

**ED Provider Documentation**

Patient: BLAYK, BONZE ANNE ROSE  
DOB/Age: 05/01/1956 62  
Service Date: 09/19/18

Account Number: A00088518428  
Medical Record#: M000597460  
Location: 4 SOUTH - MEDICAL/TELEMETRY

**Psychiatric Complaint**

**- HPI Summary**

**HPI Summary:**

Pt is a 62 y/o transgender female BIB police and ambulance who presents to the ED s/p altercation. She was at Denny's earlier and did a dine and dash. She then returned and was kindly asked to leave. Pt became angry and irrational so the police were called. She started a fist fight with one of the police officers, who punched the pt in the jaw and nose. Pt states they were not real cops, and thinks they are pretending to be police. Pt states she thinks her left arm is broken, her jaw is crackling, her teeth feel broken, and says she hurts everywhere. She denies being on blood thinners. Unknown psychiatric diagnosis, possibly bipolar disorder, schizophrenia, and/or schizoaffective disorder. Legal name before sex change was Eric Saunders. Pt is a level 5 caveat due to psychosis.

**- History Of Current Complaint**

**Hx Obtained From:** EMS - Ambulance, police

**Hx From Patient Unobtainable Due To:** Other - Psychosis

**Onset/Duration:** Gradual Onset, Lasting Hours - PTA, Still Present

**Character:** Manic, Angry

**Aggravating Factor(s):** Other - Told to leave Denny's

**Alleviating Factor(s):** Nothing

**Associated Signs And Symptoms:** Positive: Hostile, Hallucinating

**Related History:** Positive For: Prior Psychiatric Issues

**- Allergies/Home Medications**

**Allergies/Adverse Reactions:**

**Allergies**

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	01/14/17 16:02

**PMH/Surg Hx/FS Hx/Imm Hx**

**Cardiovascular History:** Reports: Hx Hypertension

**Sensory History:** Reports: Hx Contacts or Glasses - Glasses

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**Ophthalmology History:** Reports: Hx Contacts or Glasses - Glasses

**Neurological History:** Reports: Other Neuro Impairments/Disorders - States history of temporal lobe epilepsy, no seizures

**Psychiatric History:** Reports: Hx Post Traumatic Stress Disorder, Hx Schizophrenia, Hx Bipolar Disorder, Hx of Violent Episodes Against Others, Other Psychiatric Issues/Disorders - Transsexualism

### - Surgical History

**Surgery Procedure, Year, and Place:** Left inguinal hernia repair

**Infectious Disease History:** Unable to Obtain/Confirm

### **Infectious Disease History:**

Denies: Traveled Outside the US in Last 30 Days

### - Family History

**Known Family History:** Positive: Hypertension

### - Social History

**Alcohol Use:** None

**Hx Substance Use:** Yes

**Substance Use Type:** Reports: Marijuana, Synthetic Drugs

**Hx Tobacco Use:** Yes

**Smoking Status (MU):** Current Every Day Smoker

**Amount Used/How Often:** 2ppd

### Review of Systems

Positive: Epistaxis

Positive: Other - Facial abrasions

Positive: Other - Angry

**All Other Systems Reviewed And Are Negative:** No

### Physical Exam

#### - Summary

#### **Physical Exam Summary:**

**Appearance:** Well appearing, no pain distress

**Skin:** warm, dry, reflects adequate perfusion, abrasions on bridge of nose and on forehead between eyebrows

**Head/face:** normal

**Eyes:** EOMI, PERL, subconjunctival hemorrhage of left eye

**ENT:** dried blood in both nares

**Neck:** supple, non-tender

**Respiratory:** CTA, breath sounds present

**Cardiovascular:** RRR, pulses symmetrical

**Abdomen:** non-tender, soft

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**Bowel Sounds:** present

**Musculoskeletal:** swollen right angle of the jaw, crepitation and free floating mandible

**Neuro:** normal, sensory motor intact, A&Ox3

**Psych:** flight of ideas, rambling speech, delusional, responding to internal stimuli, echoing

**GCS:** 14

**Triage Information Reviewed:** Yes

**Vital Signs On Initial Exam:**

**Initial Vitals**

Temp	Pulse	Resp	BP	Pulse Ox
96 F	116	22	176/113	98
09/19/18 04:31	09/19/18 04:31	09/19/18 04:31	09/19/18 04:31	09/19/18 04:31

**Vital Signs Reviewed:** Yes

**Diagnostics**

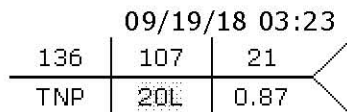
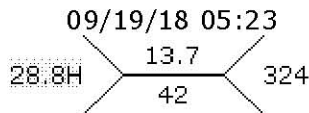
**- Vital Signs**

**Vital Signs**

	Temp	Pulse	Resp	BP	Pulse Ox
09/19/18 04:31	96 F	116	22	176/113	98

**- Laboratory**

**Result Diagrams:**



**Lab Statement:** Any lab studies that have been ordered have been reviewed, and results considered in the medical decision making process.

