Cayuga MEDICAL CENTER
A Member of Cayuga Health System

101 Dates Drive
Ithaca, New York 14850
(607) 274-4011

Highlighted text denotes items of interest;
Underlined text indicates errors.

History & Physical

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

ADMITTING HISTORY AND PHYSICAL:

DATE OF ADMISSION: 09/19/18

CHIEF COMPLAINT: Erratic, unpredictable behavior with verbal outburst.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old, male-to-female transgender, with history of unspecified psychotic disorder either due to bipolar affective disorder versus schizoaffective disorder as well as a history of personality disorder, who was at Denny's and was reported to be displeasing, erratic, and had unpredictable behavior with verbal outburst that did not make any sense. Police were apparently called and was very confrontational with authority and verbally aggressive towards Denny's employees and the police officer. 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 in the ED.

When the patient presented in the ED, she was reported to have flight of ideas and was reported to be psychotic and had been given 300 mg IM of ketamine, 20 mg IM of Geodon, and 2 mg IM of lorazepam, and another 2 mg of lorazepam IV and the patient was also given 1 L normal saline bolus. The patient was still sedated, but breathing with stable vital signs upon my evaluation in the ED. Unfortunately, because the patient had just recently been sedated, the patient could not interact with the examiner.

PAST MEDICAL HISTORY: Unspecified psychotic disorder likely secondary to either bipolar affective disorder versus schizoaffective disorder, cannabis use disorder, history of personality disorder.

PAST SURGICAL HISTORY: Unknown surgical history if any.

FAMILY HISTORY: Unknown.

SOCIAL HISTORY: The patient has had history of cannabis use disorder and from documentations back in 2016, she has had severe housing and primary support stressors and other data could not be completed given the patient is currently sedated and previous documentations were silent on that note.

REVIEW OF SYSTEMS: The patient is unable to provide reliable review of systems given the patient has just recently been sedated.

PHYSICAL EXAMINATION

GENERAL APPEARANCE: The patient is recently sedated, otherwise not in acute distress.

VITAL SIGNS: Reveal the most recent vital signs of record with blood pressure of 146/78, 22 per minute respiratory rate, saturating at 96% on room air, 83 beats per minute, 97 degrees Fahrenheit.

HEENT: PERRLA. Extraocular muscles intact. Negative for icterus. Moist oral mucosa.

NECK: Soft, supple with no cervical lymphadenopathy. No JVD.

CHEST: Slightly rhonchorous. No rales appreciated, otherwise with good air entry.

HEART: S1, S2, slightly tachycardic. No murmurs, rubs, or gallops.

ABDOMEN: Soft, nondistended, nontender. Normoactive bowel sounds x4 quadrants.

EXTREMITIES: No cyanosis, clubbing, or edema.

PSYCHIATRIC: Could not be evaluated given the patient's recent sedation, but reportedly verbally abusive and aggressive to staff at Denny's and in the hospital as well as police officers.

LABORATORY DATA: Most recent and pertinent laboratory shows CBC with the WBC of 28.8. Sodium and potassium are found to be normal. BUN and creatinine were normal. LFTs were all normal except for mildly elevated ALP of 116. CPK of 869.

ASSESSMENT AND PLAN: The patient is a 62-year-old, male-to-female transgender, with unspecified psychotic disorder, likely due to bipolar affective disorder versus schizoaffective disorder as well as history of cannabis use disorder and personality disorder, admitted after a physical altercation. ASSAULT

1. Agitation and unspecified psychotic disorder. The patient's EKG reveals a QTc of 426 and therefore, we will place the patient on Zyprexa with p.r.n. Haldol and Ativan for agitation and we will place the patient on 4-point restraints with one- to-one observation. We have informed BSU to consult inpatient later as the patient is being medically cleared.

2. Leukocytosis, likely reactive. Urinalysis was not suggestive of urinary tract infection. Chest x-ray was not suggestive of any type of pneumonia despite rhonchi which could be from upper respiratory given her recent epistaxis after being punched on the face and at this time, we will hydrate the patient and hold off on any antibiotics and we will continue to monitor the patient's stability and need for any antibiotics.

3. Fracture of the left nasal bone. I have spoken with Dr. Connor, who mentioned that she will be speaking with the ENT, Dr. Ruparelia, in case any subsequent epistaxis transpires after the patient is admitted.

4. Minimally displaced rib fracture. We will place the patient on p.r.n. pain meds.

5. DVT prophylaxis. Given recent epistaxis, we will place the patient on SCDs and we will continue to observe. Consider pharmacologic DVT prophylaxis if the patient has no signs of bleeding.

6. Disposition. As above.

ADDENDUM:

Pt was re-evaluated in the ICU given the initial 4-point restraints placed in the ED; in the course of my evaluation, ICU staff and myself noticed that pt's shoulder appeared tender as she was coming off of sedation; given she was still disoriented and given recent violent outbursts, pt could not be appropriately examined regarding passive and active joint ROM. Hence, a 2-view shoulder X-ray was ordered and was found to have anterior dislocation of humerus with a displaced comminuted fracture of scapular glenoid process. D/W Orthopedics (Dr. Blake) who then mentioned CT of the aforementioned anatomy is needed to further evaluate surgical field and will defer. Subsequent re-evaluation also showed significant decrease in H&H and given history of recent trauma and mild bruising found on further evaluation on flank and lower abdomen, an Abd/pelvic CT with IV contrast was done to rule out internal bleed and subsequent type and screen as well as repeat CBC was ordered STAT. The latter evaluation later suggested that the repeat CBC that suggested significant drop was likely drawn from an IV site leading to falsely decreased values, as is also supported by the imaging studies mentioned.

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<Electronically signed by Frederick R Caballes MD> 09/20/18 0730

Frederick R Caballes MD
Dictated Date/Time: 09/19/18 0847

Transcribed Date/Time 09/19/18 0954

Copy to:

CC: Frederick R Caballes MD; No Primary Care Phys,NOPCP