**Identifying Data:**

Full Name: P.G.

Sex: Male

DOB: XX/XX/19

Race/Nationality: Bengali

Primary Language: English

Address: Queens, NY

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

Location: QHC

Source of Information: Self, mother, & medical records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** “He is talking about hurting himself and my friend” - mother

**HPI:**

Patient is a 21-year-old Bengali male living with his parents and sister. He has a past medical history of ADHD, Autism spectrum disorder, and mood disorder. He was brought in by EMS activated by his parents for agitation, citing that he scratched his father and was screaming. Patient reports compliance with medications and states he gets upset when he is bored and stuck in the house all day and admits to getting angry today and has a hard time self-regulating. Patient denies any suicidal/homicidal ideation or visual/auditory hallucinations. Patient denies any acute medical complaints. Denies using alcohol or illicit substances.

Collateral information obtained from Mother Ms. Rahm 646-###-####. As per mother, patient has been romantically preoccupied with a family friend and expressed that he would kill himself and her if she was to ever get into a relationship with somebody else. Patient has been compliant with all his home medications which are Aripiprazole 5mg nightly and Guanfacine 1 mg twice a day and Fluoxetine 10mg daily. However, patient has been acting more agitated and aggressive recently. Mother states his medication regimen was recently changed and this new regimen is not controlling his symptoms and causing weight gain. Previously, he was taking Risperidone 4mg and Guanfacine 1 mg.

Upon evaluation the patient is alert and oriented x3, restless and distracted, alert with constricted affect and rocking with increased psychomotor activity and concrete thought process.

Dr. Eyiuche, the attending psychiatric physician, was consulted and recommends Ziprasidone 80mg twice daily with a 40mg stat dose to be given today. The patient will be monitored for any adverse effects. He will continue Guanfacine 1mg twice daily and discontinue Aripiprazole and Fluoxetine. Patient is currently exhibiting erratic behavior and a possible risk of harm self and others and thus warrants admission to CPEP for observation and stabilization.

**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:**

* Attention deficit hyperactivity disorder
* Autism spectrum disorder
* Mood disorder

**Allergies:**

* No known drug allergies or environmental/food allergies

**Current Medications:**

*Outpatient Medications*

* Aripiprazole 5mg nightly
* Guanfacine 1 mg twice a day
* Fluoxetine 10mg daily
* **Family History:**
* Denies any known family history of psychiatric illnesses

**Social History:**

P.G. is a 21 y/o Bengali male, single, unemployed, living with family. Highest level of education is high school diploma. His appetite is good and he sleeps 7-8 hours per night. He denies alcohol, tobacco, or illicit drug use. Denies history of arrest or incarceration.

**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, agitation.** Denies paranoia, delusions, 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: 104/72 mmHg – sitting supine, L arm RR: 18 breaths/min Pulse: 74 bpm

T: 97.3F (oral) O2 SAT: 100% room air

Height: 5’11 inches Weight: 261 lbs BMI: 36.4 kg/m2

General

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

**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:** ***Distractible and inattentive throughout the interview.***

**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:** Poor ability to abstract. Patient us unable to interpret common English metaphors such as “the grass is always greener on the other side” and “what is similar about apples and oranges.”

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

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

Mood and Affect

**Mood:** euthymic

**Affect:** constricted

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

Motor

**Speech:** Dysarthria

**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:** poverty of thought content

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

**Judgement:** Patient recognizes consequences of actions. When asked what he would do if he was in a burning movie theatre stated that he would “run out and call 911”

**Insight:** Patient has poor insight stating he knows his family friend romantically loves him back

**Assessment:**

P.F. is a 21-year-old autistic male who presented to CPEP for irrational behavior. Patient has no reported medical history. He is awake, alert, and non-compliant refusing blood draw for laboratory tests. Patient is ambulatory with a steady gait, moving all extremities, denied skin rash or skin itching, leg pain / leg cramping. Patient denies any medical complaints at this time. He is currently a harm to himself and others expressing suicidal and homicidal ideation and will be held in CPEP for observation and stabilization.

**Differential Diagnosis:**

* **Autism Spectrum Disorder –** Patient has a known history of ASD which his mood symptoms and lack of insight/judgement can be attributed to. However, due to recent change of behavior when beginning SSRI, co-existing bipolar disorder needs to be considered and ruled out.
* **Bipolar II disorder –** According to patient’s mother he began exhibiting increased aggression and agitation since starting new medications which were Aripiprazole and Fluoxetine. Mother states this is the first time he has taken an SSRI as far as she knows. Due to increased agitation after beginning SSRI, bipolar disorder needs to be ruled out. Bipolar II is being considered due to presence of depressed mood.
* **Substance use** – Even though patient and family members deny history of illicit drug use or alcohol use, this needs to be excluded from differential before considering other diagnosis.
* **Delusional Disorder** – Patient is experiencing fixed delusion that he will date his family friend. However, to make this diagnosis there cannot be other mood symptoms or psychotic features present. Patient does currently exhibit mood symptoms and features that are better accounted for by his autism spectrum disorder.

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
    - Patient refused labs. Informed patient of the necessity of labs for complete work up. Will provide patient education again in AM to encourage him to accept blood draw.
  + Urine Drug Screen – Assess for drugs of abuse
  + Place patient on q15minute observation for patient safety
  + Discontinue Aripiprazole and Fluoxetine, Begin Ziprasidone 40mg stat then 80mg daily
  + Monitor for medication adverse effects
  + Provide patient education on diagnosis and treatment plan
  + Refer to social work to arrange outpatient psychiatric follow-up with current outpatient provider and counseling services