

Alena Rakhman
H&P #2
Rotation 8 – Psychiatry

Location: CPEP, Queens Hospital Center

Date: 10/23/19

Time: 11:49 PM

Source of Info: patient, patient's father

CC: agitation

HPI

13-year-old Hispanic female, accompanied by father, domiciled with parents and 2 sisters (19 and 11 years old), with no past medical or psychiatric history, BIBEMS and PD activated by father for agitation s/p running away from home. Pt states that she ran away from home today because she feels like her parents don't want her there, and reports getting kicked out of her bedroom recently (which she shares with her 11-year-old sister). She was planning on staying with her friend, and states that her friend's parents know her. As per pt, when PD came and tried to convince her to come back home, she refused numerous times, which lead to her being handcuffed.

Pt is in 7th grade at the Queens United Middle School, and reports that she is currently suspended after almost getting into a fight with a classmate (who threatened to "slice" the pt and pt's friend) but instead hitting the school safety personnel as a result. Her hearing about school suspension is scheduled for Monday (10/28/2019), and pt states that she will not go because she doesn't want to. Additionally, pt reports that she has a Person in Need of Supervision (PINS) warrant.

As per chart review, pt was found in the bathroom with scissors 2 days prior to the current incident. Pt states that the scissors were already in the bathroom and that her 19-year-old sister "made up" the story implying that she was using the scissors to hurt herself. Pt denies history of sexual abuse, is not sexually active at this time but likes boys, denies ETOH or illicit drug use. Pt reports being physically abused by her father on several occasions, last incident about 2-3 weeks ago, when pt's father used his belt to discipline the pt, leaving behind bruises. ACS is involved in the case, and pt has an assigned mentor from ACS, whom she talks to. ACS has been additionally involved once prior to this incident. Pt reports that she does not get along with dad, and reports SI "a long time ago" but not at this time.

Writer spoke to the pt's father, Esteban Martinez (917-222-2222), who states that pt has been "acting up" for the past 3 years, bullying kids at school, almost leading to one of the kids committing suicide. He also reports that his daughter has been hanging out with a group of kids lately, about her age, one of them being the girl the pt was planning on staying with. He also states that the pt goes "hunting," bullying her 11-year-old sister who is scared of her and has physically hurt her mother in the past. Mr. Martinez reports that 2 nights ago he caught the pt with scissors "in her clothes" in the bathroom, and states that his oldest daughter has told him that she has noticed the pt in the bathroom with scissors on 2-3 different occasions with a closed door without any water running. Dad is unaware what pt is doing in the bathroom, and states that no one in the family has noticed any physical marks on the pt. Dad believes that the pt might be smoking weed and drinking alcohol, based on what he has seen on social media. He reports that pt has been showing "out of control behavior" lately, and that his family has been under a lot of stress, with him losing his job recently, his wife about to lose her job as home health aide and being behind on 2 months of rent. He admits that he struck the pt with the belt 3 times because of the way she was acting, and reports that ACS, EMS and PD came to the house, but that the incident was "cleared".

At this time, pt states that she feels angry, but denies SI, having a suicidal plan, feeling depressed, hx of hurting herself, or HI/AH/VH.

Past medical/psychiatric history

- None

Immunizations

- Up to date
- No influenza vaccine this year

Past surgical hx

- None

Past hospitalizations

- None

Medications

- None

Allergies

- No known drug, food or seasonal allergies

Family history

- No significant medical or psychiatric hx for parents or siblings
- Unknown medical/psychiatric history for grandparents

Social History

- She is single, lives with his parents, and has one older and one younger sibling.
- She currently attends Queens United Middle School and is in 7th grade.
- Denies hx of smoking cigarettes, alcohol consumption, or illicit drug use.
- She does not follow any specific diet.

ROS (completed by CPEP triage RN)

General

- denies generalized weakness/fatigue, loss of appetite, recent weight loss or gain, fever or chills, or night sweats

Skin, hair and nails

- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head

- denies HA, vertigo, or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia, or pruritus; does not wear glasses or contacts

Ears

- denies deafness, pain, discharge, or tinnitus

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

- denies sore tongue, sore throat, mouth ulcers, voice changes, or bleeding gums

Neck

- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast

- denies lumps, pain, or d/c

Pulmonary System

- denies cough, SOB, wheezing, DOE, orthopnea, hemoptysis, cyanosis, or PND

Cardiovascular System

- denies CP, palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System

- denies loss of appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, abdominal distention, constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Nervous System

- denies HA, seizures, loss of consciousness, weakness, sensory disturbances, ataxia, loss of strength, or change in cognition/mental status/memory

Musculoskeletal System

- denies muscle/joint pain, deformity/swelling, redness, or arthritis

Peripheral Vascular System

- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System

- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System

- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric

- denies depression/sadness, anxiety, obsessive/compulsive disorder, seeing a mental health professional, or taking psychiatric medications.

Physical Exam

General appearance: Alert, cooperative, appears stated age, well-developed, well-groomed and well-nourished, in no distress.

Vitals:

BP → 100/75 (left arm, sitting)

HR → 91 bpm, regular

RR → 18 bpm, unlabored

Temp → 98.3 F (oral)

SpO2 → 99% (room air)

Height → 61 inches

Weight → 106 pounds

BMI → 20.0

Skin: Intact, warm, dry, nonicteric, no scars, or tattoos.

Head: Normocephalic and atraumatic, no specific facies, nontender to palpation.

Nails: No signs of clubbing.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. No discharge noted in both eyes. No scleral icterus.

