

Michael Tan

Metropolitan Inpatient Psychiatry 6W

1/14/2026

H&P

History of Present Illness:

█ is a 68-year-old Spanish speaking female, unemployed, domiciled with mother, with a past medical history of hyperlipidemia, hypertension, hypothyroidism, diabetes type 2, past psychiatric history of schizoaffective disorder, bipolar type, numerous hospitalizations, extensive history of violence towards hospital staff, and no known suicide attempts. She was initially brought in by emergency medical service activated by her brother for not adhering to her medications and behaving erratically on 12/29/25. On 12/30/25, she was persistently agitated, punched a Behavioral Health Assistant in the stomach, and later sustained a self-inflicted 7mm subarachnoid hemorrhage after she reportedly “threw herself to the floor” on 12/31. She was later transferred to Bellevue on 12/31 for a traumatic brain injury. She was later transferred from Bellevue to Metropolitan for continuation of her treatment for schizoaffective disorder on 1/7/26.

For most of the day, she is seen in groups with other patients and watching TV. She is on 1:1 for high fall risk.

On 1/8/26, interview was done with treatment team, physician assistant student and a Spanish translator #59564 with the patient’s consent. On interview, she was noted to be fairly hygienic appearing and well-kept in hospital pajamas. She stated she was “fine” at the time and that she did not want to return to living with her mother because she wanted to go live with her husband. She stated she has 9 children and “I have three babies I had six days ago.” She also stated, “I have to tell you something, but it is a secret, I am worth 190mmillion.” She goes on to saying the people who raised her were not her parents and her brother brought a company, and it is one of the many companies she works at. She describes she is at the hospital because, “my brother brought me here and the police believed them and not me”. When asked who was “them” that the police believed, she said, “I can’t tell you more or they will kill me like they killed other people”.

She denied feeling depressed or sad, and said she was “happy”. Denied having suicidal or homicidal ideations. When asked about hallucinations, she reports, “I hear my husband because he is with me at all times”. When asked about grandiosity or having any special powers, she goes on saying about being healed, angels, demons and the universe having three layers. Denies history of substance use. When asked about past psychiatric history, she said she was diagnosed with schizophrenia. She acknowledges it is a mental illness but does not agree with the diagnosis. When asked if she is ready to leave, she said, “I feel 100% and my breasts are filled with milk. I have three small children at home”. Floor staffs have also reported that patient would often impulsively grab another male staff’s chest or buttocks. Patient has no further questions and concerns at this time.

Past medical history:

Schizoaffective disorder

Anxiety

Hyperlipidemia

Hypertension

Hypothyroidism

Diabetes type 2

Past surgical history:

Finger tendon repair

Medications:

Current medications:

Acetaminophen 160 mg/5ml liquid 650 mg oral every 4 hours, as needed

Amlodipine tablet 5mg oral

Benzotropine tablet 1mg oral every 12 hours

Levothyroxine tablet 7mcg oral every morning

Lithium capsule 300 mg oral daily

Olanzapine disintegrating tablet 5 mg sublingual every 8 hours, as needed

Pravastatin tablet 20 mg oral

Family history:

Mother: Hypertension, Diabetes

Father: hypertension, diabetes

Social history:

Marital status: married

Housing situation: private residence with mother

Employment: retired

Smoking status: Never

Alcohol use: No

Drug use: No

Review of systems:

General – Denies chills, diaphoresis, fever

HENT – Admits to pain on the left side of the head secondary to fall trauma. Positive for headache. Denies vertigo, sore throat, neck swelling, neck stiffness, blurred vision, decreased range of motion.

Respiratory – Denies cough, sputum production, shortness of breath, hemoptysis

Cardiovascular: Denies chest pain, palpitations, leg swelling

Gastrointestinal: Denies abdominal pain, constipation, diarrhea

Genitourinary – Denies dysuria

Musculoskeletal – Denies back pain

Neurological – Positive for headaches. Denies dizziness

Psychiatric – Denies suicidal/homicidal ideations, feeling of depression. Admits to feeling “happy”

Physical:

Vital signs

Blood pressure – 131/75

Respiration rate – 18

Heart rate – 95

Temperature – 97.7 F

Imaging:

CT head

- 7 mm subarachnoid hemorrhage

Mental status exam:

General

1. Appearance: Patient is a 68 y/o Spanish speaking female of obese build, well groomed, hygienic and well-kept in her hospital pajamas, appears her stated age, in no acute distress.

Patient is A&OX3 to person, place, and time.

