

Duncan,Keith

Admission Date & Time: - 10/07/2018 - 02:28 AM
SSN: 243-86-0043
Date of Birth :08/15/1958
Race / Sex: W - Male

Avatar # : 488207

Episode: 1

Discharge Date & Time 11/13/2018 - 01:30 PM
CID# : 400061827
Age at Admission: 60
Religion: No Entry

Discharge Program : AAI600-Adult Mental Health
Discharge Unit: WEST

Attending Clinician Ryabik,Brett
Discharging Clinician: Ryabik,Brett

Social Worker:

<u>Allergy</u>	<u>Allergy Reaction</u>	<u>Allergy Information</u>	<u>Allergy Severity</u>	<u>Date Recognized</u>
NO KNOWN DRUG ALLER		Unknown		10/07/2018

<u>Legal Status</u>
Legal Status: 216 - MH TO VOLUNTARY FROM INVOLUNTARY

Discharge Day of Week: Tuesday
Length of Stay: 37
Reason for Discharge: 2 - Treatment Goals Met
Residence at Discharge: 75 - Transitional Residential House(Non State
Referred to: 99058 - Fulton Co. MH&MR Services
Referred to Category: 101 - CMHC
Referred to Appointment Date: 11/14/2018
Discharge Transportation Requirements: Privately-Owned Vehicle (POV)
Accompanied by: SELF VIA OWL
Type of Discharge UB-92 Code: Home or Self Care
Discharge Presenting Problems - Primary: No Entry
Discharge Presenting Problems - Secondary: No Entry
Discharge Presenting Problems - Tertiary: No Entry
Homeless Indicator: Not Homeless
Reason for Non-Admit:
Discharge Remarks:

<u>Client Address Information</u>
6326 Brandy Wine Trail, Citizenship: No Entry Norcross, GA 30092 Home Phone#: Work Phone#:

<u>Client County/Region</u>
County of Residence: GWINNETT Region of Residence: Region 3 Service Area of Residence: GWINNETT Region of Responsibility: Region 3

Diagnosis

Diagnosis Date: 11/13/2018
Diagnosis Time: 1:49:00PM
Diagnosis Practitioner: SMITH,CHRISTOPHER

Primary F29 Unspecified psychosis not due to a substance or known physiolog

Veteran #: Medicare/Medicaid/Veteran

Medicare #:					
Medicare Part A Eligible:	No	Medicare Part B Eligible:	No	Medicare Part D Eligible:	No
Effective Date:		Effective Date:		Effective Date:	
Termination Date:		Termination Date:		Termination Date:	
				Medicare Part D Plan:	

Medicaid #:
Medicaid Eligible: No
Eligible Date:
Termination Date:
Medicaid Type:

GA Alcohol Assessment at Admission

Admission Date: 10/07/2018

Date Assessment Started: 10/07/2018

Time Assessment Started: 02:00 PM

Service: Adult Mental Health

Assessor's Role: Nurse

Place of Assessment: Admissions

Able to complete screening?: Yes

Family/Significant Other with Individual upon admission: No

How often do you have a drink containing alcohol?: Never

How many drinks containing alcohol do you have on a typical day when you are drinking?: 1 or 2

How often do you have six or more drinks on one occasion?: Never

How often during the last year have you found that you were not able to stop drinking once you had started? : Never

How often during the last year have you failed to do what was normally expected from you because of drinking?: Never

How often the last year have you been unable to remember what happened the night before because you had been drinking?: Never

How often the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?: Never

How often during the last year have you had a feeling of guilt or remorse after drinking?: Never

Have you or someone else been injured as a result of your drinking?: No

Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?: No

Assessor's Name: ISHEBAH JOHNSON Registered Nurse

Discharge Summary Part I

Date of Admission: 10/07/2018

Anticipated Discharge Date: 11/13/2018

Reason for Admission:

This person is a 60 year old WM who was transferred from Northside hospital on a 1013 after he had gone to the FBI about a "crime he was working out". The people at the FBI told him that he should get an evaluation at a hospital and he came to get checked out. He felt that he would be released as he was no on drugs or etoh. He had told the admitting doctor that he was an expert criminologist. He detained several projects that he was involved in. He reported that he was inventor of the selfie stick and said I should check out pro-selfie stick.com and drugsolutions.com. Somehow his projects would be able to solve problems with education, employment and drug use. He described himself as a "prolific author" and an ordained minister. He had gone to the FBI regarding an old case wherein his business partner defrauded him of millions of dollars. He said that he was sleeping and eating well; he required about 6 hours a night. He reported his mood as good and he denied SI, HI and AVH.

Treatment Received:

He was treated with chemotherapy as well as supportive and treatment mall.

Physical Examination/Lab Values:

PE unremarkable

Glu 93, Cr. 0.85, BUN 14, bili 1.3, Li 0.5. TSH 3.6., Week three Li 0.7. DC labs included Li 0.7, glu 93, BUN 16 and Cr 0.98, and TSH 4.2.

