Chaya Newfield

History and Physical 2 psychiatry

Identification:

Name: JL

DOB: 5/4/1981

Date and Time: 3/14/21 2:00 PM

Location: Queens Hospital Center Medical ER- Comprehensive Psychiatric Emergency Program (CPEP) consult

Source of Information: Self, reliable

Source of Referral: Self

Mode of Transport: EMS

WW is a 39 year old Caucasian male who is 5’5” tall and weighs 138 pounds. WW is currently domiciled with family.

Chief Complaint:

“I’m really depressed and don’t want to live”

History of Present Illness:

JL is a 39 year old single, , Caucasian male domiciled with family, employed as a iron worker, with no prior diagnosed psychiatric history, past medical history of of Diabetes Mellitus type 1 on insulin, drug history of cannabis use, brought in by EMS activated by himself for suicidal ideations with plan to overdose on insulin. Patient was seen in CPEP and interviewed. No prior Epic records or PSYCKES available. He refused to provide any collateral contact information. He states that he lives with his mother, father and his brother. He shares that he has been "on and off suicidal for months" but reports that it has gotten worse in the past two weeks. Patient reports his life is complicated and he needs help. He reports that he cannot sleep at times because of all his life stressors. He denied any previous attempts or psychiatric hospitalizations. He reports that he "hates the cold and the darkness and gets depressed every year during the winter time". He states that each year he spends the winter in Brazil (states he has family there - his mother is Brazilian), however this year he could not go because of Coronavirus. He

states that he has been getting his COVID vaccine and his second dose is due 3/23/21, states that he wants to travel. He shares that his living situation is terrible, as he does not get along with his family. He shares that he used to be a firefighter and would have been retired next year but he was forced to resign after 16 months of employment because of his type 1 diabetes. Pt states that every time he sees a firetruck he gets sad/depressed. He continues to endorse suicidal ideations with plan, however did report some future oriented plans. He is need of further psychiatric observation, refusing to provide collateral contact.

Patient is withdrawn, superficially cooperative and irrational. Patient has congruent affect and in a sad mood. Patient has poor insight , impulse control and judgement. Patient is a threat to self and warrants further observation and stabilization

Past Medical History:

Type 1 diabetes

Past Psychiatric History:

Denies any past psychiatric history

Allergies:

No Known Allergies to medications, foods or environmental factors

Medications:

Insulin (for type 1 diabetes)

Family History:

Denies family history of any psychiatric disorders

Social and Occupational History:

JL is a Caucasian male, single, heterosexual, employed as an iron worker, domiciled in private home with parents. Patient states that he is under-employed because after each construction project ends he must find a new job. His highest level of education is trade

school for iron work. When asked what he enjoys doing, patient states, “I like taking walks in nature, listening to music and riding my motorcycle.” Patient does not have any friends he is in contact with, as “all my friends are married with children and don’t have time for me.” Patient is in contact with relatives in Brazil and hopes to visit with them after Covid. Patient reports poor sleep, less than four hours a night. Admits to using alcohol and marijuana. Denies history of arrest or past inpatient psychiatric hospitalization.

Review of Systems:

General – Patient denies loss of appetite, weight loss or gain, fever, and fatigue

- *Skin* – No evidence of self-inflicted wounds, intravenous drug use, or skin picking
- *Neurology* – Patient denies headache, loss of consciousness, history of head trauma, unsteady gait, and unintentional body movements
- *Psychiatric* – Patient admits to feeling down and loss of interest in usual activities for the past month. Admits to suicidal ideation with plan to overdose on insulin, denies homicidal ideations, plan or intent. Denies auditory hallucinations, visual hallucinations.

Physical Exam:

General Survey: 39 year old Caucasian male, alert and oriented to person, place and time, casually groomed, low speech, anxious, withdrawn, superficially cooperative, sad mood with congruent affect. Appears older than stated age.

Vital Signs: BP:125/84 Pulse:88 Respirations:18, Temp:97.4°F (36.3°C) oral O2 saturation: 100% Height:5’5” Weight:138 pounds BMI: 23.0

Mental Status Exam:

General

- Appearance – JL is an average height, slim build, Caucasian male with buzz cut gray hair. He is casually groomed with good hygiene. He appears older than his stated age. He does not appear to have any acute wounds or injuries.
- Behavior – Upon initial evaluation in Comprehensive Psychiatric Emergency Program triage, the patient is seated looking down ad anxious. He does not appear to have any tics, tremors, or psychomotor agitation or retardation.

