

Alena Rakhman  
H&P #4  
Rotation 8 – Psychiatry

Location: CPEP, Queens Hospital Center

Date: 10/30/19

Time: 11:57 PM

Source of Info: patients, patient's parents, chart review

CC: agitation and threatening behavior

#### HPI

27-year-old Caucasian male, domiciled with parents, unemployed, with past psychiatric hx of anxiety disorder, ADHD, and polysubstance use (cannabis, alcohol, amphetamines, and benzodiazepines), BIBEMS activated by parents for agitation and threatening behavior at home. Pt's initial blood alcohol level in the medical ED was noted to be 304 mg/dl at 6:40 PM on 10/30/19. Pt was evaluated in the medical ED several hours after initial arrival. Pt was noted to be AOX3, disheveled, with irritable mood and loud speech. Pt states "I don't need to be here, my father is a jerk, and my parents don't understand what I've been through, I drank today to self-medicate, I need to go home!" Pt states that he served in the Israeli army for 1 year and just came home this past August. He states that he suffers from nightmares and in order to self-medicate, he drinks alcohol and uses cannabis oils "sometimes." Pt denies current suicidal ideation, homicidal ideation, auditory hallucinations, and visual hallucinations. He also states that he found a therapist through his insurance and that he plans to go see a therapist soon. Pt sees a psychiatrist who prescribes the pt his medication but refuses to provide collateral information. Pt's parents were called for collateral information with pt's approval. As per pt's mother, Jane Smith (718-222-2222), pt did not serve in the Israeli army and only attended some type of "boot camp" there. Pt's father, Ben Smith, states that the pt has a fascination with military paraphernalia and that "that's especially scary because he has become very aggressive and threatened to kill us multiple times, though he often recants and says he didn't mean it, and we are afraid of him." Pt does not own a gun. Pt has suffered with opioid dependence in the past, and is currently abusing Xanax, Valium, and Adderall, as well as alcohol and cannabis. Pt allegedly claims to be "self-medicating" but has been irritable, aggressive, unpredictable and threatening since he came home from Israel in August 2019. Pt's parents state that they are afraid for their own safety and want the pt to be stabilized. At this time, pt is deemed to be psychiatrically unstable, is labile, agitated and hostile.

#### Past medical/psychiatric history

- anxiety disorder
- ADHD

#### Immunizations

- Up to date
- No influenza vaccine this year

#### Past surgical hx

- None

#### Past hospitalizations

- None

#### Medications

- Adderall (dextroamphetamine/amphetamine) 20 mg tab (1 tab PO daily)
- Xanax/Alprazolam 0.25 mg tab (1 tab PO PRN)
- Valium/Diazepam 2 mg tab (1 tab PO PRN)

#### Allergies

- No known drug, food or seasonal allergies

#### Family history

- Mother (HLD)
- Father (HTN)

## Social History

- He is single, lives with his parents, and does not have any siblings or pets.
- He currently does not work and does not attend school.
- Denies hx of smoking cigarettes. Reports ETOH, benzodiazepine, amphetamine and cannabis use.
- He 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 or pain

### *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; **sees a mental health professional, has history of anxiety and ADHD**

## Physical Exam

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

### **Vitals:**

BP → 133/74 (left arm, sitting)

HR → 71 bpm, regular

RR → 18 bpm, unlabored

Temp → 97.6 F (oral)

SpO2 → 97% (room air)

Height → 66 inches

Weight → 143 pounds

BMI → 23.80

**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. He has normal reflexes. He 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**CBC and differential**

	Ref Range & Units	
WBC	4.80 – 10.80 x10(3)/mcL	6/96
<b>RBC</b>	<b>4.70 – 6.10 x10(6)/mcL</b>	<b>4.63 ↓</b>
<b>HGB</b>	<b>14.0 – 18.0 g/dL</b>	<b>13.8 ↓</b>
<b>HCT</b>	<b>42.0 – 52.0 %</b>	<b>41.9 ↓</b>
MCV	80.0 – 99.0 fL	88.3
MCH	27.0 – 31.0 pg	29.8
MCHC	29.8 – 35.2 g/dL	33.7
MPV	8.7 – 12.9 fL	9.6
RDW	12.0 – 15.0 %	13.7
PLT	150 – 450 x10(3)/mcL	216
Neutrophil %	44.0 – 70.0 %	52.2
Lymphocyte %	20.2 – 45.0 %	36.8
Monocyte %	2.0 – 10.0 %	6.6
Eosinophil %	1.0 – 4.0 %	3.7
Basophil %	0.0 – 2.0 %	0.7
Imm Gran %	0.0 – 2.0 %	0.0
Neutrophil Abs	2.10 – 7.60 x10(3)/mcL	3.63
Lymphocyte Abs	1.00 – 4.90 x10(3)/mcL	2.56
Monocyte Abs	0.10 – 1.10 x10(3)/mcL	0.46
Eosinophil Abs	0.10 – 0.40 x10(3)/mcL	0.26
Basophil Abs	0.00 – 0.20 x10(3)/mcL	0.05
Immature Gran Abs	0.00 – 0.20 x10(3)/mcL	0.00
NRBC Abs	<=0.00 x10(3)/mcL	0.00
NRBC %	0.0 – 0.0 %	0.0

