

ACCT #41446428  
MR #0597460

SAUNDERS, KEVIN E  
DOB: 05/01/56  
Arthur F. Roemmelt, MD.

04/27/02-05/02/02

FINAL DIAGNOSES: AXIS I: Psychotic disorder not otherwise specified.  
AXIS II: Deferred.  
AXIS III: Transient hypertension, elevated white count.  
AXIS IV: Unknown.  
AXIS V: 55 at the time of discharge.

See the history and physical for presenting complaint and past history. This 45-year-old man was brought into the emergency room in an acutely psychotic state. He was agitated and delusional. Upon interview, no coherent and logical statement was forthcoming. Bits and pieces of history indicated that he had suffered insomnia for some time before coming in here and also that he was in the midst of a continuing quandary and predicament over the settlement of his court ordered monitoring secondary to events of five years ago. Otherwise there was not much different in his life. The patient, himself, would say or did say that he really could not pinpoint a particular stressor.

He was given two doses of p.r.n. Haldol during the first 24 hours of his admission. After that his thinking cleared dramatically. Loose associations disappeared. There was no longer a flight of ideas that were almost impossible to follow. He no longer spoke of being the reincarnation of Hitler and no longer sensed that he was on a mission. Initially he stated that he did believe in reincarnation and that all of this could be possible. That stance then changed to simply relating about the present and his life in that relating there was no evidence of psychotic material being suppressed or repressed. In fact, he presented himself as a person who was basically different than the way he had presented before. This view also was entertained by him regarding the arson that he had initiated 5+ years ago.

He was no longer agitated on the unit. He was able to interact appropriately with both patients and staff. He would describe himself as a bit different as would others. However, that difference was not hazardous to anyone. There was no suicidal or homicidal ideation or even aggressive thoughts. He and I had a number of conversations about this episode and the one where he committed arson. He believes that this was directly related to an interaction of medications and a deficient metabolism track in his own system. Therefore he does not see himself at risk.

My concern about Kevin as stated to him was that he has now had another episode of psychosis that was indeed brief and for which he himself sought treatment. However, there is no chemical involved this time or any explanation. He did run a slight fever and he had an elevated white count. Medical consultation was sought with Dr. Breiman and he will be followed up for this as an outpatient. No infection was isolated in the hospital or at least no bacterial infection. He did complain of a sore throat.

Even if a fever precipitated this event, he still is vulnerable for another episode as a fever would not precipitate an event in the ordinary person.

CAYUGA MEDICAL CENTER AT ITHACA  
101 DATES DRIVE, ITHACA, NY 14850

DISCHARGE SUMMARY

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There is an underlying predisposition to deterioration in to psychosis in my opinion and I stress that with Kevin. He was given a followup appointment at the clinic where he has been seen over the past several years also.

During this hospitalization, the only medication he took was the p.r.n. Haldol shots. He refused other medications. The Haldol could have been helpful in the resolution of this although it seems to me that usually the medication does not work that fast. Certainly, the Zyprexa which I had ordered and he did not take was not a factor in his clearing. He was discharged on no medications.

His blood pressure was elevated during the first few days of his hospitalization. As it began to come down, no medication was prescribed for this.

Hsjob: 227097  
T: 30235

DISCHARGE INSTRUCTIONS: \_\_\_\_\_ HOSPITAL FORM \_\_\_\_\_ OFFICE FORM

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Arthur F. Roemmelt, MD.  
DICT. 05/03/02 1012 TR. 05/06/02 1716 HS  
ELECTRONICALLY SIGNED

