Chaya Newfield 3/24/21
Psychiatry Rotation
Queens Hospital Center CPEP

Identifying Information:

- Name: M.B.
- Sex: Male
- DOB: _/__/1982
- Date: 3/24/21, 10:00 AM
- Location: CPEP, Queens Hospital Center
- Source of Information: NYPD/EMS, self
- Source of Referral/Transportation: Friends called 911-- EMS

Chief Complaint: bizarre behavior

History of Present Illness:

MB is a 39 year old married Caucasian male, unemployed, domiciled with family in New Jersey with wife (Annie xxx-xxx-xxxx) and three children (9,7,4 years old who are home safe with their mother), with no past medical history and a past psychiatric history of ADHD and bipolar I, who was brought in to the Queens Hospital Center Medical Emergency Room by Emergency Medical Services activated by friends due to patient demonstrating bizarre behavior. As per NYPD officers (Officer _____ badge #____) when NYPD arrived on the scene the patient was locked in the trunk of his friend's car because he was "trying to hide from the police." Police had to use force to pry open the trunk to get the patient out so he could be brought to Queens Hospital for psychiatric evaluation via ambulance.

Upon initial psychiatric evaluation in CPEP triage, the patient was singing songs while in handcuffs with little agitation. Patient then became extremely agitated and demanded release from CPEP. The patient appeared disheveled, agitated, hostile, disorganized, uncooperative, irrational and bizarre with erratic and unpredictable behavior. His speech was pressured and hyperverbal with a tangential thought process that required constant verbal redirection. The patient endorses a recent decrease in his need for sleep and an abundance of energy. Write was unable to continue interview to ask patient about his psychiatric history and medications and recent drug use because of patient's acute mania.

Pt presents as acutely agitated, aggressive, impulsive and verbally and physically threatening. Pt could NOT be verbally redirected despite exhaustive attempts from staff and refused all oral medications. Patient subsequently required STAT 10 mg Zyprexa intramuscular injection to ensure the safety of the patient and staff. Team BERT (Behavioral Emergency Response Team) was activated and the patient was then ordered four point restraints after verbal redirection failed to calm the patient. The patient continued to struggle in the restraints and tried to free himself by attempting to overturn the stretcher with his body weight. To prevent injury to patient and staff the patient was given an additional administration of 5 mg Haldol and 50 mg Benadryl

intramuscular injection. Patient was released from restraints after a total elapsed time of 45 minutes when he began to exhibit lessened agitation and aggression.

Collateral information was obtained from the patient's sister (Heather xxx-xxx-xxxx) who informed that the patient has been exhibiting "varying degrees of mania for the past two weeks. Within these past two days, he has had an increasing intensity of manic/psychotic episodes" Patient is seen by an outpatient psychiatrist (Dr. H xxx-xxx-xxxx) who prescribed Zyprexa 5mg orally yesterday. Patient's sister explained that the events leading to 911 being called stemmed from patient's night out with his friends. Patient disagreed with something one of the friends said, and he opened the car door (when car was stopped) and "wandered off". The patient then returned to friend's car to hide in the trunk of the car to avoid NYPD custody."

Based upon current presentation of acute manic/psychotic episode, the patient is an immediate danger to himself and to others. He is psychiatrically unstable, and requires CPEP admission for psychiatric observation, evaluation, medication and stabilization.

Past Medical History:
Denies any past medical history.

Past Surgical History:
Denies past surgical history.

Past Psychiatric History:
- Bipolar I Disorder
- ADHD

Allergies:
No known drug, food, or environmental allergies.

Home Medications:

escitalopram (LEXAPRO) 10 MG tablet	Take 10 mg by mouth daily
lisdexamfetamine (VYVANSE) 30 MG capsule	Take 30 mg by mouth every morning
OLANZapine (ZYPREXA) 5 MG tablet	Take 5 mg by mouth nightly

Family History:
Patient denies known family history of psychiatric illness or substance use disorder.

