Progress Report Overview

Student:	**Kirsten Marshall**
Activity:	Student Portfolio
Start Time:	09/08/2021 10:41:15
End Time:	10/11/2021 13:13:02
Total Time:	09:06:40

Actions

Order at 09/23/2021 09:16:00

Order at 09/23/2021 09:20:19

Order at 09/23/2021 09:23:36

Order at 09/23/2021 09:24:58

Note at 10/11/2021 13:12:50

Patient at 09/08/2021 11:06:19

Student Portfolio Documentation

Student: Kirsten Marshall
Activity Start: 09/08/2021 10:41:15
Activity Completion: 10/11/2021 13:13:02
Activity Completion: 09:06:40

Patient Data

Patient:
Age/Sex: 18 yo M
Location: General Hospital

DOB: 10/01/2003
MR#: MR20045
Admit Date: 09/08/2021

Orders

Order at 09/23/2021 09:13

Category	Prescriptions
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	284548SY1
Item Detail	Geodon (as ziprasidone hydrochloride monohydrate) 40 MG Oral Capsule
Alternate Name	Ziprasidone
Include DEA/NPI number	false
Quantity	80
Route	Oral
Details	Must take with food, at least 350 calories.
Frequency	BID
Status	Active
Dosage	40 mg
Days Supply	30
Substitution Allowed	Yes
Starts on	09/15/2021 09:13
Ends on	09/15/2022 09:13

Med Label

MAN/LOT	RX EXP	EXP DATE	DUE	STORAGE	CONT SUB	INSTRUCTIONS

Order at 09/23/2021 09:16

Category	Prescriptions
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	352272SBD1
Item Detail	Escitalopram 10 MG Oral Tablet [Lexapro]
Alternate Name	Escitalopram
Include DEA/NPI number	false
Quantity	30
Route	Oral
Frequency	QAM
Status	Active
Dosage	10 mg
Days Supply	30
Substitution Allowed	Yes
Starts on	09/15/2021 09:16
Ends on	09/15/2022 09:16

Med Label

MAN/LOT	RX EXP	EXP DATE	DUE	STORAGE	CONT SUB	INSTRUCTIONS

Order at 09/23/2021 09:20

Category	Screening/Measurements
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	Mood Disorder Questionnaire
Include DEA/NPI number	false
Details	Complete the MDQ with psychological testing
Frequency	ONCE
Schedule	Once
Status	Active
Starts on	09/15/2021 09:20
Ends on	09/15/2021 09:20

Med Label						
MAN/LOT	**RX EXP**	**EXP DATE**	**DUE**	**STORAGE**	**CONT SUB**	**INSTRUCTIONS**

Order at 09/23/2021 09:23

Category	Dietetics
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	Suplemental Shake
Include DEA/NPI number	false
Details	Please provide a high caloric shake with breakfast and at night to eat before taking Geodon.
Frequency	BID
Schedule	1d
Status	Active
Starts on	09/15/2021 09:23
Ends on	09/15/2021 09:23

Med Label						
MAN/LOT	**RX EXP**	**EXP DATE**	**DUE**	**STORAGE**	**CONT SUB**	**INSTRUCTIONS**

Notes

Note at 09/08/2021 10:42:55

Mental Health Assessment

Basic Information

Date:
09/08/2021 10:42:55

Author:
Kirsten Marshall

Location:
General Hospital

Demographics

Age:

17

Gender:

Male

Ethnicity:

Black or African American

Marital status:

Single

Employment status:

Part-time

Occupation:

Store Shopper at Kohl's

Clinical History

Presenting chief complaint:

"I tried to overdose"

History of current illness:

The patient was brought to outside hospital ED after ingesting 150mg Ritalin in a suicide attempt. Pt was monitored for cardiac arrhythmias and given 1 liter of NS. Poison control was notified and released requiring no further intervention. Pt was then transferred to Royal Oaks for psychiatric hospitalization to treat current symptoms.