**- Radiology**

\*\* CXR

**Xray Interpretation:** No Acute Changes - No active disease. Pending official radiology report.

**Radiology Interpretation Completed By:** ED Physician

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### - CT

\*\* Cervical Spine CT

**CT Interpretation:** No Acute Changes - No acute findings. Pending official radiology report.

**CT Interpretation Completed By:** ED Physician

\*\* Maxillofacial CT

**CT Interpretation:** Positive (See Comments) - Nasal fracture. Pending official radiology report.

**CT Interpretation Completed By:** ED Physician

\*\* Brain CT

**CT Interpretation:** No Acute Changes - No acute findings. Pending official radiology report.

**CT Interpretation Completed By:** ED Physician

### - EKG

\*\* 5:13

**Cardiac Rate:** Tachycardia - 121 bpm

**EKG Rhythm:** Sinus Rhythm

**ST Segment:** Normal

**EKG Interpretation:** Nl axis, nl interval

## Course/Dx

### - Course

**Course Of Treatment:** Patient presents in florid psychosis having had an altercation with police. She is a transgender and known schizophrenic. Unknown if she is taking her medication or has used any substances. She has used synthetic marijuana in the past. There is bleeding from the nose and possible jaw deformity. The history is unreliable including a report of malocclusion. The patient is alert and agitated requiring sedation here for our own safety. Ketamine intramuscular was given at 4 mg/kg. This produced brief sedation and allowed us to get blood drawn. The patient awoke and was screaming and agitated and required repeat medication with Geodon, Ativan. This produced adequate sedation such that CT scans could be performed. No gross fracture was seen of the mandible which was a concern. Head and C-spine appeared negative. Tetanus was updated. IV fluids were hung for elevated CPK. WBC is also elevated likely due to altercation. These things also could be elevated in agitated delirium from synthetic marijuana or other synthetic drug abuse including methamphetamine. EKG is normal. Discussed the case with hospitalist, psychiatric crisis evaluator. Crisis does not feel that this patient could be easily medically cleared and thus hospitalist was asked to admit the patient. They likely will have to admit the patient to ICU given the need for close monitoring and likely treatment of agitation. Official reports of CT scans are pending.

### - Differential Dx/Clinical Impression

#### **Provider Diagnosis:**

Acute psychosis, Schizophrenia, Facial contusion, Nasal fracture, Rhabdomyolysis

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**- Physician Notifications**

**Discussed Care Of Patient With:** Kathryn Rooth

**Time Discussed With Above Provider:** 06:16

**Instructed by Provider To:** Other - Does not want to admit pt if there is nobody available to fix his jaw. At 6:30 spoke to Dr. Monacelli, who said he does not fix jaw fractures. At 6:51 spoke with Dr. Caballes accepts pt for admission.

**- Critical Care Time**

**Critical Care Time:** 30-74 min - CCT is separately billable from other procedures.

**Discharge**

**- Sign-Out/Discharge**

**Documenting (check all that apply):** Patient Departure - Admit

**- Discharge Plan**

**Condition:** Guarded

**Disposition:** ADMITTED TO CAYUGA MEDICAL

**Referrals:**

No Primary Care Phys,NOPCP [Primary Care Provider] -

**- Billing Disposition and Condition**

**Condition:** GUARDED

**Disposition:** Admitted to Cayuga Medica

**- Attestation Statements**

**Document Initiated by Scribe:** Yes

**Documenting Scribe:** Jade Azari

**Provider For Whom Scribe is Documenting (Include Credential):** Kirk Hinkley, MD

**Scribe Attestation:**

I, Jade Azari, scribed for Kirk Hinkley, MD on 09/19/18 at 0702.

**Scribe Documentation Reviewed:** Yes

**Provider Attestation:**

The documentation as recorded by the scribe, Jade Azari accurately reflects the service I personally performed and the decisions made by me, Kirk Hinkley, MD

<Electronically signed by Kirk Hinkley MD> 09/19/18 0707

Entered by: Jade Azari Scribe

Entered Date/Time: 09/19/18 0452

Copy to: No Primary Care Phys,NOPCP

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