Social and Occupational History:
MB is a 39 year old married with three children, Caucasian male, unemployed, with high school degree,, domiciled with his wife and children. The patient was born in Brooklyn, and moved to New Jersey three years ago. The patient is supported financially by his wife and parents. The patient denies any history of physical altercation, violence or arrest, but is a poor historian. The patient also denies any history of trauma or physical/sexual abuse. Patient refused to answer questions regarding substance use, cigarettes, marijuana or alcohol. Social history was limited

due to the patient's mental state; patient was very hostile/aggressive, uncooperative before given sedation.

Review of Systems:
Review of systems was conducted after patient woke up from sedation.

- General - Patient denies any fever, chills, unintentional weight loss or weight gain, changes in appetite, or any constitutional symptoms.
- Skin - Patient denies, pruritus, discolorations, rashes, lesions, masses or scarring.
- Neurology - Patient denies headaches, loss of consciousness, history of head trauma or injury, unsteady gait, or any unintentional body movements
- Psychiatric - Patient denies any auditory or visual hallucinations, and denies suicidal / homicidal ideations, plan, or intent.

Vital Signs:

- Blood Pressure: 154/97 (left arm, sitting)
- Heart Rate: 88 beats/minute (regular)
- Respiratory Rate: 16 breaths, minute (unlabored)
- Temperature: 99.3 F (oral)
- SpO2: 100% (room air)
- Height: 5 feet 10 inches
- Weight: 220 pounds
- BMI: 31.6

Physical Exam

- Skin - No masses, lesions, rashes, discolorations or excoriations. Also no evidence of intravenous drug use, self-inflicted wounds, or skin-picking. No excessive sweating or dryness noted.
- Head/Neck - Pupils equal and round. Extraocular movements intact. No neck masses or signs of trauma noted.

Mental Status Exam

- *General*:
    - Appearance: MB is an obese Caucasian male, average hight, brown hair, and a clean shaven. He is wearing a white tee shirt and ripped jeans, and appears disheveled, with poor hygiene. He appears his stated age of 39. He does not appear to have any wounds or injuries.
    - Behavior: Patient appeared manic, erratic, agitated and hostile, as noted by him refusing to sit still, menacing toward staff, refusing to cooperate with staff in triage, and behaving aggressively with another patient. He required intramuscular injection of Zyprexa, and then Haldol and Benadryl with four point restraints for 45 minutes for the safety of himself and the staff. He does not have any tics, tremors, psychomotor retardation, or any involuntary movements.

- Attitude Toward Examiner: MB is very uncooperative, aggressive, and erratic refusing to answer questions and requiring frequent redirecting. He also maintained poor eye contact and attention, and was easily distractible throughout the interview. His speech is pressured, with rapid rate, hyperverbal and loud volume. He displays hostility toward the examiner and CPEP staff. His behavior is very unpredictable.

Sensorium and Cognition:

- Alertness and Consciousness: Patient is alert with a stable level of consciousness throughout the interview.
- Orientation: Patient is oriented to person, place, and time.
- Concentration and Attention: Patient has poor attention and concentration throughout the interview. He required constant redirecting by interviewer. He had flight of ideas, loose associations, and thoughts were tangential/circumstantial.
- Visuospatial Ability: Patient displays normal visual perception as shown by appropriate balance while ambulating, and normal gait. He did not maintain consistent eye contact, but displayed normal gaze when he did make eye contact.
- Capacity to Read and Write: Unable to assess reading and writing ability as patient was very uncooperative.
- Abstract Thinking: Interviewer was unable to assess the patient's abstract thinking; the patient's thoughts were too disorganized, he had poor focus/attention, was very distractible and uncooperative.
- Memory: The patient's recent memory appears impaired as suggested by his inability to provide collateral contact numbers from memory (sister called CPEP to provide collateral on her own), and his inability to recollect recent events leading up to his presentation at the ER or recent drug use. Unable to assess remote memory due to patient not cooperating.
- Fund of Information and Knowledge: Patient's intellectual performance was average and consistent with his level of education.

- *Mood and Affect*:
  - Mood: Irritable, angry, anxious.
  - Affect: Full range and well related.
  - Appropriateness: The patient's mood and affect were congruent.
  - *Motor*:
  - Speech: The patient's speech was pressured, with increased rate, normal rhythm and loud volume.
  - Eye Contact: He maintained poor eye contact and only made eye contact when the interviewer attempted to redirect him to the questions being asked.
  - Body Movements: Patient refused to sit still, was hyperexcitable, aggressive. Patient required four point restraints and attempted to overturn the stretcher with his body weight while in restraints. His behavior was bizarre, and movement was rapid. He does not have any tics, rigidity, or unintentional body movements.

