

## Transfer Summary

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

Account Number: A00088518428  
Medical Record#: M000597460

Provider: Frederick R Caballes MD

CC: Dr. Kirk Hinkley; Dr. Ashu Ruparelia; Dr. Askar Mehdi; Dr. Auguste Duplan; Dr. Clarence White \*

### TRANSFER SUMMARY:

DATE OF ADMISSION: 09/19/18

DATE OF DISCHARGE: 09/24/18

DATE OF SERVICE: 09/21/18.

DISCHARGE DIAGNOSES: Are as follows:

1. Unspecified psychotic disorder possibly due to bipolar affective disorder versus schizoaffective disorder from previous evaluations.
2. Fever, resolved.
3. Leukocytosis likely reactive.
4. Anterior dislocation of the left humerus with Hill-Sachs fracture of the humerus with multiple displaced fracture fragments.
5. Minimally displaced left 9th rib fracture.
6. Hypertension, uncontrolled, the patient is noncompliant with medications.
7. The patient's noncompliance due to psychosis.

DISCHARGE MEDICATIONS: Are as follows:

1. Tylenol 975 mg p.o. b.i.d. for 2 weeks.
2. Amlodipine 10 mg p.o. daily.
3. Levaquin 500 mg p.o. daily for 5 days.
4. Metoprolol 25 mg p.o. b.i.d.
5. Olanzapine 10 mg p.o. daily.
6. Percocet 5/325 one tab p.o. q.6 p.r.n., 12 tabs dispensed with 0 refills; will defer with the BSU Team for further refills.

**HISTORY OF PRESENT ILLNESS/HOSPITAL COURSE:** The patient is a 62-year-old male-to- female preop transgender with history of unspecified psychotic disorder either due to bipolar affective disorder versus schizoaffective disorder as well as personality disorder, who was at Denny's on 09/19/18 and was reported to be displeasing, erratic, and had an unpredictable behavior with verbal outburst that did not make any sense. Police was called and was very confrontational with authority and verbally aggressive towards Denny's employees and the police officer. Apparently, there was a physical altercation with the patient getting hit on the face, sustaining a fracture of the left nasal bone with mild epistaxis, which has since stopped. The patient was also reported by the ED staff to have flight of ideas, and was reported to be psychotic and was sedated with 300 mg IM of ketamine, 20 mg of Geodon, and 2 mg of IM lorazepam, and another 2 mg of IV lorazepam and was given 1 L normal saline bolus. On further reevaluation, the left shoulder appeared to be uneven and very tender to touch when the patient was weaning off of her sedation in the ED, hence a 2-view shoulder x-ray was ordered, and the patient was found to have an anterior subcoracoid dislocation of the humeral head with a Hill- Sachs fracture of the humerus with multiple small displaced fracture fragments. The patient's case was discussed with Orthopedics, who then subsequently brought the patient for left closed fracture dislocation of the shoulder under general anesthesia after the patient has been evaluated by a 2PC.

When the patient became less violent after she had been sedated, her shoulder had been reduced as discussed as well as being started on low dose Zyprexa with p.r.n. haloperidol. Her violent tendencies had subsided; however, she remained psychotic and delusional which makes her compliance very challenging. She continually refuses to have blood draws done as well as refuses many of the meds offered to her. More specifically, she has had the leukocytosis on initial presentation when she was more sedated getting blood draws; however, upon waking from her sedation, she has constantly refused any IV medications, although she has allowed to stop to continue the IV fluids prescribed to her due to her mild traumatic rhabdomyolysis, which was one of the reasons why she was admitted to the medical service. Given the patient's noncompliance with medications as well as inability to further perform subsequent surveillance of her leukocytosis despite having a negative chest x-ray and urinalysis, she did present with mild fever on her initial presentation to the hospital and hence given lack of surveillance was empirically prescribed Levaquin, which again she refused. She will be started on amlodipine and metoprolol tonight pending her compliance and will defer with Psychiatry to further adjust antipsychotics and/or any psychiatric meds that can further improve delusions that further complicates her compliance.

She had been advised to follow up and/or call her PCP within 3 days post discharged from the BSU and to take her medications as prescribed. She was also advised to follow the recommendations advice of the BSU team/Dr. Ehmke.

**REVIEW OF SYSTEMS:** The patient complains of left lateral chest wall tenderness and pain. Other than this, denied any recent headaches, dizziness, fever, chills, nausea, vomiting, shortness of breath, increased cough, or sputum production, abdominal pain, diarrhea, constipation, pain, and/or increased frequency and urination, myalgias, arthralgias, throat pain or new skin lesions. The rest of the 14-point review of systems are otherwise unremarkable.

**PHYSICAL EXAMINATION:** As follows: Blood pressure of 183/109. From previous of 164/88, saturating at 99% on room air, 92 beats per minute heart rate, 18 per minute respiratory rate. General Appearance: The patient is awake, not in acute distress. HEENT: Normocephalic. The patient has facial bruising due to her recent physical altercation with police officers. PERRLA. Extraocular muscles are intact. Negative for icterus. Moist oral mucosa. Negative throat erythema. Neck is soft, supple with no cervical lymphadenopathy. No JVD. Heart: S1, S2 within normal limits. Regular rate and rhythm. No murmurs, rubs or gallops. Chest: Clear to auscultation bilaterally. Good air entry. No wheezes, rales or rhonchi. Abdomen is soft, nondistended, nontender. Normoactive bowel sounds 4 times Q. Extremities: No cyanosis, clubbing or edema. Psychiatric: No active psychosis, depression, suicidal nor homicidal ideation. Skin is warm to touch; multiple hematomas on face, neck and left flank.

**TIME SPENT:** The total time spent evaluating the patient, reviewing the pertinent data and appropriate documentation is 50 minutes.

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ADDENDUM: Pt remained on the floors during the weekend awaiting bed in Psychiatry. Other than pt's non-compliance due to her psychosis and delusions, she has otherwise been medically and hemodynamically stable

157937/806777478/CPS #: 11067275

<Electronically signed by Frederick R Caballes MD> 09/24/18 1323

Frederick R Caballes MD  
Dictated Date/Time: 09/21/18 1412

Transcribed Date/Time 09/21/18 2209

Copy to:

CC: Ashutosh Ruparelia MD; Frederick R Caballes MD

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