

**Jasmin [Jay] Kolasinac**

**Psychiatry Rotation**

**Queens Hospital Center – CPEP**

**Identifying Information:**

- Name: Z.S.
- Sex: Female
- DOB: \*/\*/2001 – 19-years-old
- Date: 04/13/2021 @ 15:30 PM
- Location: Queens Hospital Center – CPEP
- Source of Information: Self
- Source of Referral/Mode of Transport: Brought in by EMS

**CC:** Stab wound to neck

**History of Present Illness:**

Ms. S is a 19-year-old, Caucasian, female, domiciled with parents, brought in by EMS activated by the mother, with no known past medical history or past psychiatric history, presented to the ER status post stabbing herself in the neck at approximately 3a.m. this morning. As per patient, her mother went to hug her this morning before work and quickly realized there was blood on the back of her neck which is when the mother called 911. The patient complains of multiple medical complaints that have begun sometimes in January of this year. She has visited various specialists for complaints of weight loss, hair loss, heart issues, thyroid nodules, urinary retention, weakness, pain, and pallor of skin. She explains how difficult it has been these past few months to not have an established diagnosis for her symptoms and how she wished that “all of these doctors could come together to figure out what is wrong.” Naproxen was the only medication she would take and she quickly discontinued its use because she associated it with worsening hair loss. Patient believes her symptoms may be associated to the fact that her mother never “did that genetic test during pregnancy.” Patient also explained how her parents have been emotionally abusive, unsupportive, and have been down-playing her symptoms stating it is most likely all in her head. The patient stated her parents would make remarks such as: “There are children with leukemia who are smiling” ultimately further downplaying her symptoms. The patient then complained of a 4-day history of more than usual hopelessness, sadness, helplessness, and depressive symptoms. She denied any SI/HI/AH/VH during that period. Her father texted her last night “something mean” for which she explained was the “breaking point” that caused her impulsively to take a kitchen knife and stab herself in the neck. As per patient, suicidal ideations were only present just before she took the knife. Patient was crying multiple times throughout the interview. She is alert and oriented to person, place and time and is in no acute distress. Patient is very slim and appears malnourished. She was cooperative, with pressured speech and anxious. She was noted to be preoccupied with her medical symptoms and the fact that she does not have a diagnosis. Unclear if patient may be exaggerating her symptoms.

**Collateral information:**

MOTHER: B\*\*\*\*\* A\*\*\*\*\* [\*\*\*\_\*\*\*\_\*\*\*\*]

The mother stated her daughter has a history of suicidal ideation back in 2017 where she was then diagnosed with anxiety and depression, however, refused to take any medication for fear of side effects. Her daughter Zoe has had 13 ER visits since January 15<sup>th</sup>, 2021. Before this date, the daughter was her normal self, had no issues, and was the girl that we all knew and loved. She was with her boyfriend on 1/15/2021 and unplugged a computer and was electrically shocked. Ever since that day, the mother states her daughter has never been the same. Mom states her daughter has seen countless healthcare providers and specialists for her symptoms and they all have explained to Zoe that she is completely fine, however, the daughter refuses to acknowledge this and continues to believe she is extremely ill. The patient attends a performing arts school where she was forced to take a leave of absence because she was missing classes due to the plethora of doctors' appointments. Mother states daughter has never abused any EtOH/drugs and has not been eating/sleeping adequately these past 8 days she is afraid certain foods would worsen her illness. She also experienced auditory hallucinations back on 04/07/2021. The mother explained that her daughter heard individuals talking and cooking in the kitchen around 2:30am. The mother is very afraid for her daughter's well-being because "all she does is excessively look up diseases on the computer" and it has come to a point where she has harmed herself for the first time and could possibly take her life in the future. The mother is very adamant about regaining her trust in healthcare providers. Daughter stated that "If doctors are not going to help me I want to die a peaceful death."