The most recent exacerbation of increased "depression and fear" started 10 days earlier after pt and a "friend got into it." Last Friday, pt endorsed having suicidal ideation that continued throughout the weekend in which pt and family had an argument. Pt stated "I let my emotions get the best of me," and "I make bad choices." Pt states that he has been "feeling low" and is "not sure" of triggers. Pt states he wants to "be happy," but has difficulty expressing what that means. The outside hospital reports the pt as stating, "I looked up the dosage (of Ritalin) and I knew it wasn't going to kill me." There the patient required IM Ativan for agitation and 'banging his head on the glass wall," and yelling to staff, "am I going to have to hurt somebody?" He also endorses another instance of needing acute agitation medications during an inpatient stay in July, 2021. Additional notes from the outside hospital state that pt's behavior and statements were erratic, one-moment pt would state he was going to "kill himself "when he got to the next facility, then that pt was feeling "less discouraged because, because he checked his phone and realized that many friends have tried to contact him, expressing concern." Pt was admitted to Royal Oaks during the early morning hours, there have been no reports of behavioral issues since arrival.
.

Current Mood is "scared of losing friends "
• DEPRESSION: Patient denies sleep difficulty w/ initial/late insomnia, endorses feelings of hopelessness, worthlessness, and guilt. The patient endorses decreased energy and appetite. Patient reports concentration is fair and some irritability with periodic verbal and physical outbursts. Suicidal ideation is current with a plan to overdose with passive intent. He denies any homicidal ideations.
• MANIA: The patient endorses periods of increased energy lasting 30 min to an hour, denies the decreased need for sleep, euphoria, impulsivity, mind racing
• ANXIETY / PANIC DISORDER: patient endorses excessive worrying about "people not forgiving" him that is difficult to control. These worries do not result in poor sleep while contributing to fatigue.
• PANIC: The patient described one episode of difficulty breathing, and heart-racing after being informed that his grandfather passed away.
• EATING D/O: denies any restriction, binging, purging, laxative use
• OCD: denies repetitive patterns, thoughts/behaviors
• PTSD: Denies nightmares, flashbacks, hypervigilance, avoidance, disassociation
• PSYCHOSIS: denies auditory or visual hallucinations, delusions, thought broadcasting, thought insertion, delusions of reference, catatonia, or disorganized speech or behavior
• ADD/ADHD SYMPTOMS: denies excessive careless mistakes, difficulty sustaining attention, difficulty listening or following through on directions, difficulty with organization, frequently losing things, being easily forgetful, increased distractibility. The patient endorses being fidgety but denies difficulty sitting still, talking excessively, or blurting out answers/ interrupting others.
• DEFIANT/CONDUCT SYMPTOMS: Patient endorses losing temper easily, getting easily annoyed but denies frequently arguing with adults, defying rules, annoys others, spiteful. cruelty to animals, property destruction, fire-setting, getting in fights, stealing, lying, running away, truancy/skipping school. Mother endorses property destruction by putting holes in walls when angry.
• DMDD: patient denies low frustration tolerance, persistently irritable, school and home, the pattern of 3 or + outbursts a week over 12 months, severity out of context,.
• PERSONALITY d/o: patient denies a series of unstable relationships but endorses in mood and throughout the interview, a fear of abandonment, going great lengths to avoid being alone, push/pull- love/hate, unstable self-image/empty, lack of goals/plans, and intense unstable anger.

Past psychiatric history:

The patient's first contact with psychiatry was at 8 years old when he was diagnosed and treated for ADHD. The patient-reported history of mood disturbance began in 8th grade at 12 years old when pt was hospitalized for anger toward "family and brother," and first experienced suicidal ideation. This is the patient's fourth hospitalization this year, equalling five in total. Pt's first overdose attempt was in April of 2021, on Trazadone, and was subsequently hospitalized at Lakeland psychiatric hospital in Missouri. He has a previous diagnosis of ADHD, MDD, Anxiety, and DMDD. His therapist recently moved out of state and has an appointment in two weeks to initiate treatment with a new therapist. He sees a psychiatrist for medication management.

