Sirat Zafar
Psychiatric Rotation
CPEP-QHC (Jamaica, Queens)
January 31, 2026

Site Evaluation #2: Case 2

Source of Referral:
Source of Referral: Mother (private vehicle)
History Obtains from: Patient, Chart review, and additional information from family (collateral)
Patient is hearing, is not hard of hearing, deaf or mute
Patient is English speaking
No interpretation needed, the patient spoke in preferred language.

Chief Complaint: suicide attempt (Ingestion of Risperidone 2 mg PO Tablet x 25; total 50 mg)

History of Present Illnesses:
L.S-C is a 26 yo African American female single, domiciled with roommate in apartment, unemployed, w/ PMHx of psychosis, BIB mother for suicide attempt via overdose on Risperidone 2 mg (25 oral tablets) and auditory hallucinations threatening her and her mother, endorsing that she was "scared and had no choice." She endorses paranoia and judgement by strangers stating, "They don't like the way I live my life." Patient states she is not feeling hopeless and is eating and sleeping well. Upon evaluation, patient is minimally cooperative, lethargic, with eyes closed throughout the interview with slow and soft verbal responses. She endorses feeling cold and describes her body as feeling heavy. Patient denies current active SI/HI/VH. Spoke to mother, who endorses that patient has around $27k credit card debt while employed at two jobs and mother is paying her rent at the moment. Mother states patient overdosed and immediately came to her from the bedroom after the incident. She reports the patient told her the voices say "She (patient) is having sex with her cat," shouting her phone number and social security number at her and threatening to "come get her and her mother." Mother reports patient had a prior suicide attempt during Zucker's admission and tried to strangle self with a bed sheet. She states pertinent psych family hx of first cousin having depression and mother's cousin having bipolar disorder. Reports patient was in outpatient psychiatric care provided by Zucker's since hospital admission but missed her last appointment. Patients roommate reports she does not use substances or alcohol and stopped smoking marijuana since 8/2025. No reported access to firearms or other lethal means. Denies decreased need for sleep, elevated mood, and grandiosity. No reported recent medical illness or trauma.

Past Medical History:
Present Illness- Psychotic disorder, unspecified

Past Surgical History:
Denies surgeries, past injuries, or transfusions.

Medications:
Risperidone 2 mg PO QD *(discontinued)*

No birth control/holistic preps or vitamins.

Allergies: Denies any food allergies, NKDA, no environmental allergies. No known allergies to anesthesia.

Family History: Mother alive, no psychiatric history. Father status unknown. Positive for depression in a first cousin on the maternal side (mother's twin) and bipolar disorder in a maternal cousin.

Social History: Patient is a single, unemployed (previously employed at two full-time jobs), female living with a roommate in an apartment. She has no children. Denies tobacco or illicit drug use or alcohol use. Per roommate, patient stopped using marijuana in August 2025. Collateral from mother and roommate report the patient eats full meals and sleeps approximately 6–8 hours per night.

Review of Systems:

1. General: **Admits to fatigue, generalized weakness and chills in the context of Risperidone overdose**. Denies changes in appetite, fevers or night sweats.
2. Skin: Denies changes in texture, excessive dryness, or sweating. No evidence of self-inflicted wounds, intravenous drug use, or skin picking.
3. Head: Denies headache, vertigo, or head trauma.
4. Neck: Denies localized swelling/lumps or stiffness/decreased range of motion.
5. Pulmonary System: Denies cough, dyspnea, wheezing, hemoptysis, cyanosis, or orthopnea.
6. Cardiovascular System: Denies chest pain, palpitations, syncope, feet or ankle edema, and known heart murmur.
7. Gastrointestinal System: Denies abdominal pain, nausea, and vomiting, dysphagia, jaundice.
8. Nervous System: Denies seizures, loss of consciousness, changes in cognition, change in memory, weakness, and sensory disturbances such as numbness, paresis, dysesthesias, and paresthesia.
9. Musculoskeletal system: Denies muscle/joint pain. Denies weakness, swelling, or recent trauma.
10. **Psychiatric**: **Admits to psychosis, past suicide attempts, and auditory hallucinations**. Denies prior episodes of memory loss, insomnia, nervousness, depression, phobia, mania, disorientation, and homicidal behaviors.

