

History and Physical –1

Siddharth Shah

Identifying Data

January 8th, 2024 – 10:30 am

AK, 32, Bengali Male

Location: Queens Hospital Center Emergency Department

Informant: Patient, reliable

Transport: EMS found wandering the streets with no pants.

History of Present Illness:

AK is a 32 y/o Bengali male who immigrated 5 years ago from Bangladesh and works as Uber driver who is domiciled with unknown psych history. Patient states he lives with roommate, but unable to provide number. The patient was BIB EMS as patient was found outside his apartment building wandering near a garbage truck with no pants on, when asked why he was wandering outside with no pants on he states he suffers from “sleep-walking”, and when asked if it is inappropriate to walk around with no pants outside he said it’s not a big deal. During the interview the patient was smiling inappropriately and staring at times during the interview. During the interview patient stated he knows the interviewer’s brother, and states he went to college with him. Upon redirecting the patient, the patient states he has a family in secret and wants to write to contact them, but unable to provide information on how he plans to write to them and where they currently live. Patient also states he would like to go back home, as he has a dinner plans with his neighbors, but unable to provide contact information for neighbors. Patient also states how he has a business plan for renting out Tesla cars. During interviews, patient requires constant redirection. Patient denies any active SI/HI. Unable to obtain collateral information. Patient is noted to be tangential, disorganized, and bizarre. Patient requires constant redirection.

Additionally, the patient was seen in CPEP on 1/3/2024. Patient was BIB EMS to the ED on 1/3/2024 because patient was locked outside his apartment and did not want to freeze. Patient was in the process of getting medically discharged, when he started to act irrationally by throwing papers around, and was admitted to CPEP for further evaluation, and was discharged on 1/04/2024.

Past Medical History:

- No PMHx

Past Surgical History:

- No surgical history

Medications:

- None

Allergies:

- NKA

Family History:

- Unable to obtain collateral information.

Social History:

- Immigrated to America 5 years ago and works as taxi driver.

Review of Systems:

General: Denies any recent weight loss or gain, loss of appetite, night sweats, fever, or chills

Skin: Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution.

Head: Denies headache, and vertigo.

Eyes: Denies visual disturbances, double vision, blurriness, excess tearing or dryness, photophobia, or pruritis.

Ears: Denies hearing loss, tinnitus, discharge, earache.

Nose and sinuses: Denies discharge, obstruction, allergies, or epistaxis

Mouth and throat: Denies sore throat, bleeding gums, ulcerations.

Neck: Denies localized swelling, lumps, stiffness, or decreased range of motion.

Pulmonary: Denies shortness of breath, denies wheezing, or productive cough. Denies hemoptysis, cyanosis.

Cardiovascular: Denies any chest pain, and palpations.

Gastrointestinal: Denies abdominal pain, and nausea

Genitourinary: Denies dysuria, pain, and frequency. Denies hematuria.

Nervous: Denies seizures, sensory disturbances, ataxia, loss of strength, change in cognition/mental status/memory, or weakness

Musculoskeletal: Denies any musculoskeletal pain

Endocrine: Denies heat/cold intolerance, excessive sweating

Psychiatric: Negative history of depression and anxiety. Denies having SI/H

Physical Exam:

General: AOx3.

Vitals:

- BP(bed): R – 96/66
- P: 99 bpm, regular
- R: 18 breaths/min,
- T: 97.6 F, oral
- O₂ Sat: 98% on room air
- Weight: 174 lbs

Eyes: Sclera white, cornea clear, conjunctiva pink.

Chest: Symmetrical, no deformities or trauma. Respirations unlabored, no paradoxical respirations or use of accessory muscles noted. Non-tender to palpation throughout.

Lungs: Clear to auscultation bilaterally. No adventitious sounds.

Heart: RRR, no murmurs, S1 and S2 present.

Mental Status Exam:

General:

1. **Appearance:** Overweight, good hygiene, but slightly disheveled
2. **Behavior & Psychomotor:** Patient is agitated wants to leave, refuses medication, verbally threatening staff
3. **Attitude Towards Examiner:** Patient is Agitated and aggressive.

Sensorium and Cognition

1. **Alertness & Consciousness:** Patient is alert, and able to maintain consciousness.
2. **Orientation:** Patient is alert & oriented to place and knows he is in a hospital
3. **Concentration and Attention:** Patient unable to concentrate, and goes off topic during interview.
4. **Capacity to Read and Write:** Patient is able to read & write
5. **Abstract Thinking:** Patient ability to abstract was poor due to flight of ideas
6. **Memory:** Patient remote and recent memory were unimpaired.
7. **Fund of Information & Knowledge:** Patient has appropriate knowledge and intellectual

Mood and Affect

1. **Mood:** Patient is irritable with current situation, talking back to staff, and verbal with staff members.
2. **Affect:** Patient Labile & volatile
3. **Appropriateness:** Patient mood and affect are not consistent. Patients exhibit labile emotions, and angry outbursts, and verbally threatens staff.

Motor:

1. **Speech:** Patient speech is fine, and speaks with an accent.
2. **Eye contact:** Patient can make eye contact when interviewing him
3. **Body movement:** Patient displayed no signs of tics/tremors

Reason & Control:

- 1) **Impulse control:** Patient impulse is impaired, but no suicidal ideation or homicidal ideation.
- 2) **Judgement:** Patient judgement is impaired; he is verbal with the staff. Denies any auditory hallucinations, and visual hallucinations.
- 3) **Insight:** Patient has poor insight into why he is in CPEP, and what brought him in.

Differential Diagnosis:

- 1. Schizophrenia:** Schizophrenia is a disorder of abnormal thinking, behavior, and emotions. Patients with schizophrenia tend to either have negative symptoms or positive symptoms. Patients currently presents with positive symptoms of schizophrenia such as delusions during interview. Patient stated he has secret family members, knew interviewers' brothers, persecutory to staff members calling them racist. Patients also have disorganized speech at times where thoughts are disconnected, and tangential, and need to be redirected. Patient denies any auditory or visual hallucinations.
- 2. Bipolar I disorder (manic episodes):** Bipolar I disorder is characterized by at least one manic episode. Manic episodes include irritable mood, increased energy, and psychomotor agitation, which are all shown by the patient. Patient exhibits signs of impaired judgment elevated irritable mood, and verbal aggressiveness with staff members, Banging on class door. Patient is Uncompliant with taking medications. patient had to be given Haldo 5Mg IM to calm him down as he was a threat to other patients.
- 3. Schizotypal Personality Disorder:** Is characterized by odd, eccentric, and bizarre behavior Patient is presenting with odd, and eccentric bizarre such as wondering around with no pants, saying he knows interviewers' brother, has a secret family member, a business plan, and he was previously seen in CPEP for agitation in the ED.
- 4. Psychosis due to substance abuse: (Unlikely)** Patient denies any history of substance abuse, but possible patient may have taken a psychedelic drug that caused him to wander outside his apartment without pants

Plan:

- Admit to CPEP under 9.40, legal status, for 24-hour psychiatric observation and stabilization.
- Start patient on 0.5mg of Risperidone PO for psychosis
- Order and review labs, including EKG, CBC, CMP, TSH, blood alcohol level, urinalysis, and urine toxicology screen to rule-out underlying medical conditions, alcohol intoxication, and substance-induced presentation
- Monitor on Q15-minute observation for safety.
- Place on heart healthy diet
- Reevaluate patient in 24 hours.

