnosed 2010

**Allergies:**

* No known drug allergies or environmental/food allergies

**Current Medications:**

*Outpatient Medications*

* Abilify Maintena IM injection 400mg once every 30 days
* Depakote 250mg PO one tablet daily

**Family History:**

* Patient denies any known family history of psychiatric illnesses

**Social History:**

P.F. is an African American male, unemployed, homeless who states he has never worked and income comes from social security. Highest level of education is high school diploma. Parents are deceased and he is not in contact with siblings. He has no children or spouse. His appetite is good, and he sleeps 8-9 hours per night. He denies alcohol or illicit drug use. Denies every using tobacco. He admits to a history of retail theft and arrest.

**Review of Systems:**

* General – Patient denies changes in appetite or recent weight loss. Denies fever or fatigue
* Skin – No evidence of skin rashes, intravenous drug use, skin picking, or self-inflicted wounds
* Neurologic – Patient denies loss of consciousness, history of trauma, unsteady gait, headaches, blurry vision, slurred speech, or unintentional body movements
* Psychiatric – **Restlessness, paranoia, delusions, agitation.** Denies anxiety, irritability, increased or decreased sleep, interest deficit, concentration deficit, or decreased appetite. Denies distractibility, excitement, grandiosity, flight of ideas, activity increase, talkativeness, suicidal/homicidal ideation.

**PHYSICAL EXAM**

Vital Signs:

BP: 122/78 mmHg – sitting supine, L arm RR: 18 breaths/min Pulse: 87 bpm

T: 98.6F (oral) O2 SAT: 100% room air

Height: 5’10 inches Weight: 210 lbs BMI: 30.1 kg/m2

General

**Appearance:** A&Ox3. No acute distress. Not diaphoretic. Appears reported age and well-groomed with appropriate clothing. Appears well nourished.

**Behavior and psychomotor activity:** Patient is sitting in chair with appropriate tone. There are no apparent tics, tremors, fasciculations, or retardation.

**Attitude Towards Examiner:** Patient is cooperative and answering questions appropriately. He is not aggressive towards the examiner or other staff members.

Sensorium and Cognition

**Alertness and Consciousness:** Patient was conscious and alert throughout the interview.

**Orientation:** Patient was oriented to the date, place, and time of interview

**Concentration and Attention:** Patient was able to maintain attention and concentration throughout the interview. He is not distracted or internally preoccupied. He appears talkative and goal oriented.

**Capacity to Read and Write:** Patient was able to write his name and signature with pen and paper. Patient was able to read and write answers for PHQ-9 score.

**Abstract Thinking:** Patient displayed abstract thinking by interpreting common English metaphors such as “the grass is always greener on the other side” and when asked “what is similar about apples and oranges” was able to answer that they are both fruits.

**Memory:** The patient’s remote and recent memory appear intact. Patient is able to recall recent events leading up to coming into the hospital.

**Fund of Information and Knowledge:** Patient’s intellectual performance was average and consistent with his educational level and training which high school diploma.

Mood and Affect

**Mood:** Irritable mood when discussing 5G radiation.

**Affect:** Patient’s affect was mostly stable with some lability when discussing 5G radiation.

**Appropriateness:** His mood and affect were congruent with his thought content throughout the interview.

Motor

**Speech:** Disorganized speech***.*** Speech is normal rate and volume.

**Eye contact:** Appropriate eye contact.

**Body movements:** Body posture and movement is appropriate without psychomotor retardation akathisia. No catatonia was noted.

Reasoning and Control

**Thought Content:** When asked “Where is the 5G radiation coming from?” The patient responded “someone is poisoning me with it because they put a hex on me”.

**Impulse Control:** Patient expresses good impulse control

**Judgement:** Patient recognizes consequences of his actions. When asked what she would do if he was in a burning movie theatre stated that he would “rescue the people in the theatre with him and leave”

**Insight:** Patient has poor insight and stated they were brought in today “because I am positive for covid”. Patient has no recent documented Covid infection.

**Assessment:**

P.F. is a 34-year-old male who presents to CPEP for a psychiatric evaluation secondary to bizarre, delusional behavior and agitation towards bystanders on the street. Patient has no reported past medical history. Patient is alert and oriented x3 and ambulating freely. Denies fever/chills/dizziness/cp/palpitations/shortness of breath/urinary problems/abdominal pain, nausea and vomiting. Tolerating foods and fluids with no difficulty.

Differential Diagnosis:

* **Schizoaffective Disorder, Bipolar Type** – This is the preexisting diagnosis the patient has. It is important to make sure this pre-existing diagnosis is the most likely cause of the patient’s current symptoms and that no other diagnosis would better account for the current state of the patient. While the patient does not currently meet all the criteria for bipolar type, the delusions and disorganized speech (positive symptoms) can be attributed to schizoaffective disorder. No negative symptoms were noted. Given the documented patient history in the medical records that display episodes of mania, this is the most likely diagnosis. The last Abilify long acting injection was given one month prior and patient is due for next injection.
* **Substance use** – It is important to differentiate delusions from acute delirium and make sure the patient’s psychosis is not caused using or withdrawal from a substance. A urine toxicology screen and blood alcohol level were gathered which were all negative for illicit substances or alcohol use. Additionally, the patient has no known history of substance use which makes this diagnosis less likely.
* **Schizotypal personality disorder** – This diagnosis needs to be considered because the patient is displaying bizarre thoughts and behavior without admitting to hallucinations. Since collateral information was unable to be obtained it is difficult to decipher if patient does have hallucinations that he is not admitting to. Given the documented history of auditory hallucinations in the patient’s chart, this diagnosis is less likely to account for this current episode.
* **Delusional Disorder** – The patient is having a bizarre delusion about 5G radiation. However, considering the patients documented history of schizoaffective disorder, that would better account for the current delusions than delusional disorder alone.
* **Kleptomania** – Although theft was not a part of this current visit, the patient has an extensive social history of retail theft, so it was important to rule out kleptomania as a comorbid psychiatric condition. This was ruled out after speaking to the patient because they admitted the retail theft was for personal gains such as stealing food or clothing because “SSI is not enough to cover everything”. The theft was not attributed to an anxious compulsion which rules out kleptomania at this time.

Plan:

* Admit to Comprehensive Psychiatric Emergency Program (CPEP) under Mental Hygiene Law 9.40 legal status for observation, stabilization, and re-evaluation at 10:00AM tomorrow morning.
* Obtain Labs:
  + CBC, CMP, TSH – Assess baseline and rule out underlying medical conditions causing mood disorder
  + Screen for COVID-19 and provide face mask for prevention
  + Blood Alcohol Levels – Rule out acute alcohol intoxication
  + Urine Drug Screen – Assess for drugs of abuse
  + Continue Daily Medication
  + Monitor for signs and symptoms of withdrawal
  + Provide patient education on diagnosis
  + Refer to social work to arrange outpatient psychiatric follow-up and counseling services
  + Administer Abilify Maintena 400mg IM injection every 30 days and give Depakote 250mg PO once daily