    - Attitude Towards Examiner – JL is superficially cooperative and answers all questions. He does not display any hostility or aggression towards the examiner or other unit staff. He appears guarded and indifferent.
- *Sensorium and Cognition*
    - Alertness and Consciousness – JL was conscious and alert consistently throughout the interview
    - Orientation – Patient was oriented to person, place, time, and situation
    - Concentration and Attention – JL was not internally preoccupied or responding to internal stimuli. Patient was able to answer all questions appropriately, and remained focused throughout the interview.
    - Visuospatial Ability – The patient displays normal visual perception as suggested by appropriate balance on her feet, normal gait, and purposeful body movements. He often looked down at the floor during the interview.
    - Capacity to Read and Write – JL displayed average reading and writing ability as shown by his reviewing and signing of admission documents.
    - Abstract Thinking – The patient displays intact abstract thinking by interpretation of commonly used English metaphors
        - Memory – The patient's remote and recent memory appear normal as suggested by his ability to provide his occupational history and recollection of recent events leading up to his presentation to the facility.
    - Fund of Information and Knowledge – JL's intellectual performance was average and consistent with his education level and training.
- *Mood and Affect*
    - Mood – The patient's mood is sad, depressed, and anxious
    - Affect – JL appeared guarded and anxious
    - Appropriateness – AK's mood and affect were congruent throughout the interview
- *Motor*
    - Speech – JL's speech rate was slow, his voice was often slow. The patient's answer latency was increased.
    - Eye Contact – JL maintained eye contact throughout most of the interview but occasionally looked down at the floor.
    - Body Movements – Patient appeared calm throughout the interview. He does not display any tics or unintentional body movements. All movements were fluid.
- *Reasoning and Control*

- Impulse Control – JL displays impaired impulse control. Admits suicidal ideations with plan, denies homicidal ideations, plan or intent. Patient is compliant with medical requests (urine sample, blood samples, accepting food and drinks etc.)
- Judgment – JL currently has impaired judgement
- Insight –JL has moderate insight into his current situation

Assessment: JL is a 39 year old Caucasian male, single, domiciled with family, employed, past medical history of type 1 diabetes, no prior psychiatric history and admits to cannabis use. Patien was brought by EMS activated by self calling 911 because of thoughts of suicide. Patient denies current auditory or visual hallucinations. Patient appears sad, anxious and depressed and may be a danger to self if discharged at this time. He is in need of further psychiatric observation and stabilization with re-evaluation in the morning.
Differential diagnoses:

1. (**F43**. 21) Adjustment disorder with depressed mood -- Based on the patient's history of no prior psychiatric diagnoses and stated history that this month would have been his retirement from FDNY if he had not had to resign due to health issues and he usually would be traveling to Brazil at this time of year but cannot due to COVID, it seems likely that the cause of the patient's symptoms is a response to an identifiable stressor/ a difficulty coping with a stressful life event. Patient displays signs and symptoms consistent with this diagnosis, such as feeling sad and hopeless, having little interest in daily activities over the past few weeks.
2. (F19. 94) Other psychoactive **substance** use, unspecified with psychoactive **substance**-**induced** mood disorder (Cannabis induced depression) -- Patient admits to smoking marijuana around the time that his depressive symptoms got worse. It is unlikely that this alone caused his depressive symptoms, but it is possible that his cannabis use aggravated them even more.
3. **(F32**. 0) - Major Depressive Disorder -- Patient meets more than five of the criteria including depressed mood, loss of interest or pleasure in regular activities, insomnia, fatigue, feeling worthless, thoughts of suicide for over two weeks. These symptoms are causing the patient significant stress and impairing his social functioning. If his THC screening or urine toxicology screen comes back positive, it is possible his symptoms can be explained by substance induced mood disturbance, that is why this is lower on my differential list.
4. (**F33**. 9) Major Depressive Disorder, Recurrent -- This patient may have seasonal affective disorder, because he states that every winter he feels depressed and he hates the cold weather. He has not had an episode this severe before because the patient usually travels to Brazil for the winter months. However, was unable to

do so this year because of Covid, which may have exacerbated his seasonal depression even more.

Diagnosis:
Adjustment disorder with depressed mood

Treatment plan:
PLAN:
1. Admit to Comprehensive Psychiatric Emergency Program (CPEP) under Mental Hygiene Law 9.40 legal status for observation, stabilization and re-evaluation in the morning due to depressed mood, suicidal ideations with plan
2. Review labs (Complete blood count, A1c and blood sugar levels, comprehensive metabolic panel, Covid-19 PCR test, urine toxicology including THC), and review chart. Pt was provided with a urine specimen container and encouraged to provide specimen for urine toxicology screen and urinalysis. Repeat vital signs in the morning.
3. Review medications and encourage patient to provide collateral information. Follow up with medical provider regarding management of patient's type 1 diabetes.
4. Start patient on sertaline 50 mg tablet, and explain to patient that this medication takes time to be effective so it is important to keep up with medication schedule. Also encourage patient to join group sessions with social worker.
5. Nursing staff should observe patient every 15 minute observation intervals for patient safety.
6. Notify nursing staff and attending doctor of patient treatment plan.
7. Re-evaluation of patient in morning.