**Past Medical History:**

None

**Past Surgical History:**

No past surgical history

**Past Psychiatric History:**

Depression  
Anxiety

**Allergies:**

Penicillin G Benzathine - hives

**Medications:**

No current medications at this time

**Family History:**

No family history of any psychiatric disorders. Everyone is in good health as per mother.

## **Social and Occupational History:**

Z.S. is a 19-year-old, Caucasian, female, domiciled with parents, who attends a performing arts school. She has recently been placed on a leave of absence because she was consistently missing classes due to her medical appointments with various specialists. She was instructed to return to the school the following January in 2022. Mother explains, ever since she was on leave of absence from school, she consistently would research numerous disease states and is trying to find a diagnosis for herself. Patient complains that her parents do not believe her and they consistently put her down by saying she needs mental help. The patient denies any EtOH/illicit drug abuse. Denies any history of trauma or violations with the law.

## **Review of Systems:**

- General – **Patient complains of unintentional weight loss** [15lbs over the last 2 months] and weakness. Denies any fever, chills, or night sweats.
- Skin – **Patient complains of discoloration in her nail beds and skin pallor.** Denies any itching, masses, rashes, lumps, bruises, or sores.
- Genitourinary - **Patient complains of urinary retention and period irregularities.** **LMP was 2/27/21.** Denies any urgency, frequency, lesions, polyuria, nocturia, or hematuria.
- Neurology – Patient denies vision changes, balance issues, confusion, numbness, or tingling.
- Psychiatric – **Patient complains of helplessness/hopelessness and stress.**

## **Vital Signs:**

- BP: 103/71 right arm, sitting
- Pulse: 82 beats per minute
- Respiratory rate: 18 breaths/minute unlabored
- Temperature: 99.0 F (oral)
- SpO2: 99% (room air)
- Height: 5'3" -- Weight: 100 pounds -- BMI: **17.7** [<18.5 underweight]

## **Mental Status Exam:**

### **General**

- **Appearance:** Patient appears to be underweight and malnourished. She has disheveled hair and clothes with a wound to the right posterior-lateral side of her neck. She is in no acute distress.
- **Behavior and Psychomotor Activity** – During the interview, the patient was restless, demonstrating poor eye contact with episodes of crying in between.

- **Attitude Towards Examiner** – The patient was very cooperative, appeared preoccupied with her illness more so than the stab wound, distractible, patient was hypervocal and the examiner needed to cut her off most of the time to ask a question.

### Sensorium and Cognition

- **Alertness and Consciousness** – The patient was alert and her level of consciousness was stable and did not fluctuate during the interview.
- **Orientation** – The patient was oriented to person, place, and time.
- **Concentration and Attention** – The patient was very focused on her medical symptoms.
- **Visuospatial Ability** – the patient displayed good visuospatial ability by guiding herself and interviewer around CPEP to her specific chair.
- **Capacity to Read and Write** – The patient has reading and writing abilities consistent with their level of education.
- **Abstract Thinking** – The patient demonstrated capacity for abstract thinking by interpreting the idiom “don’t cry over spilled milk” to mean “don’t get upset about small stuff”.
- **Memory** - The patient’s memory is unimpaired with both recent and remote memory.
- **Fund of Information and Knowledge** – Patient demonstrated a good knowledge as she would continuously use medical vocabulary [tachycardia, bradycardia, debridement, cardiogenic shock]

### Mood and Affect

- **Mood** – The patient’s mood was anxious worrying whether or not she would receive treatment for her medical symptoms.
- **Affect** – The patient mostly had a flat affect.
- **Appropriateness** – The patient’s mood was consistent with what we discussed and began to cry when asked about the self-harm.

### Motor

- **Speech** – The patient’s speech pattern was normal.
- **Eye Contact** – Patient had poor eye contact focusing on own body parts mainly.
- **Body Movements** – The patient began the interview lying in bed. Excessive hand movements were made pointing to areas associated with her symptoms.