History of suicidal acts and self-harm:

A suicidal attempt by overdosing on Trazadone in April 2021 did not require medical intervention and was hospitalized in Lakeland psychiatric hospital. Current hospitalization after taking 150mg Ritalin. Pt denies any other self-harm actions.

History of violence/ Assaulting others/ Legal problems:

There are pending charges of assault from April of 2021; the stated allegations are that he grabbed a young woman's arm while at her house. Several years ago pt infiltrated brother's profile to create a Snap Chat account that was used to obtain and send illicit photos of self and peer-aged girls that led to the arrest of brother for underage sexual images.

Substance use history:

• SUBSTANCE USE: No clinically significant history of alcohol, cannabis or recreational drug use.
• TOBACCO: none
• ALCOHOL: No use > 6 months. Denied past h/o blackouts, DUIs, relationship, legal or occupational problems related to substance use.
• MARIJUANA: No use in > 6 months
• OPIOIDS: none
• BENZODIAZEPINES: none
• COCAINE: None.
• METHAMPHETAMINE: none
• HALLUCINOGENS & OTHER DRUGS: none.

Mental illness and substance abuse in family members:

Scant information on biological family. Mother was homeless and had hyperthyroid, a possible diagnosis of bipolar disorder.

Psychosocial History

Childhood/ Developmental history:

The patient was adopted at 10 weeks; was raised and continues to live with married adopted parents. Two adopted younger sisters still reside in the home and two older adopted brothers that no longer live at home. Pt's mother endorses difficulty concentrating, an unspecified learning delay, and being behind in both emotional and executive functioning milestones while meeting all physical milestones at the typical age.

Current significant family and/or peer group relationships:

Patient endorses a supportive relationship with his parents and sisters. He states his brothers are "not supportive, and don't come around much."

Financial status, housing, employment, leisure time issues:

Father is a physician and mother does not work but has a college education. They have a stable home and income to support their needs. The patient works s at Kohl's and previously as a busser at Olive Garden. The patient enjoys video games

Medical Information

Current medical problems:

☑ None

Other:

History of head injury during foot ball, no hospitalizations required.

Current significant pain problems:
None

Current medications:

Ziprasidone: 40 mg BID (last filled 08/10/21) endorses adherence but does not take with food.
Escitalopram: 10mg qAM (last filled 08/02/21) endorses adherence
Melatonin: 2-6mg qHS (last filled 07/30/21) endorses periodic use
Loratadine 10 mg q am (last fill 07/07/21)

Previous medications:
Vyvanse 40 mg qAM (last filled 04/15/21) Not taking
Aripiprazole 10 mg daily (last filled 04/15/21) Not taking
Hydroxyzine Pamoate 50mg PRN Anxiety (last fill 02/15/21) Not taking
Trazadone 50 mg q HS (Last fill 04/15/21) Not taking

Current nicotine and caffeine use:

None

Allergies and adverse drug reactions:

Kolnadine: reports "hallucinations;" Abilify: "weight gain"

Review of Systems (ROS)

Constitutional:

Denies excessive daytime sleepiness, trouble getting or staying asleep. Reports low energy. denies excessive weight changes.

HEENT:

n/a

Skin:

n/a

Cardiovascular:

n/a

Respiratory:

n/a

Gastrointestinal:

n/a

Genitourinary:

n/a

Neurological:

Denies HA, seizures

Musculoskeletal:

n/a

Hematologic:

n/a

Lymphatics:

n/a

Psychiatric:

See HPI

Endocrinologic:

n/a

Mental Status Exam

Orientation and consciousness:

- [x] Oriented x3

Appearance and behavior:

- [x] Cooperative and reasonable
- [x] Grooming appropriate

Speech:

- [x] Normal rate/Rhythm

Language:

- [x] Intact

Mood and affect:

- [x] Affect is congruent with mood
- [x] Affect blunted/Restricted/Constricted
- [x] Mood depressed

Perceptual disturbance (hallucinations, illusions):

- [x] None

Thought process and association:

- [x] Normal, coherent

Thought content (delusions, obsessions etc.):

- [x] No unusual thought content

Suicidal or violent ideation:

