

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

ED Provider Documentation

Patient: BLAYK,BONZE ANNE ROSE Account Number: A00088518428 DOB/Age: 05/01/1956 62 Medical Record#: M000597460

Service Date: 09/19/18 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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Opthamlomology 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 inquinal 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, crepitance 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: NI axis, nI 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:

1 TOVICE 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