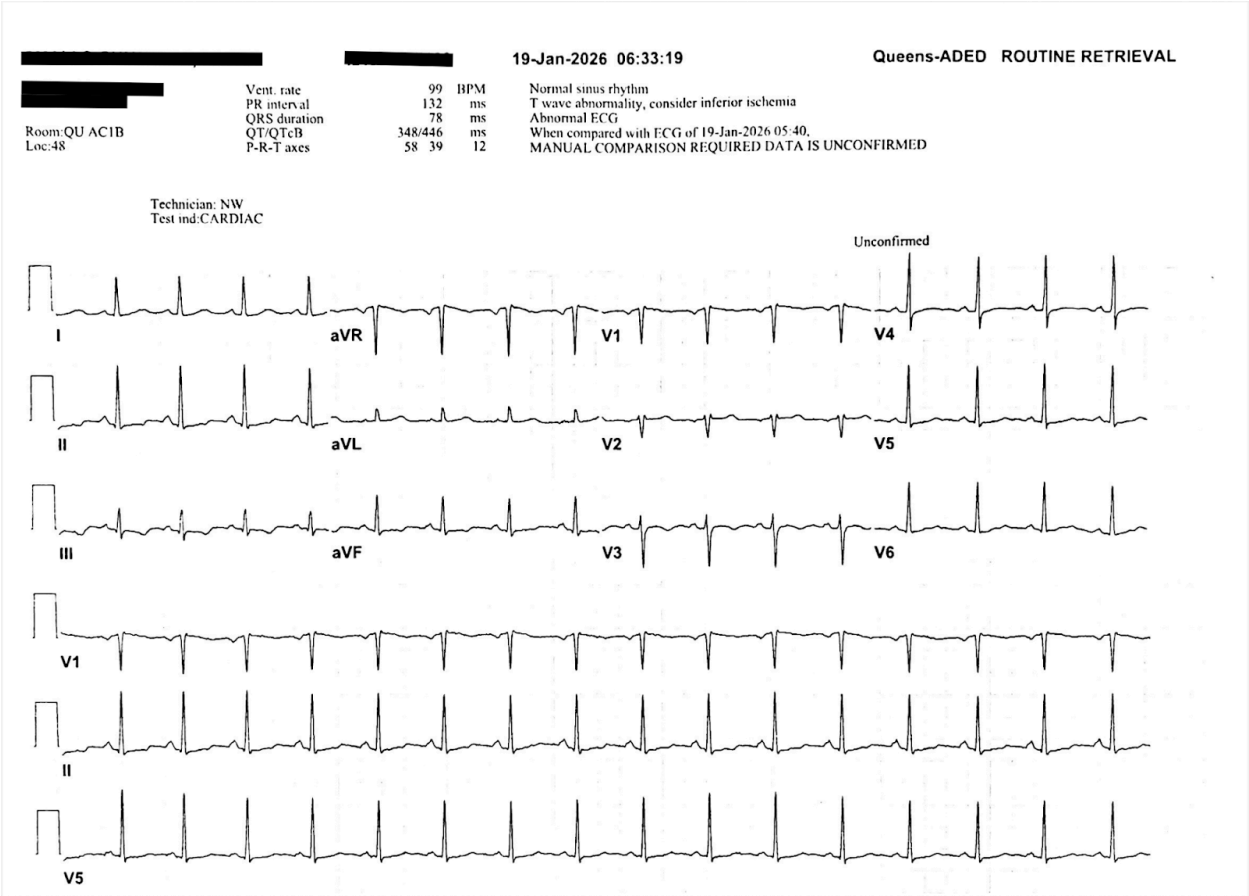
Vital Signs:

- Temperature: 97.4F (Oral)
- Heart Rate: 90
- Respiratory Rate: 15
- Blood pressure: 99/65 mmHg Right Arm (Seated)
- Oxygen Saturation: 99% on room air
- Height: 5'5"
- Weight: 123 lb 8 oz
- BMI: 20.5 kg/m2

Physical Exam:

- General: 26 y/o female who appears her stated age- laying in a hospital bed, in hospital gown. Lethargic but arousable, in NAD.
- Neurological: Alert but lethargic and minimally engaged. Oriented to person and place. Intermittently responsive to questions. Speech markedly decreased in quantity, slow and soft but coherent. Thought process linear when able to respond. Attention impaired. Insight poor; judgment grossly impaired.

Bonus: EKG Results Acquired



EKG obtained after risperidone overdose showed normal sinus rhythm with **QT interval at the upper limit of normal for a female**. This was clinically relevant given risperidone's potential to prolong QT and helped confirm medical stability prior to psychiatric admission.

MENTAL STATUS EXAM

General

1. **Appearance**: L.S-C is a 26 yo African American female of medium height and well-nourished, and appears stated age. She was dressed in a hospital gown and appeared mildly disheveled. Hygiene was poor. Hair was medium length and slightly unkempt. She appeared lethargic but arousable during the evaluation. No visible scars, track marks, or signs of self-injurious behavior

were observed. Physical appearance was consistent with recent medication overdose, without signs of acute medical distress.

2. **Behavior and Psychomotor Activity:** Behavior is markedly slowed. Patient is lethargic and minimally engaged, frequently observed with eyes closed throughout the interview. No agitation, tremors or abnormal involuntary movements noted.
3. **Attitude Towards Examiner**: Minimally cooperative with limited engagement. Rapport is difficult to establish due to decreased responsiveness.