Medical Conditions:

1. Nasal fracture. Motrin 400mg prn
2. Back pain treated with Motrin 400mg prn and Flexaril 10mg q 8 hours prn

Discharge Diagnoses Entered in Avatar PM?: Yes

Condition at the Time of Discharge:

He was looking forward to dc. Delusions remained but he was no longer acting on them. He denied SI and HI.

Discharge Summary Part II

Select Discharge Summary Part 1: Anticipated Disch Date: 11/13/2018 @ 12:38 PM
STATUS:Final*ASM64965.00001

General Data (Age, Race, Marital Status, Occupation, Education Level):

This 60 year old WM has been married but divorced for 9 years. He has two adult sons. He has worked as a software engineer. He recently returned from the Philippines where he lived off of savings for 3 years. He was in Federal Prison for 85 days.

Significant Past Psychiatric History:

He has been diagnosed with bipolar disorder and schizoaffective disorder. His main treatment started in 2011. He had gone to Langley military base to talk to the "intelligence office" and was arrested when they found a 16 gauge shotgun in his car. He was found IST and a Sell order was obtained (this was in VA). He reported that he was illegally detained and made to take medications. He was hospitalized in Peachford in 2008. He did have a restraining order taken out on him by two families. He described that he had done things like talk to this guys 8 year old kids in the street. He felt that these people had stolen money from him. No history of suicide attempts. He denies drug use and stated that he uses wine on occasion.

Significant Behavioral Issues/Incidents and Mall/Group Participation:

He attended treatment mall in an appropriate manner. Unfortunately, he was involved in a serious incident wherein a peer viciously attacked him punching him in the nose. This was unprovoked. He was sent to the ER and diagnosed with a nasal fracture.

Summarize Psychopharmacology Regimen and How Regimen was Decided:

Zyprexa was titrated to 30mg at hs and Li to 450mg tid. Thought disorder improved and delusions became mitigated but not resolved.

Summary of Psychiatric Progress:

Mr. Duncan was admitted on RO and was maintained there with no incident. He was taking his medications despite being dubious about his staying here. He reported feeling woozy and dizzy and he was told to rise slowly when getting up. No PRNs were given. He had started to go to the treatment mall. The social worker had spoken with his son who said that when he was on medications he was doing much better. He related that he was stalking his former business

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018

Client: Duncan, Keith (000488207)

Submitted 11/13/2018 at 01:04 PM by BRETT RYABIK Medical Doctor

partner and had been aggressive to his wife though he intervened. He thought that his wife had stolen a good deal of money from him. He was easy to engage but needed a lot of redirection. His mood was good and he remained quite expansive. Speech was pressured; he became loose and tangential at times. He denied SI, HI and AVH; he continued to talk about paranoid and grandiose delusions; He did agree to take some Lithium.

During his second week Mr. Duncan was taking his medications, had not required a PRN and denied side effects. He was attending the treatment mall in an appropriate fashion and was getting along with his peers and staff. He could be seen out and about proselytizing for his various causes. Unfortunately, he was involved in a serious incident wherein a peer viciously attacked him punching him in the nose. This was unprovoked. He was sent to the ER and diagnosed with a nasal fracture. He was easy to engage, pleasant and cooperative; he required frequent redirection. His mood was good and affect expansive. Speech was pressured and disorganized at times. He denied SI, HI and AVH; he continued to verbalize outlandish delusions about inventing the selfie stick and people owing him millions of dollars. Zyprexa was increased to 30mg at hs.

In week three he was ostensibly taking his medications, had not required PRN medications and denied side effects. He had not been involved in any incidents and he was attending the treatment mall in an appropriate manner. He had seen the ENT on two occasions but there is yet to be word on whether he would get a procedure. He was very easy to engage but was difficult to redirect. He reported his mood as good and his affect was very expansive. Speech remained loud and pressured. He denied SI, HI and AVH; he continued to have several grandiose and paranoid delusions that have not seemed to have budged. Li level was 0.5 and then 0.3. Lithium was increased to 450mg tid. Zyprexa was changed to Zydus.

During week four Mr. Duncan continued to take his medications and did not report side effects. He did not require any PRN medications. He continued to attend the treatment mall in an appropriate manner. He was not in any incidents. We put him on the list for civil commitment. He was very pleasant as usual; he was easy to engage and he was more easily redirected. His mood was good but affect was less expansive. Speech regular and not as pressured. Process was much more organized and he denied SI, HI and AVH. Despite these improvements he continued to talk about his lawsuits and insisted that he needed to go to some sort of authority about the crimes that had been committed towards him. On his videos he had grandiose presentations describing himself as a religious leader who was able to "confront the antichrist Robert D. Rose" (his business partner). He was resting and eating well. Li level was 0.7.