**BMP**

	Ref Range & Units	
BUN	6 – 23 mg/dL	15
<b>Sodium</b>	<b>136 – 145 mmol/L</b>	<b>148 ↑</b>
Potassium	3.5 – 5.1 mmol/L	4.2
Chloride	98 – 108 mmol/L	106
CO2	22 – 29 mmol/L	27
Glucose	74 – 110 mg/dL	89
<b>Creatinine</b>	<b>0.70 – 1.20 mg/dL</b>	<b>0.69 ↓</b>
<b>Calcium</b>	<b>8.6 – 10.0 mg/dL</b>	<b>8.5 ↓</b>
Magnesium	1.60 – 2.60 g/dL	2.40
Anion Gap	8 – 16 mEq/L	15
eGFR, Non-African-American	>=60 ml/min/1.73m2	>60

**Drug Screen Qual 5 Panel, Urine**

	Ref Range & Units	
Barbituates QUAL Urine	Cut-off = 200 ng/mL	Negative
<b>Benzodiazepines QUAL Urine</b>	<b>Cut-off = 200 ng/mL</b>	<b>Positive</b>
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	166.2

**THC Urine Qualitative – Positive****Blood Alcohol Level – 304 mg/dl ↑****Amphetamines Urine Qualitative – Negative**

### Mental Status Exam

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

Behavior: restless, poor eye contact

Speech: pressured, loud speech

Mood: irritable, angry

Affect: dysphoric, labile

Thought Pattern/Process: no thought disorder present

Thought Content: unimpaired

Suicidal Ideation: none

Homicidal Ideation: none

Delusions: none

Perception: unimpaired

Hallucinations: none

Orientation To: time, place, person

Concentration: fair

Memory: unimpaired

Ability to Abstract: fair

Intellectual Functioning: average

Insight: moderate

Judgement: impaired

Impulse Control: impaired

### Differential Diagnosis

- 1) polysubstance dependence
  - “self-medicating” with cannabis, alcohol, amphetamines and benzodiazepines
  - urine toxicology positive for THC, benzodiazepines, blood alcohol level of 304 upon arrival to ED
  - aggressive, threatening behavior toward parents
- 2) PTSD
  - male gender
  - hx of combat experience
  - irritable, reckless, self-destructive behavior for the past 3 months since coming home from Israel
  - hx of nightmares and “self-medicating” to deal with them
  - interest in military weapons
- 3) adjustment disorder
  - emotional/behavioral reaction for the past 3 months since coming home from Israel
  - social impairment

### Assessment

27 y/o Caucasian male, domiciled with parents, unemployed, with past psychiatric hx of anxiety disorder, ADHD, and polysubstance use (cannabis, alcohol, amphetamines, and benzodiazepines), BIBEMS activated by parents for agitation and threatening behavior at home in the context of alcohol intoxication (blood alcohol level 304). Urine tox positive for THC and benzodiazepines. At this time, pt is deemed to be psychiatrically unstable and warrants CPEP admission for further observation and stabilization.

### Plan

- Admit to CPEP for observation/stabilization
- Q15 observation
- Labs and urine toxicology
- Heart healthy diet
- Re-evaluate in AM for higher level of care, inpatient admission, or safe disposition
- Individual/Group/Milieu therapy
- Psychoeducation
- Alcohol withdrawal protocol with Ativan 1mg BID, Protonix/Thiamine/Folic acid/Multivitamin
- Encourage oral hydration and monitor vital signs every 2 hours
- Discuss outpatient chemical dependency rehab
- Outpatient f/u with psychiatrist and therapist