Patient ID: T1673
2 June 2011
08:20

S:

Patient reports that he is “great” today. He feels that he is “level on [his] meds” and that he is stable. On further questioning he admits to continued paranoia regarding the police, as well as paranoia about the Italian mafia yesterday although he is not as bothered by this today. He also demonstrates continued perseveration on the idea of bringing lawsuits against several people/institutions, and continued anger over “being thrown in jail 5 times for something I didn’t do.”

He reports that he slept well last night, stating that he sleeps very deeply when he doesn’t feel he is in danger. He had an episode of enuresis last night and feels that this was due to sleeping soundly. He denies suicidal and homicidal ideation, but does state, “because people know I’m a martial artist, everyone wants to fight me.” Nursing reports an incident yesterday afternoon in which the patient was yelling as his reflection and appeared to be ready to punch the mirror. He denies auditory or visual hallucinations, and states that he is not having side effects from his medicine.

At the end of morning rounds the patient experienced an episode of extreme agitation upon being told that he would not be discharged today and began yelling at staff as well as pacing the halls and cursing. He did eventually calm with redirection from staff, and was given Quetiapine for his agitation.

O:

Vital signs stable and within normal limits.

General and Behavior: Patient is well groomed and has good hygiene. Interaction with this examiner in pre-rounding interview was appropriate and patient did not demonstrate threatening behavior. Agitated episode during IDT rounds as noted in HPI. No evidence of EPS or movement disorders was noted.

Mood: “Great.”

Affect: Euthymic to mildly labile during pre-rounding interview. Labile during IDT rounds.

Speech: Rate of speech is increased, though not pressured. Patient is difficult to interrupt. Rhythm is normal. Volume was appropriate during pre-rounding interview, but patient was yelling during IDT rounds.

Thought Form: Tangential with flight of ideas. When asked if he had suicidal thoughts, patient stated that he did not have suicidal thoughts. This lead him onto a tangent about being an Oxford psychologist, a martial artist and special forces member, and finally he stated "to the best of my knowledge I'm an officer in the General ranks of the Navy."

Thought Content: Grandiose delusions including saving a man from a burning building, being a 3 star Admiral in the Navy, and having multiple honorary and actual doctorate degrees from Oxford. He also continues to perseverate on bringing lawsuits against multiple people and institutions. He demonstrates paranoia about the police and mafia. No suicidal or homicidal ideation.

Sensorium and Cognition: Alert and oriented x3. Cognition not formally assessed, but it is interesting to note that after asking this examiner about my own military service and rank he did begin treating me according to military customs and courtesies including saluting me when encountering me in the hallway.

Insight: Patient demonstrates poor insight into his condition. He does state that he is bipolar, but he feels that he is stable and does not need medical help at this point in time.

Judgment: Patient demonstrates poor judgment through the manner in which he treats staff and by almost punching the mirror yesterday. He continues to feel that he is "level on [his] meds" and that he does not need medical intervention.

A:

The patient is a 43 year-old white male with Schizoaffective disorder, bipolar type currently experiencing a manic episode. The paranoia which the patient was experiencing on admission is not present today. However, the patient continues to experience easy agitation, poor self-control, and grandiose delusions consistent with his current manic state. It would be expected that the medication would be having more effect at this point in the course of treatment, so it is possible that the patient has been cheeking meds and may need a liquid formulation. Alternatively the patient may not be responsive to the current medication regimen, and changes in the medication schedule may need to be made.

Axis I:

1. Schizoaffective disorder, bipolar type; current manic episode

Axis II: Deferred

Axis III:

1. Chronic hyponatremia
2. Hyperlipidemia
3. Obesity

Axis IV:

1. Resident of Iowa Veterans Home

Axis V:

1. GAF 20.

**P:**

1. Increase Quetiapine to 400 mg QHS. Increase Lithium to 900 mg QHS and and 450 mg qAM.
2. Continue prn Quetiapine for agitation, Clonazepam for anxiety, MOM prn for constipation, Nicotine gum for nicotine dependence, and NaCl for hyponatremia as written. Continue restricting fluids to 1 L/day due to hyponatremia.
3. Estimated discharge date: 1-2 weeks. Patient will return to the CLC once he is stable on his medications.

AJ Ballantyne, M3