- [x] Suicidal ideation active with plan, contracts for safety

Insight:
Limited

Judgment:
Impaired

Memory:
Intact

Fund of Knowledge:
Average

Mental status comments:

Patient appears to be at stated age, well dressed, appropriate hygiene, presents guarded, calm. Considered a vague historian, prevaricating the truth AEB lack of details in previous hospitalizations, extent of behavioral outbursts in the home, and current legal troubles that began severl months ago. Patient appears well nourished and above average height. No remarkable features were apparent. There are no abnormal movements noted on exam. Gait is normal. Muscle tone is within normal limits. Patient is alert, oriented to person(name), place, situation, eye contact is fair. Speech is normal rate, normal tonal variation, and appropriate volume. Patient describes mood as " scared of losing friends." Affect is congruent. Thought process goal-directed, thought flow is linear, associations intact. Attention and concentration are adequate. Fund of knowledge and language average based on vocabulary. Cognition and memory are grossly normal AEB orientation to person, place, date. Patient reports current president and previous in the correct order, demonstrates abstract reasoning by translating "taking the bull by the horns," as "getting things done." Concentration impaired AEB inability to spell the WORLD backward. Patient is not experiencing hallucinations or delusions. Patient endorses the presence of suicidal ideation, denies homicidal ideation. Impaired insight and judgment AEB current suicidal attempt and difficulty connecting actions with detrimental outcomes.

Assessment of Danger to Self

Suicide risk checklist:

- [x] Suicide ideation
- [x] Suicide plan
- [x] Access to means to implement a plan
- [x] History of previous attempts or gestures
- [x] Sense of hopelessness
- [x] Recent or impending loss of job and/or financial support
- [x] History of violence
- [x] History of impulsivity

Protective factors:

- [x] Therapeutic alliance with a mental health professional

DSM 5 Diagnosis

Diagnosis:

F33.1 Major Depressive Disorder, recurrent, moderate; F31.1 Bipolar II, depressed, moderate (provisional); F90.1 Attention Deficit and Hyperactivity Disorder, predominately hyperactive/impulsive presentation; Personal history of self-harm

Diagnosis code:

F33.1, F31.1 (provisional), F90.1, Z91.5

Categorize disorder:

- [x] Neurodevelopmental disorder
- [x] Bipolar and related disorder
- [x] Depressive disorder
- [x] Sleep-wake disorder

Contextual factors:

Relavant contextural factors include the patient's recent graduation from high school after attending a all boys boarding school last year. Patient expressed concern and apathy regarding next steps in life

Conclusion

Assessment/ Summary:

a) List a minimum of eight differential diagnoses from the chief complaint.

1. Major Depressive Disorder
2. Borderline Personality Disorder
3. Bipolar 2 Disorder
4. Oppositional Defiant Disorder
5. Depressive Mood Disregulation Disorder
6. Intermittent Explosive Disorder
7. Cyclothymic Disorder
8. Adjustment Disorder

b) What would you have done differently to aid in diagnostics?
I would have like to have had a better picture of his home behavior from his father. We spoke with his mother who was labile and difficult to keep on track. Additionally, his father is a physician and had certain expectations with medications.

c) Do you agree with the current diagnosis? Why or why not? Are there any additional diagnoses that should be included?
This young man's symptoms and behaviors met borderline personality disorder, but the provider and I both believed that for that diagnosis, we would have had to have more time with him. And this may be a diagnosis for the future in outpatient. He does meet the criteria for MDD. He did not meet current criteria for ADHD, but this was a previous diagnosis. He is not being treated for it at this time per parents who do not want him simultaneously on an SSRI and stimulant. He was going to be sent to the inpatient psychologist to rule out bipolar.

