

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

Discharge Summary

Patient: BLAYK, BONZE ANNE ROSE
DOB/Age: 05/01/1956 62
Admission Date: 09/24/18

Account Number: A00088571823
Medical Record#: M000597460

Provider: Clifford Ehmke MD

DISCHARGE SUMMARY:

DATE OF ADMISSION: 09/24/18 9/19/18 following the assault of G.I. Herz & John Joly

DATE OF DISCHARGE: 10/15/18

DISCHARGE DIAGNOSES:

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

CONDITION AT THE TIME OF DISCHARGE: Improved. The patient is no longer overtly expressing delusions of police brutality or people dressing up as imposters and stalking her. She is calm, cooperative, has displayed no violence towards herself or others during this hospitalization. She is dressing herself, bathing, and toileting appropriately. She has taken both oral and injectable antipsychotic medications and appears to be tolerating her Invega Sustenna well. On the day of discharge, she displays no akathisia or evidence of extrapyramidal side effects. She is aware that she has her next injection of Invega Sustenna on 11/09/18. From medical followup, it is notable that she is declining the offer of occupational or physical therapies, instead opting to follow up with her outpatient primary care doctor, Dr. Robert Breiman. She has been safe on all checks and we see no further rationale for involuntary inpatient care at this time. With respect to housing, Bonze rents a house locally and states that she has a key hidden outside the front door.

MENTAL STATUS EXAMINATION: The patient is a medium build, male-to-female transgendered white individual with long curly hair, who is wearing fingernail polish, has fair grooming. She is calm, cooperative, looks me in the eye and shakes my hand. Speech has a normal rate, tone, and volume. Mood is euthymic with a full affect. Thought process is linear. Thought content is significant for her desire to leave the hospital. She denies auditory or visual hallucinations. She denies suicidal or homicidal ideations. Insight and judgment would appear to be fair given her willingness to follow up with treatment in the community. Cognitively, she is awake and alert.

LABORATORY DATA: Metabolic testing was performed on 10/08/18 revealing hemoglobin A1c of 5.3, triglycerides 99, cholesterol 183, LDL cholesterol 108, HDL cholesterol of 54.9.

DISCHARGE INSTRUCTIONS TO THE PATIENT:

Part A:

1. She takes amlodipine 10 mg daily.
2. Metoprolol 25 mg p.o. b.i.d.
3. She takes Invega Sustenna 234 mg IM q.4 weeks, next injection due on Friday, 11/09/18.

Part B: Diet is regular.

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Part C: Activities. The patient is instructed to use a sling on her left arm until further directed by her outpatient provider. She is a smoker; however, she is declining continued nicotine replacement opting instead to smoke cigarettes. She is offered the New York State Smokers' Quit Line, which is the toll free number of 866-697-8487. There are no laboratory or diagnostic studies pending at the time of discharge.

Nicotine Vape

Part D: Followup care. The patient will follow up at the Tompkins County Mental Health Clinic. Her next injection is due 11/09/18. She also has a followup care with her primary care provider, Dr. Robert Breiman.

Part E: Substance abuse followup is not applicable.

HOSPITAL COURSE: Part A: Reason for admission. The patient is a 62-year-old single white male-to-female transgendered patient with a history of chronic psychotic and personality disorders, who was 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. Apparently, the patient was creating a disturbance and the law enforcement responded to the scene. She resisted apprehension. The police indicated that she was the aggressor. At any rate, she was struck in the face and physically restrained. In our emergency room, she was agitated and combative, requiring not only IM lorazepam and ziprasidone, but ultimately ketamine as well as mechanical restraints. When I attempted to see her in the ICU, she was obtunded and difficult to arouse with incoherent speech. Later when I evaluated her, she was awake, alert, and quite hostile to me, remembering me from a previous hospitalization on the BSU. At that time, when I asked her what happened, her explanation was that she was minding her own business at the local Denny's when men in police uniforms showed up. She expressed that these were not real police officers but rather fake ones and had come with the purposeful intent of harassing her and assaulting her. She contradicted the police account, which stated that she was the aggressor. Bonze was clearly quite paranoid believing that she was victim of a conspiracy. She felt that psychiatric treatment with just a coverup for being abused by unknown assailants. She was delusional and easily agitated and required psychiatric inpatient hospitalization.

STONED
Ketamine

Behavioral SERVICES Unit

Part B: Psychiatric treatment rendered. The patient was admitted to the behavioral science unit where she was placed on q.15-minute checks for her own safety. We also started her on oral paliperidone 6 mg daily, which she refused. Ultimately, she was taken to court on 10/05/18 for treatment over her objection. The judge decided in the hospital's favor and the first dose of Invega Sustenna was administered on 10/08/18 at the 234 mg dose. Later on 10/12/18, a booster dose of 156 mg was administered. Between those doses, she was also accepting oral paliperidone 6 mg daily; however, this resulted in akathisia and so this was discontinued. She did receive a few doses of lorazepam, but ultimately started refusing this when the akathisia improved. Her housing situation was uncertain at first given the fact that she had been staying in a local hotel because of paranoia about people spying on her in her home on Trumansburg Road. We did confirm through the hotel that they had her cell phone, which they mailed to the hospital. They made it clear that she was not allowed to return there due to disruptive behavior on their premises. The patient at this time is no longer paranoid and is looking forward to returning home where she states she has a hide-a-key hidden near the front door. Her delusions were markedly reduced at the time of discharge, she seems to be tolerating the Invega well and she expressed her willingness to continue taking this at Tompkins County Mental Health Clinic. At this time, we see no further justification for involuntary treatment as the patient is significantly improved. In terms of her physical injuries, she is only willing to follow up with her outpatient primary care provider at this time. It should be noted that she consistently declines antihypertensive medications despite consistently elevated hypertension. She was counseled on the risks of untreated high blood pressure, but continued to decline this medication. At this time, we are discharging Bonze to outpatient therapy and we are certainly wishing her the best for safe and healthy future.

160591/809918203/CPS #: 12374868

<Electronically signed by Clifford Ehmke MD> 10/16/18 0910

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18

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09/24/

Clifford Ehmke MD
Dictated Date/Time: 10/15/18 1033

Transcribed Date/Time 10/15/18 1148

Copy to:

CC: Clifford Ehmke MD; No Primary Care Phys,NOPCP

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