Michael Tan

Metropolitan Inpatient Psychiatry 6W

Date: 2/2/26

H&P

History of Present Illness:

█████ is a 38-year-old Bangladesh female with past medical history of schizophrenia and Type 2 diabetes referred from psychiatric emergency department for endorsing hallucinations. Per ED chart review, patient is illogical, tangential and disorganized in thought process. She presented with poor judgement, limited insight of her psychiatric condition and unpredictable impulsivity to the ED. Per ED note, presentation at the time was consistent with acute psychosis. Lab studies were notable for elevated glucose, but no concerns of diabetes ketoacidosis at the time.

In inpatient psychiatric unit, patient presents as unkempt, disheveled, in no acute distress and alert and oriented x2 to person and place. On observation, patient can be seen isolative, restlessly rocking back and forth, responding to internal stimuli, with writing paper stashed in her bra and scattered all over her bed. When asked what she was doing, patient presents with grandiose delusions and claims she is either "god" or "Christian religion god". She is also seen writing/drawing on paper and when asked about it, she states she is "making angels". Patient denies suicidal and homicidal ideations. Denies feeling of depression and visual/auditory hallucinations. She responds to most questions with "everything okay". Patient still presents with poor insight into her illness. There are minimal signs of improvement. Patient is not caring for her personal hygiene or activities of daily living (ADLs). Per the treatment team, patient is unable to independently care for her ADLs and is at high risk for harm to self and others; will benefit from state hospital for long-term care.

Past medical history:

- Schizophrenia
- Type 2 Diabetes

Past surgical history:

- None

Medications:

- Sitagliptin table 100mg oral daily
- Metformin tablet 1000 oral 2 times daily with meals
- Melatonin tablet 3 mg oral night
- Pioglitazone tablet 15 mg oral daily
- Clozapine tablet 350 mg oral night
- Polyethylene glycol 17 g daily
- Propranolol tablet 10 mg every 12 hours
- Aripiprazole tablet 30 mg daily
- Lithium cap 300 mg twice a day
- Zydis 5 mg every 6 hours for sever psychotic behaviors
- Cogentin 1 mg oral every 6 hours for PS

Family history:

- None documented

Social history:

Marital status: unknown

Employment: unknown

Housing situation: unknown

Smoking status: never

Alcohol use: never

Drug use: never

Review of systems:

- Unable to get a review of system for patient as patient declines further questioning.

Physical:

- Most recent Vital signs (2/2/26)
  - Temperature (F): 98.2
  - Heart rate: 101
  - Respiration rate: 18
  - Blood pressure: 117/77
  - SpO2%: 100

Imaging:

- none

Labs

Lithium levels

Date	1/30/26
Level	0.75 mmol/L

POC glucose capillary

Date	2/2/26 8:59 AM	2/1/26 9.21 AM	2/1/26 4:38 PM	2/1/26 12:34 PM	2/1/26 8:41 AM	1/31/26 9:03 PM	1/31/26 3:55 PM
Level	174	223	184	207	110	155	171

Mental status exam:

1. Appearance: Patient is a 38 y/o Bangladesh female, unkempt, poor hygiene, and disheveled

in her hospital pajamas, appears her stated age, in no acute distress. Patient is A&OX2 to person and place.
2. Behavior and Psychomotor Activity: During one-to-one interview, patient presents with increased psychomotor activity; agitated. Slump posture. No eye contact.
3. Attitude Towards Examiner: Patient is cooperative with examiner during interview.

Sensorium and Cognition

1. Alertness and Consciousness: The patient was conscious and alert during the entire interview
2. Orientation: Patient was oriented to person, the place of the exam, not to time.
3.Concentration and Attention: Impaired. Patient is easily distracted, poorly attentive during interview, preoccupied with scribbling on paper and “making angel”, frequently give brief or non-goal directed response to questions such as “everything okay”
4. Capacity to Read and Write: Unable to access. Patient is Bangladesh, able to converse in English. However, writing and reading English is difficult for her. During interviews, patient can be observed scribbling random things on paper not actual words.
5. Abstract Thinking: Impaired, as evident by patient’s non-goal directed responses to questions. Displays grandiose and religious delusions.
6. Memory: Patient’s recent memory appears to be normal as she can recollect what she had for breakfast. As for remote memory, unable to access due to patient’s inability to give goal-directed responses to questions and being poor historian.
7. Fund of Information and Knowledge: Unable to access. Patient’s level of education is unknown. Unable to determine if level of intellect matches her level of education.

Mood and Affect

1. Mood: In prior interviews, when asked how patient was feeling, she will often respond with “everything okay”.
2. Affect: Poorly reactive and inappropriate evident by her response to most questions in interview. Flat affect.
3. Appropriateness: Her mood and affect were incongruent. Reponses to questions did match her affect. Observed to be responding to internal stimuli, preoccupied.

Motor

1. Speech: Speech is minimal. Often respond with “everything okay”. Normal volume when speaking. Rate is quick.
2. Eye Contact: patient does not maintain constant eye contact with examiner throughout interview.
3. Body Movements: Patient displayed abnormal movements during interviews. She is restless, constantly rocking back and forth.

Reasoning and Control

1. Impulse Control: Fair. Patient can be seen rocking back and forth, internally preoccupied.
3. Insight: Poor; lacks awareness of her own psychiatric illness and needed treatment. Per floor staff, she refuses to participate in group therapy sessions.

Assessment

[redacted] is a 38-year-old Bangladesh female with known history of schizophrenia and type 2 diabetes admitted for acute psychosis, presenting with severe disorganization, grandiose religious delusions, poor insight and judgement. She is internally preoccupied and responding to internal

stimuli during interviews. She is unable to care for her ADLs. Oriented to person and place only, minimally engaged in interview, and shows minimal improvement in inpatient care Plan for patient is long-term inpatient care at state hospital as per treatment team.

Differential diagnoses

1. **Schizophrenia** – due to establish past psychiatric history of schizophrenia, current presentation of grandiose delusion, disorganized thought process and significant impairment in daily functioning. Per chart review, patient it has been over 180+ days since her admission to inpatient unit.
2. **Bipolar 1 disorder with psychotic features** – due to presence of grandiose delusions of claiming to be "god", disorganized thought process, and tendency to easily get distracted in prior interviews. Disorganized behavior as evident in poor self-care and hygiene.
3. **Psychotic disorder due to another medical condition** – less likely but still considered due to past medical history of type 2 diabetes and high fingerstick glucose reading. Hyperglycemia and metabolic factors can cause altered mental status such as in cases of Diabetes Ketoacidosis. Additionally, case studies done by NIH have shown those with schizophrenia or other psychotic disorders have a 2 times higher prevalence of diabetes due to lifestyle factors and adverse effects for antipsychotics, notably metabolic effects.
4. **Substance induced psychosis** – less likely due to no history of drug use of substance abuse documented in chart review. However, should be consider and ruled out in cases of acute psychosis.

Plan

- Discharge to state hospital to continue treatment
- Educate and encourage patient to participate in group therapy sessions and therapeutic care for ADL's

Standing medications

- Sitagliptin table 100mg oral daily
- Metformin tablet 1000 oral 2 times daily with meals
- Melatonin tablet 3 mg oral night
- Pioglitazone tablet 15 mg oral daily
- Clozapine tablet 350 mg oral night
- Polyethylene glycol 17 g daily
- Propranolol tablet 10 mg every 12 hours
- Aripiprazole tablet 30 mg daily
- Lithium cap 300 mg twice a day

As needed

- Olanzapine 5 mg every 6 hours for sever psychotic behaviors
- Cogentin 1 mg oral every 6 hours for EPS