

Discharge Summary

Patient: BLAYK, BONZE ANNE ROSE
DOB/Age: 05/01/1956 60
Admission Date: 12/25/16

Account Number: A00082793308
Medical Record#: M000597460

Provider: Clifford Ehmke MD

DISCHARGE SUMMARY:

DATE OF ADMISSION: 12/25/16

DATE OF DISCHARGE: 02/10/17

DISCHARGE DIAGNOSES: As follows:

Axis I: Unspecified psychotic disorder, rule out bipolar affective disorder versus schizoaffective disorder. Cannabis use disorder. Axis II: History of personality disorder. Axis III: None. Axis IV: Severe housing and primary support stressors. Axis V: At the time of admission was 30 and at the time of discharge is 55.

CONDITION AT THE TIME OF DISCHARGE: Improved. The patient is far less psychotic. She is able to talk about discharge planning with us including where she will live and how she will support herself, in fact she is also willing to follow up at Tompkins County Mental Health. She has accepted the booster dose of Invega Sustenna, which was ordered by the court, although she is stating at this time she has no inclination to continue this. I will state that she is also continuing to endorse chronic delusions, being a victim of computer hacking organization. My understanding, however, is that this is her baseline and this does not seem to be interfering with her ability to take care of herself moving forward. The patient has demonstrated no sign of violence towards herself or others in the significantly long period of this hospitalization.

MENTAL STATUS EXAMINATION: At the time of discharge, the patient is a middle aged male-to-female transgender individual who is dressed in a blouse and leather skirt with long hair and long fingernails. She is calm and cooperative, found in the dining room, where she has just finished her breakfast. Speech has normal rate, tone, and volume. Mood appears to be euthymic with full affect. Thought process is linear to tangential. Her thought content is significant for her desire to go to the department of social services this morning and to seek emergency funding. She is denying suicidal or homicidal ideations. She denies auditory or visual hallucinations. Insight and judgement appear to be somewhat limited given the fact that she is not agreeable to continuing on the Invega Sustenna shot that we have started despite her obvious improvements with that being said, she is agreeable to outpatient followup treatment at Tompkins County Mental Health. Cognitively, she is awake and alert with what appeared to be an average intellect.

DISCHARGE INSTRUCTIONS: To the patient are as follows:

A. Medications: Invega Sustenna 234 mg q.28 days IM. Next injection due on 03/10/17. B. Diet: Regular. C. Activities: As tolerated. The patient strongly encouraged to continue to abstain from tobacco products; however, she declines the offer of continued nicotine replacement in the community following discharge expressing her desire at this point to return to smoking in the community. D. Followup treatment: The patient will follow up at the Tompkins County Mental Health Clinic early next week and there would be receiving both therapy and continued med management.

HOSPITAL COURSE: As follows:

Part A: Reason for admission: The patient is a 60-year-old divorced white male-to- female transgender individual

with a history of psychosis who was brought to the hospital on a 9.41 today after an apparent altercation in the Sunoco Gas Station in which she was causing a disturbance and appeared to be delusional, paranoid, and agitated. It is notable that the patient immediately disagreed with this account and stated that she brought herself to the hospital seeking what she termed a "psychiatric evaluation." She was clearly paranoid, disheveled, and not caring for herself in the community. Apparently, she was quite hostile towards Dr. Rahman who had been the admitting psychiatrist and at one point stuck her finger in his face claiming that he was not a real doctor. Her speech was pressured, tangential with flight of ideas, and she was uncooperative with the intake claiming that her 9.39 form was invalid and she was here as a victim of kidnapping. It appeared at the time of admission that she had left her home on Trumansburg road due to feeling victimized by an international computer hacking ring from there she had stayed in a series of hotels and short-stay residential situations including a local shelter, but had been kicked out of several of these due to her agitated and disruptive behavior.

Part B: Psychiatric treatment rendered: The patient was admitted to the Adult Behavioral Health Unit, where she was placed on q.30 minute checks for her own safety. We tried to start antipsychotic medication; however, she was absolutely disagreeing with this. She was often argumentative and hostile claiming for example that her room and the hallway contained several code violating safety concerns that she went through great length to point out to staff members. Ultimately, because of her failure to get well without psychiatric medications, we did take her to court for treatment over her objection, which the hospital prevailed in and at that time, we started a trial of Geodon. The dose of this medication was increased; however, despite signs of improvement, she continued to state that she would not follow up with medications as an outpatient. We felt that this was justification for long-term injectable antipsychotic and therefore, her medication was changed to Invega. A loading dose of Invega 234 mg was administered on Monday, February 6th, and then a booster dose of 156 mg was given on the date of discharge. Progressively, the patient became much more able to participate in treatment and especially discharge planning. It is clear at this point that she does own her own house and she was able to use her computer to determine that she had money in her checking account that she had cashed in one of her retirement programs. She became more agreeable with outpatient treatment in the community. It is notable that one of her past outpatient providers, Dr. Kevin Field, is employed on our unit and he was a good source of information in terms of what her baseline was. He feels that she is chronically delusional and although she is still manifesting those symptoms that she is unlikely to improve from them in the inpatient setting. For this reason, we deemed that she was safe for discharge. It is notable that during her approximately 45-day treatment course, she never did display any signs of violence towards herself or others. At this point, she is discharged to the good care of Tompkins County Mental Health and we certainly wish her the best for healthy and safe future.

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<Electronically signed by Clifford Ehmke MD> 02/10/17 1528

Clifford Ehmke MD
Dictated Date/Time: 02/10/17 0835

Transcribed Date/Time 02/10/17 1016

Copy to:

CC: Clifford Ehmke MD