- *Reasoning and Control*:

    - Impulse Control: Patient displayed poor impulse control. He is agitated, hostile and aggressive. He refused to cooperate with interview and required intramuscular medication and four point restraints for the safety of himself and staff.
    - Judgement: Patient displays impaired judgement. He has disorganized thoughts and behavior.
    - Insight: The patient's insight is poor. He is unaware of why he was brought to the hospital and states that he does not understand why it was necessary for him to be given STAT intramuscular injection or be placed in restraints.

Assessment:
The patient is a 39 year old Caucasion male, with a diagnosis of Bipolar I and ADHD, acutely manic/psychotic and aggressive and has poor ADLs (poor hygiene and disheveled). Patient is an acute danger to himself and others. He is in need of further psychiatric observation and stabilization.

Differential Diagnoses:

- Bipolar I Disorder, *current episode manic severe* (F31.2) - Patient has a history of Bipolar I Disorder, and with unknown compliance with medication. Patient is manic; he is very agitated, aggressive, hyperverbal, impulsive, and speech is pressured, movements are rapid. Patient displays persistently elevated, expansive and irritable mood and abnormally and persistently increased energy and decreased need for sleep, lasting most of the day for at least four consecutive days.
- Substance Induced Mood Disorder (secondary mania) (F19.94) - The patient's substance use history is unknown, and patient refuses to provide urine sample for urine toxicology screen. However, given the history of patient's agitation increasing during "a night out with friends" it is likely that the patient was using an illicit substance or marijuana which affected his mood and behavior. Patient displays symptoms of acute mania, including pressured speech, erratic and impulsive behavior and increased energy. It is possible that the patient is having both an acute manic episode due to Bipolar I and had ingested/smoked an illicit drug. It is unclear at this time whether drugs induced the manic episode further observation and lab work will be done.
- Schizophrenia, *disorganized* (F20.1) - Patient presents with symptoms of acute psychosis, such as disorganized thoughts, bizarre behavior, and may be responding to internal stimuli. Patient also has irritable, angry, and anxious mood with hostile and guarded affect. This diagnosis is unlikely because while his psychotic symptoms can be attributed to schizophrenia, the patient does not endorse any visual or auditory hallucinations at this time. Also, Substance Induced Mania/Psychosis should also be ruled out first, following Urine Toxicology screen and clearance of drugs from the body.. Additionally, Bipolar Disorder is more likely since the patient has erratic and manic behavior, with a history of Bipolar 1 Disorder, and unreported compliance with medications.

Primary Diagnosis: Bipolar I Disorder, *current episode manic severe* (F31.2)

Treatment Plan:

- Admit to Comprehensive Psychiatric Emergency Program (CPEP) under 9.40 legal status - patient is psychiatrically unstable and likely a danger to himself/other; he requires further psychiatric observation, evaluation, and stabilization
- Obtain labs
    - Complete Blood Count (CBC) - Rule out infectious or other organic causes for the patient's symptoms / altered mental status.
    - Complete Metabolic Panel (CMP) - Check for electrolyte abnormalities, and assess patient's liver function before administering antipsychotic/mood stabilizer medication.
    - Urinalysis - Rule out infectious causes for symptoms / altered mental status.
    - Urine Toxicology - Obtain urine for 5 panel drug screen to check for cocaine, amphetamines, phencyclidine (PCP), methadone, and opiate use.
    - Urine THC - Screen for recent cannabis use.
    - Blood alcohol level - Assess for alcohol intoxication
- Perform EKG - Check QT interval (risk of QT prolongation with Haloperidol)
- COVID testing
- Collateral contact information - Contact patient's wife to obtain further information about patient's psychiatric history, and for patient's baseline mental status.
- Order medications - Depakote 250 mg PO, and Olanzapine 10 mg PO
- Regular Diet
- Observe / maintain safety (1:1 nurse)
- Re-evaluation in the morning