2. Behavior and Psychomotor Activity: Patient presents with signs of increased psychomotor activity. Noted to be hyperverbal and behaviorally disorganized.

3. Attitude Towards Examiner: Patient cooperated with the examiner during the 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 and the time.

3. Concentration and Attention: Patient demonstrated satisfactory attention while she was alert. Patient gave fairly relevant responses to some questions.

4. Capacity to Read and Write: Patient was not tested for capacity to read, but in group activity therapy she can be seen writing and drawing.

5. Abstract Thinking: Impaired. Patient demonstrates concrete thinking; able to quantify how many children she has but is delusionally influenced with the inability to engage in abstract reasoning.
6. Memory: Patient's remote and recent memory appears impaired/unreliable in the context of psychosis. Believed those who raised her were not her parents.
7. Fund of Information and Knowledge: Patient's intellectual performance was consistent with her level of education.

Mood and Affect

1. Mood: The patient's mood was "happy".
2. Affect: congruent with mood, elated with expansive affect
3. Appropriateness: Her mood and affect were consistent with the topics she discussed. She was tangential in thought content and was notable for bizarre, grandiose and paranoid ideations.

Motor

1. Speech: Speech was pressured but is clear, coherent, no slurring.
2. Eye Contact: patient maintain constant eye contact with examiner throughout interview.
3. Body Movements: Patient presents with increased psychomotor activity; rapid speech, fidgeting/tapping of hands-on thigh.

Reasoning and Control

1. Impulse Control: patient impulse control was satisfactory during interview. She did not have suicidal or homicidal urges during the interview. Did not attempt to grab/reach for staff.
2. Judgment: Patient had paranoia, bizarre delusions, and auditory hallucinations. She believes there are people out to kill her. She reports always hearing her husband voice. When asked what her financial situation was, she states she is worth 190 million.
3. Insight: patient has fair insight of her diagnosed psychiatric condition and is aware that it is an illness. However, she does not agree with the diagnosis. Despite this, she is compliant with her medications.

Assessment

█ is a 68-year-old Spanish speaking female, domiciled in private residence with mother with past medical history of hyperlipidemia, hypertension, hypothyroidism, diabetes type 2 and past psychiatric history of schizoaffective disorder, bipolar type. She was initially brought by EMS for erratic behavior. During the interview, patient presents grandiosity, paranoid, flight of ideas and auditory hallucinations. She reports still experiencing headache from her recent head trauma. Patient needs continuing inpatient monitoring and treatment for the safety of herself and others.

Differential diagnoses

1. **Schizoaffective disorder, bipolar type** – due to patient past psychiatric history, medication nonadherence, presence of psychotic symptoms (hallucinations, delusions), grandiosity, tangential speech with flight of ideas.
2. **Bipolar disorder with psychotic features** – due to patient's presentation of grandiosity, flight of ideas, impulsive behavior of reaching for male staff's chest and buttocks and auditory hallucinations.
3. **Schizophrenia** – due to presence of auditory hallucinations, disorganized speech (tangential) and delusion of persecutory and grandiosity.

4. **Vascular dementia** – due to patient’s advanced age and past medical history of hypertension, hyperlipidemia and diabetes, which are key risk factors for vascular dementia. Vascular dementia can present symptoms of hallucinations and delusions.

Plan

1. Psychiatric (schizoaffective, schizophrenia, bipolar disorder w/ psychotic features):

Standing:

- Olanzapine tablet 15 mg nightly
- Lithium capsule 300 mg daily and lithium capsule 600 mg nightly
- Benztropine tablet 1 mg nightly

As needed:

- Zydys 5 mg PO every 6 hours if severe and threatening psychotic behavior
- Benztropine 1 mg PO every 4 hours if extrapyramidal symptoms

2. Headache, Subarachnoid hemorrhage after mechanical fall, Traumatic brain injury

- CT head

Plan:

- Monitor for symptoms
- Tylenol 650 mg every 6 hours as needed for pain

3. Hypertension, hyperlipidemia

Plan:

- Continue amlodipine 10 mg
- Continue pravastatin 20 mg nightly

4. Hypothyroidism

Plan:

- Continue levothyroxine 75 mcg daily

5. Diabetes type 2

- Patient states she is on metformin 500 mg daily at home

Plan:

- Finger stick glucose four times daily with meals and at bedtime
- Continue Metformin 500 mg daily

6. Interdisciplinary

- Continue individual and group activity therapy
- Precautions: assault, elopement, suicide, fall risk, 1:1
- Diet: medium consistent carbohydrate diet (1,800-2000Kcal)