

Consultation

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

Account Number: A00088518428
Medical Record#: M000597460

A88571823

Provider: Clifford Ehmke MD

CONSULTATION REPORT/HISTORY AND PHYSICAL:

DATE OF ADMISSION: 09/19/18

DATE OF CONSULT: 09/21/18

CURRENT ATTENDING PHYSICIAN: Dr. Frederick Caballes.

CONSULTING PHYSICIAN: Dr. Clifford Ehmke.

REASON FOR CONSULT: Agitated paranoid behavior.

*History and physical
Clifford Ehmke, MD
9/25/18 11:06*

SUBJECTIVE HISTORY: Psychiatry will be assuming care for this 62-year-old single, white male to female transgendered patient, with a history of chronic psychotic and personality disorders, who is currently being transferred from the 4 South Medical Unit following medical stabilization of a nasal fracture, separated left shoulder, and elevated CPK, stemming from an altercation with law enforcement at a local Denny's restaurant, in which the patient was struck in the face. The patient was agitated and combative in the emergency room requiring administration of IM lorazepam, ziprasidone, and ketamine, as well as mechanical restraints. I attempted to see her on 2 separate occasions in the ICU, at which time, she remained in soft restraints and was obtunded, difficult to arouse and incoherent in speech. Today, when I examined her, Bonze is awake and alert. She is quite hostile to this interviewer, remembering me from a prolonged hospitalization on the behavioral science unit that she had in late 2016 and early 2017. When I asked her what happened, her explanation was that she was minding her own business in a local Denny's restaurant when men in police uniform showed up, she feels that these were not real police officers, but rather fake ones; she indicates that they immediately provoked her and started beating her with clubs. This contradicts the police account, which was given in the emergency room, which was that they responded to the restaurant due to a telephone call of disturbance based on Bonze's erratic and agitated behavior. She resisted apprehension and needed to be restrained and got hurt in that process while resisting arrest. Bonze is quite paranoid believing that she is a victim of a conspiracy. She is guarded and suspicious and will not give me details in terms of where she has been staying or how she has been taking care of herself. Although I see no evidence of responsiveness to internal stimuli, she is clearly quite delusional and easily agitated.

PAST PSYCHIATRIC HISTORY: The patient is well known to me due to a prior prolonged hospitalization on behavioral science unit under my care. This was between 12/25/16 and 02/10/17. At that time, we needed to take her to court for treatment over her objection and she was started on Invega Sustenna with a loading dose of 234 mg and a booster dose 5 days later of 156 mg. Bonze does share with me that she never followed up with Tompkins County Mental Health as recommended and never took any further Invega Sustenna. She states that she has been working with a local psychiatrist named Dr. Brian Babiak in the community, who has been prescribing her medical marijuana. It does appear that she had a remote hospitalization at Elmira State Psychiatric Facility, but is not willing to share any further details about this. Previously, the patient had also been receiving psychotherapy by psychologist, Dr. Kevin Field at his office in Watkins Glen.

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PAST MEDICAL HISTORY: Significant for a fractured nose and separated left shoulder that required surgical reduction in the OR. My understanding is that she refused this and needed a 2-physician consent to receive this procedure. She has elevated white blood cells and elevated CPK, which are thought to be secondary to blunt force trauma.

SUBSTANCE ABUSE HISTORY: The patient apparently abused alcohol and drugs remotely, but not in the recent past. She denies recent cigarette smoking.

SOCIAL HISTORY: The patient states that she has been residing most recently at a local Hilton Hotel. Previous to this, she actually owned her own house on Trumansburg Road, but this was apparently foreclosed on. It is unclear what form of income she has at this time. She did use to work for a computer company and had been a working musician at one point in several different rock and roll bands in the Ithaca area. Very little is known about her family or developmental history.

MENTAL STATUS EXAM: The patient is a medium built, male to female transgendered white individual with a stubbly beard and long disheveled curly hair. She is wearing fingernail polish, but has extremely limited grooming. There is blood and contusions around her nostrils and both eyes. The patient is hostile and uncooperative. Speech appears to be fluent English with normal rate, tone, and volume. Mood is angry with a labile affect. Thought process is linear. Thought content is significant for paranoid delusions. She denies auditory or visual hallucinations. Insight and judgment would appear to be poor given her lack of followup in the community. Cognitively, she is awake and alert.

DIAGNOSES: Axis I: Unspecified psychotic disorder, rule out schizophrenia versus bipolar mania with psychotic features. Axis II: Unspecified cluster B personality traits.

ASSESSMENT: The patient is a 62-year-old white male to female transgendered patient with a history of chronic psychotic and personality disorders, who is transferred from the hospitalist service following an altercation with law enforcement at a local Denny's restaurant, in which she was struck in the face resulting in nasal fracture, elevated white blood cells, and elevated CPK. The patient was agitated and combative in the ER requiring stat administration of IM lorazepam, ziprasidone, and ketamine, as well as mechanical restraints for the patient's and others' safety. Since then, she has required involuntary surgery to reduce the separated left shoulder after initially refusing this. On examination, she is delusional, angry, and hostile, and it is clear that she is having difficulty maintaining her own safety in the community.

PLAN: The patient is transferred to the behavioral science unit where she will be placed on q.15-minute checks for her own safety. I will start a trial of Invega 6 mg daily and the patient would benefit from being transitioned to the long-acting injectable formulation of this. If she refuses, we would have to consider taking her back to court for treatment over her objection given the obvious deficits in her ability to maintain safety.

157964/806795387/CPS #: 12384371

<Electronically signed by Clifford Ehmke MD> 09/24/18 1156

Clifford Ehmke MD
Dictated Date/Time: 09/21/18 1541

Transcribed Date/Time 09/21/18 1657

Copy to:

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