

Name: SN

Sex: female

Age: 60 years

Date and Time: October 31, 2022; 10:00 AM

Location: NYC H+H/Queens Hospital Center – Comprehensive Psychiatric Emergency Program (CPEP)

Source of Information: unreliable

Source of Referral: self/EMS/EMR

Mode of Transport: EMS

HPI: 60yo Jamaican female, single, unemployed (used to be PCA x 4 years ago), domiciled with daughter, with PMH of HTN and asthma and past psychiatric history of psychosis, auditory hallucination and paranoid delusions. Pt brought in by EMS for psych eval after pt called 911 due to “the illuminati are after her”. Pt has made multiple 911 calls for various paranoid delusions in the past two months. This will be the fourth time she will be here in CPEP starting Sept of this year. Pt was here 9/11/22, 10/5/22, and 10/24/22 and now 10/30/22.

Upon psychiatric evaluation today, pt appears irritable and anxious stating “ I know I’m not crazy, they are in my house and they’re trying to steal my money and my house”. Pt continues to display delusional thoughts of paranoia stating “they” can reach her here through the outlets which are “portals”. Pt is seen actively engaging in conversations with auditory hallucinations, laughing to self and stating “Jason, do you hear this?” Pt stated that her daughter is sick with schizophrenia and is followed by the ACT team. She asks if she is hearing voices because they seem so real. Pt denies any feelings of hopelessness, sadness, or change in enjoyment of normal activities. Pt denies any suicidal ideation, plan or attempt. Pt denies any homicidal ideation.

Collateral was attempted in calling the phone number given for her daughter with no answer. Pt does not want us contacting her sister or mother. Pt was discharged in September and October with transitional services appt for NY however never showed up for any appointments and stated it was due to “ no parking”. Pt was also discharged in October with catholic charity services however did not show up and again states it was due to “ no parking”.

Past Medical History:

- Hypertension
- Asthma

Past Psychiatric History

- Paranoid delusion

Allergies

- Tuna

Family History

- Daughter, Schizophrenia

Social History:

- Denies smoking
- Denies alcohol use

Review of Systems:

- o *General* –Denies any change in appetite, weight loss or gain, fever, and fatigue
- o *Skin* – No evidence of self-inflicted wounds, intravenous drug use, or skin picking
- o *Neurology* –denies headache, loss of consciousness, history of head trauma, unsteady gait, and unintentional body movements
- o *Neurological* – She is alert and oriented x 1 (person only). Mental status is at baseline

Vital Signs:

- o BP: 120/80 (left arm, sitting)
- o Pulse: 79 beats/minute (regular)
- o Respiratory rate: 18 breaths/minute (unlabored)
- o Temperature: 98.2 F (oral)
- o SpO2: 98% (room air)
- o Height: 65 inches
- o Weight: 209 pounds
- o BMI: 30.1

Mental status Exam

General:

- **Appearance:** overweight, Jamaican female. Pt is casually groomed, appears stated age and does not have any acute wounds or injuries

- **Behavior:** talking with auditory hallucinations, laughing inappropriately, restless; no tics, tremors or psychomotor agitation or retardation
- **Attitude:** cooperative with adequate eye contact. She does not display any hostility or aggression towards the examiner or other unit staff

Sensorium and cognition:

- **Alertness and consciousness:** conscious and alert through interview
- **Orientation to:** Time: yes, Place: yes, Person: yes
- **Concentration:** good
- **Attention:** alert
- **Thought pattern/process:** illogical
- **Thought content:** unimpaired
- **Suicidal ideation:** Denies
- **Homicidal ideation:** denies
- **Delusion:** none
- **Perception:** Unimpaired
- **Hallucinations:** auditory
- **Hallucination remarks:** focused on the people trying to get her house
- **Memory:** unimpaired
- **Ability to abstract:** poor
- **Intellectual function:** average

Mood and Affect:

- **Mood:** anxious
- **Affect:** full

Motor

- **Speech:** normal
- **Speech remarks:**
- **Eye contact:** Appropriate amount of eye contact
- **Body movements:** patient is sitting upright in chair. She does not display any tics or unintentional body movements. All movements were fluid.

Reasoning and Control

- **Impulse control:** Poor; calling 911 several times in one month
- **Judgement:** Poor
- **Insight:** Minimal; waxes. Pt denies being “crazy” or “hearing voices” and then asks if she is hearing voices

Assessment:

60yo F presents to psych ED for psych eval by EMS after pt called 911 about people being in her house and “the illuminati trying to attack me and take my house”. Pt has called 911 three others times within the past month for various paranoid delusions. Pt is anxious, irritated and appears to be engaging in conversation with auditory hallucinations. Pt denies any suicidal/homicidal ideations. Fluctuates if she admits or denies auditory hallucinations states “they’re real” but then will ask if “they’re just voices”. Thought content is preoccupied with these voices and with poor insight, judgement, and impulse control.

Diagnosis and Plan (in chart)

- Diagnosis:
 - o Psychosis, unspecified
- Plan
 - o Admit to P5
 - o Continue medication
 - Risperidone 2mg, oral daily

My differential diagnosis:

- Schizophreniform,
- Delusional disorder, Persecutory type

My plan

- Medical work up
 - o Labs
 - CBC, CMP, thyroid panel, urine tox, EKG
 - Had CT of head done (9/2022)
- Admission for psychiatric unit for more thorough/higher level of care/evaluation
- Medication management
 - o Atypical Antipsychotic medication