Ears: Symmetrical and normal in size. No evidence of lesions, masses, trauma on external ears. No discharge or foreign bodies in external auditory canals AU. TMs unremarkable.

Nose: Symmetrical, no obvious masses, lesions, deformities, trauma, discharge, evidence of foreign bodies.

Sinuses: Non-tender to palpation.

Lips: Pink, moist, no evidence of cyanosis or lesions.

Mucosa: Pink, well hydrated. No masses or lesions noted. No evidence of leukoplakia.

Palate: Pink, moist. Palate intact with no lesions, masses, or scars.

Teeth: Good dentition.

Gingivae: Pink, moist. No evidence of hyperplasia, masses, lesions, erythema or discharge.

Tongue: Pink, well papillated, no masses, lesions or deviation noted.

Oropharynx: Well hydrated, no evidence of injection, exudate, masses, lesions, foreign bodies.

Neck: Good ROM. No masses, lesions, scars, pulsations noted, non-tender to palpation. No stridor noted. No thrills, bruits, palpable adenopathy.

Thyroid: Non-tender, no palpable masses, no thyromegaly, no bruits noted.

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

Lungs: Clear to auscultation and percussion bilaterally. No adventitious sounds. No rales, rhonchi, or wheezing.

Heart: No JVD noted. Carotid pulses are 2+ bilaterally without bruits. RRR; S1 and S2 are normal. No murmurs, rubs, or gallops noted.

Abdomen: Round, symmetrical, no evidence of scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. No bruits. Non-tender to light & deep palpation. No evidence of hepatomegaly or splenomegaly. No masses noted. No evidence of guarding or rebound tenderness.

Peripheral Vascular: The lower extremities are warm and dry. Pulses are 2+ bilaterally in extremities. No bruits noted. No ulcerations noted bilaterally.

Musculoskeletal: Normal range of motion. No edema, tenderness or deformity.

Motor/Cerebellar: Full active/passive ROM of all extremities without rigidity or spasticity. Normal muscle bulk and tone. No atrophy, tremors or fasciculations. Strength equal and appropriate for age bilaterally, 5/5 throughout.

Neurological: Alert and oriented to person, place, and time. She has normal reflexes, and exhibits normal muscle tone. Coordination normal.

CNI: smell → Intact

CNII: visual acuity → OS: Intact, OD: Intact

CNII: visual fields → Full to confrontation

CNII: pupils → Equal, round, reactive to light

CNIII, VII: ptosis → None

CNIII, IV, VI: extraocular muscles → Full ROM

CNV: mastication → Normal

CNV: facial light touch sensation → Normal

CNV, VII: corneal reflex → Present

CNVII: facial muscle function – upper → Normal
 CNVII: facial muscle function – lower → Normal
 CNVIII: hearing → Intact
 CNIX: soft palate elevation → Normal
 CNIX, X: gag reflex → Present
 CNXI: trapezius strength → 5/5
 CNXI: sternocleidomastoid strength → 5/5
 CNXI: neck flexion strength → 5/5
 CNXII: tongue strength → Normal

Labs

Drug Screen Qual 5 Panel, Urine

	Ref Range & Units	
Barbituates QUAL Urine	Cut-off = 200 ng/mL	Negative
Benzodiazepines QUAL Urine	Cut-off = 200 ng/mL	Negative
Cocaine Qual Urine	Cut-off = 300 ng/mL	Negative
Methadone Qual Urine	Cut-off = 300 ng/mL	Negative
Opiates Urine	Cut-off = 300 ng/mL	Negative
Creat, Urine (DAU)	mg/dL	238.9

POC Pregnancy, Urine – Negative

THC Urine Qualitative – Negative

Mental Status Exam

Appearance: alert, well-groomed, appears stated age, cooperative

Behavior: good eye contact, no abnormal movements

Speech: fluent, standard English accent

Mood: angry, irritable

Affect: dysphoric, volatile, mood congruent

Thought Process: coherent, goal directed

Thought Content: appropriate and normal content

Suicidal Ideation: no suicidal ideation

Homicidal Ideation: no aggressive or homicidal ideation

Delusions: no delusions

Perception: no perceptual disorders

Orientation To: time, place, person

Concentration: fair

Memory: remote and recent memory unimpaired

Ability to Abstract: fair

Intellectual Functioning: consistent with level of education

Insight: poor

Judgement: poor based on appreciating consequences of actions

Impulse Control: poor

Differential Diagnosis

1) ODD

- persistent negative, hostile & defiant behavior towards adults
- sxs present for at least 6 months (angry/irritable mood, argumentative/defiant behavior, vindictiveness)

2) Drug abuse

- Age
- angry/irritable mood
- erratic behavior/aggression
- reported hx of possible drug/alcohol abuse by father

Assessment

13-year-old Hispanic female, accompanied by father, domiciled with parents and 2 sisters (19 and 11 years old), with no past medical or psychiatric history, BIBEMS and PD activated by father for agitation s/p running away from home. At this time, pt feels angry, but denies SI, having a suicidal plan, feeling depressed, hx of hurting herself, or HI/AH/VH. Pt is deemed to be a potential threat to herself and/or others and requires overnight admission to EELOS for observation and stabilization.

Plan

- Admit to EELOS overnight for observation/stabilization
- Q15 observation
- Pregnancy and urine toxicology to rule out substance induced symptoms
- Heart healthy diet
- Re-evaluate in AM by child psychiatry
- Psychoeducation
- Social work assessment for safe disposition
- Discuss starting behavioral therapy
- Consider individualized education program