### Reasoning and Control

- **Impulse Control** – The patient had poor impulse control demonstrated by the fact she impulsively stabbed herself in the neck. Currently, has no suicidal or homicidal ideations.
- **Judgment** – Patient displays poor judgment as evidenced by her illogical thoughts about being extremely ill and in poor health. Currently, denies any auditory or visual hallucinations.

- **Insight** - Patient displayed poor insight into her condition by continuously repeating she did not understand why she was in the CPEP with all of these “criminals.” She stated she does not have any mental disorder and her symptoms are all physical, especially her “heart condition”.

### Thinking

- **Thought Process** – Patient’s thought process was circumstantial. Simple questions were answered in great detail.
- **Thought Content** - Obsessions over medical symptoms. Preoccupied with obtaining a diagnosis.

### Differential Diagnosis

- **Somatic Symptom Disorder** -
  - Patient has excessive thoughts and feelings about the seriousness of her symptoms.
  - She has devoted excessive time and energy to these symptoms
  - She has seen endocrinologists, neurologists, rheumatologists, cardiologists, etc. Mother explained all doctors indicated labs/imaging were within normal limits.
  - Patient refused to acknowledge these results and continued to visit the emergency room [13 times] and scheduled additional appointments with specialists.
  - Disrupting patients life - had to leave school
- **Illness Anxiety Disorder** -
  - Worried about having a serious illness
  - Symptoms seem to be only mild in intensity.
  - She is very anxious, constantly thinking about her medical status
  - Physician visits and undergoing numerous tests is frequently used.
- **Factitious Disorder** -
  - Falsification of physical symptoms? Perhaps, she induced injury upon herself so that people will listen to her story.
  - She presents herself as an extremely ill person
  - There is no clear external reward present
- **Depression** -
  - The patient has a history of anxiety, depression, and suicidal ideations.
  - She reported hopelessness/helplessness feelings because nobody is believing her about her symptoms.
  - She impulsively harmed herself due to lack of support from family regarding her beliefs.
  - Lack of sleep and eating.
  - Lack of enjoyment in usual activities [dance, acting, etc]
- **Anorexia Nervosa** -
  - The patient attends a performing arts school where figure plays a big role in the industry.
  - Patient appears cachectic and has low BMI - 17.7 [<18.5 is underweight]
  - Eats very little

## **Diagnosis**

- The encounter diagnosis was Depression, unspecified depression type [F32.9]

## **Treatment Plan:**

- Order CBC, CMP, urine toxicology to rule out substance abuse and electrolyte disturbances.
- Admit to CPEP [9.40] for further psychiatric observation and stabilization
- Patient was placed on 1:1 observation
- Collateral contact for evaluation of baseline functioning and additional history
- Consider stat medications for stabilization
- Maintain observation and safety
- Re-evaluation in the morning

## **Morning Assessment:**

Patient is hyperverbal and restless in explaining her issues with side effects to medications and regarding multiple medical symptoms. Reports she is concerned about wound care for the self inflicted cut on her neck. Wants to know if doctors will be "debriding" the area and treating her infection. Patient then elaborates extensively about how she isn't sure if she should take the medications that were ordered because she is afraid of reactions and the doctors have not found out a diagnosis yet for her symptoms. She does not want to mask the symptoms with any medications due to potential side effects. Ultimately, the patient refused Remeron but agreed to take Clindamycin because she was on it once before. Patient returns to the desk multiple times with various complaints and requests for which there is no validity. Patient denies current suicidal/homicidal ideations or any types of hallucinations. She is currently obsessed with wound care to her neck and inquiring if doctors have any new information on her potential diagnosis. She regrets hurting herself because now all the attention is off of her symptoms and directed toward her mental status which she states is "completely fine."

## **Disposition →**

Patient was admitted to inpatient psych because she remains an unpredictable suicidal risk. She needs stabilization and continued treatment.