Sensorium and Cognition

1. **Alertness and Consciousness**: Alert but lethargic; intermittently responsive to verbal stimuli.
2. **Orientation**: Oriented to person and place; orientation to time and situation not fully assessed due to limited participation. Patient is aware of the recent overdose event and her reasoning for the incident at the time.
3. **Concentration and Attention**: Attention and concentration were impaired, with difficulty maintaining engagement during the interview
4. **Capacity to Read and Write**: Not formally assessed due to limited participation
5. **Abstract Thinking**: Unable to adequately assess secondary to lethargy and minimal verbal output.
6. **Memory**: Recent memory partially intact; patient can recall events of overdose, confirms ongoing auditory hallucinations and is aware of financial stressors. Remote memory not fully assessed due to limited participation
7. **Fund of Information and Knowledge:** Unable to adequately assess due to limited engagement.

Mood and Affect

1. **Mood**: L.S-C. denies hopelessness but endorses fear and distress related to persecutory auditory hallucinations. Reports suicidal behavior was driven by desire to stop perceived threats rather than depressive intent.
2. **Affect**: Flat and constricted.
3. **Appropriateness**: Affect demonstrates limited emotional reactivity and is incongruent with the severity of recent events. No emotional lability observed.

Motor

1. **Speech**: Speech is slow and soft with prolonged latency. Responses are brief but coherent.
2. **Eye Contact**: Minimal eye contact; eyes closed for the majority of the interview.
3. **Body Movements**: Psychomotor retardation present. No abnormal movements observed.

Reasoning and Control

1. **Impulse Control**: Impulse control appeared impaired in the context of recent suicide attempt via medication overdose.
2. **Judgment**: Judgment was grossly impaired, particularly related to medication use and safety.
3. **Insight**: Patient demonstrates partial insight because she is aware of overdosing but has limited insight into the severity of her illness and need for ongoing treatment.

Assessment: L.S-C is a 26 yo AA female with a significant hx of psychosis, hx of prior psych admission (Zucker Hillside 11/25-12/25), BIB mother after a suicide attempt via overdose of risperidone (50 mg total) in the context of persecutory auditory hallucinations and paranoia. The patient reports that voices were threatening her and her mother; while she denies command hallucinations to harm herself, she reports that overdosing was the only way to stop the perceived threat. At the time of evaluation, she denies current SI, HI and denies ongoing AH or VH, though collateral from her mother described persistent and distressing psychotic symptoms leading up to the event. The patient demonstrates partial insight, acknowledging the overdose, but continues to have limited insight into the severity of her illness. Given the recent suicide attempt, psychosis-driven behavior, impaired judgement, limited engagement, missed outpatient follow-up and significant collateral concerns, the patient remains at high risk to self and warrants inpatient psychiatric admission for further observation, stabilization, medical management, and safety monitoring.

Differential Diagnosis:

1. Schizophrenia – Considered given history of psychosis with persecutory auditory hallucinations, paranoia, impaired insight and judgement, prior psychiatric hospitalization, and psychosis-driven suicide attempt. Collateral history suggests ongoing symptoms across multiple episodes rather than a single brief psychotic episode. Given symptom duration of approximately two months, long-term follow-up is required to assess for progression to schizophrenia.
2. Bipolar Disorder with Psychotic Features – Considered given family history of bipolar disorder and history of significant impulsive spending resulting in substantial credit card debt, which may represent prior hypomanic or manic behavior; however, patient currently denies decreased need for sleep, elevated mood, or grandiosity, and further longitudinal assessment is needed
3. Substance Induced Mood Disorder – Considered given the patient's history of prior marijuana use, however, collateral info indicates cessation of cannabis use since August 2025 and psychotic symptoms persist outside periods of substance use. Further evaluation, including urine toxicology results and longitudinal assessment, is needed for full assessment.

Plan:

- Place on **NY Mental Hygiene Law §9.40** for emergency psychiatric evaluation due to psychosis-driven suicide attempt with impaired judgment and ongoing safety concerns.
- Obtain **EKG** to monitor QT interval in the setting of risperidone overdose.
- Obtain **CBC (***abnormal***)**, **BMP (***abnormal***)**, **LFTs**, **serum acetaminophen level (***abnormal***)**, **serum salicylate level (***abnormal***)**, **serum ethanol level**, **lipase**, **quantitative hCG**, **venous blood gas with lactate and co-oximetry (***abnormal***)**, and **urine toxicology screen**.
- Administer **IV normal saline** for supportive care and hydration as clinically indicated.
- Replete electrolytes with **potassium chloride** as indicated based on BMP results.
- Hold **risperidone** given overdose; defer initiation of new antipsychotic until medically cleared.
- Consult **Poison Control** for guidance on management of risperidone overdose and lab monitoring.
- Maintain **1:1 observation** in CPEP for suicide risk and risk of AWOL; continue **q15-minute safety checks**.
- Continue **SAFE-T suicide risk assessment** (*high suicide risk*).

- Provide **means restriction counseling**; patient denies access to firearms or other lethal means.
- Obtain ongoing **collateral information** from family
- Admit to **inpatient psychiatry** once medically stabilized for continued safety monitoring, diagnostic assessment, and medication management.