Treatment Plan:

a) Professional guidelines/practice parameters:
Hopkins, K., Crosland, P., Elliott, N., & Bewley, S. (2015). Diagnosis and management of depression in children and young people: Summary of updated NICE guidance. BMJ, 350, h824. https://doi.org/10.1136/bmj.h824
Stone, M. H. (2019). Borderline personality disorder: Clinical guidelines for treatment. Psychodynamic Psychiatry, 47(1), 5–26. https://doi.org/10.1521/pdps.2019.47.1.5

b) Recent peer-reviewed articles that are relevant to this patient's care:

Aggarwal, S., & Patton, G. (2018). Engaging families in the management of adolescent self-harm. Evidence-Based Mental Health, 21(1), 16. http://dx.doi.org.proxy.library.umkc.edu/10.1136/eb-2017-102791
Dardas, L. A., van de Water, B., & Simmons, L. A. (2018). Parental involvement in adolescent depression interventions: A systematic review of randomized clinical trials. International Journal of Mental Health Nursing, 27(2), 555–570. https://doi.org/10.1111/inm.12429
172(12), 1251–1258. https://doi.org/10.1176/appi.ajp.2015.14101251
Stone, M. H. (2019). Borderline personality disorder: Clinical guidelines for treatment. Psychodynamic Psychiatry, 47(1), 5–26. https://doi.org/10.1521/pdps.2019.47.1.5
Vaudreuil, C., Farrell, A., & Wozniak, J. (2021). Psychopharmacology of treating explosive behavior. Child and Adolescent Psychiatric Clinics, 30(3), 537–560. https://doi.org/10.1016/j.chc.2021.04.006

c) How would you proceed specifically with the treatment of this patient using these resources? In-text citations are expected.
This young man is being treated outpatient and receiving Geodon 40mg BID and Lexapro 10mg daily. He was not taking the ziprasidone w/ food, additionally he is 6'8" and therefore he most likely has not been therapeutic. When this was discussed with his mother, she opted to continue the same medication because she thought he showed some improvement when it was first prescribed. Education was provided to ensure that patient and family understood how to take the medication properly. Additionally, his dose of Lexapro was increased to 20mg daily. While the use of ziprasidone for behavioral problems has not been shown to be as effective as risperidone (Vaudreuil et al., 2021), it has been shown to be effective in the augmentation of Lexapro for depression with anxious distress (Ionescu et al., 2016; Papakostas et al., 2015).
Guidelines recommend that psychopharmacology should always accompany therapy as well (Hopkins et al., 2015). I would have this young man attend an outpatient Dialectical Behavioral Therapy (DBT) program due to his self-harm behaviors, relationship instability, and personal self-doubt. DBT is first-line intervention for borderline personality disorder (BPD) (Stone, 2019). While this patient does not have an official diagnosis of BPD, his behaviors and feelings of loneliness and emptiness are symptom targets of DBT. Along with individual/group therapy, including the family in the treatment through individualized family therapy to reduce self-harm. Aggarwal & Patton (2018), concluded that no single type of family therapy has been found to be a one size fits all treatment for reduction in self-harm for adolescents, but that family intervention is effective at least in the short term to improve outcomes, though follow up latitudinal studies are still lacking. Similar results were found for adolescents with depression in the systematic review, Parental involvement in adolescent depression interventions (Dardas et al., 2018).
While inpatient, he should be closely monitored for self-harm and inappropriate relationship formation with peers and staff. Combined use of ziprasidone and Lexapro has the potential to increase QT prolongation, he had a baseline ECG done as well as labs. While ziprasidone has less incidence of weight gain and metabolic changes, having baseline lab values and periodic monitoring would be important.

Registration

Registration at 09/08/2021 11:06

Patient Information

Patient Image	
First Name	Johnathan
Sex	M

Current Gender Identity	MA
Date of Birth	10/01/2003
Medical Record Number	MR20045
Marital Status	SI
Language	English
Patient Race/Ethnicity	BA
Street Address	123 Main Street
City	Anytown
State/Province	MO
Employment Status	EP

Guarantor Information

Relationship	SE
First Name	Johnathan
Street Address	123 Main Street
City	Anytown
State/Province	MO

Encounters

ACTIVE	LOCATION	CHECK IN DATE	CHECK OUT DATE	CARE TEAM	DESCRIPTION	STATUS
true	General Hospital	09/08/2021 10:41	01/01/0000 00:00	Richard Chamberlain, MD	Portfolio Documentation	