During week five Mr. Duncan continued to do well: he was attending treatment mall and was not involved in any incidents. He was able to start the SSI process with the social worker and we had found a place to stay. He was on the list to go to court but I had it canceled as he really was not an imminent danger to himself or other people. He remained quite pleasant and easy to engage. His mood was good and affect euthymic. Speech was regular and no longer pressured or disorganized though he continued to think that several people had taken

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Client: Duncan, Keith (000488207)
Submitted 11/13/2018 at 01:04 PM by BRETT RYABIK Medical Doctor

thousands of dollars from him and that he was going to start lawsuits to get his money returned. He was convinced that his son stole 6K cash. I spoke to his son who stated that he had left his wallet in his car that sat unlocked at the airport for weeks on end after he had been detained for erratic behavior. Mr. Duncan was somewhat more reality based as he was applying for SSI. He continued to deny SI, HI and AVH.

During week six Mr. Duncan was taking his medications, did not require PRNs and did not report side effects. He continued to get along well with staff and patients. He was not involved in any incidents. He remained pleasant, cooperative and easy to engage. His mood remained good and his affect was euthymic. Speech was regular and organized. No SI, HI or AVH noted but he continued to have chronic delusions regarding people owing him money etc.. He was looking forward to dc and seemed to have more reasonable expectations. He was looking forward to getting a regular job and starting over. He seemed to have a better understanding that going to the FBI or other related authorities would land him back in the hospital.

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?: Severely ill

Compared to their condition at admission, how much have they changed?: Much improved

Mental Status Examination:

General Description and Reliability: This person is a 60 year old WM who looks stated age: he is somewhat disheveled.
Sensorium: Alert
Psychomotor Activity: unremarkable
Mood: good
Affect: euthymic
Speech: regular
Perception: no AVH
Thought Process: Organized
Thought Content: concerned with being owed millions of dollars and the plots of his ex-business partner. He has what seem to be a myriad of grandiose and paranoid delusions. His delusions seemed to be more on the back burner and his goals seemed to be more reality based.
Suicidal/Homicidal Ideas: None
Judgment and Insight: Poor

Is Individual Discharged with Antipsychotic Medication?: Yes

Number of routine/scheduled antipsychotics Individual is on after Discharge?: 1

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Submitted 11/13/2018 at 01:04 PM by BRETT RYABIK Medical Doctor

Is an FDA approved tobacco cessation medication being prescribed at discharge?: Not offered

Reason for not prescribing an FDA approved tobacco cessation medication at discharge: No documentation for not prescribing

Is there documentation that an FDA-approved medication for alcohol disorder was prescribed at hospital discharge?: Does not have alcohol use disorder

Is there documentation that an FDA-approved medication for drug disorder was prescribed at hospital discharge?: Does not have a drug use disorder

Influenza vaccination status for discharges between October 1st and March 31st:
Unable to determine from record

Draft/Pending Approval/Final: Final

Document Routing

Status: Final

Approvers:

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018
Client: Duncan, Keith (000488207)
Submitted 12/04/2018 at 11:05 AM by ANDREA WILLIS

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Diagnosis

Date of Diagnosis: 11/13/2018
Time of Diagnosis: 01:49 PM
Type of Diagnosis: Discharge

Primary Diagnosis: Unspecified psychosis not due to a substance or known physiological condition (F29) (Unspecified psychosis not due to a substance or known physiological condition)

Status: Active
Bill Order: 1
Rank: Primary
Present On Admission Indicator: Yes
Diagnosing Clinician: SMITH,CHRISTOPHER(440004292)

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018

Client: Duncan, Keith (000488207)

Submitted 11/13/2018 at 11:01 AM by WENDY TOLBERT Registered Nurse

Discharged 14

General Information

Date Note Started: 11/13/2018

Time Note Started: 10:43 AM

Allergies/Adverse Drug Reactions(ADRs) documented?: Yes

Vital Signs Documented?: Yes

Special Diet?: No

Medical Conditions or Risks Requiring Follow Up?: None

Last TST Results: Negative

Date of TST Read: 10/10/2018

TSTComments:

24 Hr Support Plan?: No

Does individual receive long-acting injectable medication?: No

Side Effect(s) to Report to Mental Health Clinic or Doctor?: None

Discharge Education

Education/Instructions Provided?: Yes

Education/Instructions Provided To: Individual

Individual Verbalizes Understanding of all Instructions?: Yes

Appointments

Appointment Date: 11/14/2018

Appointment Time: 08:00 AM

Provider: Fulton-DeKalb Hospital Authority

Provider Address:

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Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018
Client: Duncan, Keith (000488207)
Submitted 11/13/2018 at 11:01 AM by WENDY TOLBERT Registered Nurse

10 Park Place Atlanta GA 30303

Provider Phone: 404-616-4444

Discharge Information

Discharge Date: 11/13/2018

Discharge Time: 01:00 PM

Discharge Type: Regular

Discharged with Supply of Medication?: Yes

of Days Supply: 5

Discharged with a Prescription?: Yes

of Days Prescription: 30

Home Medication Returned?: None Brought

Valuables Returned?: None Brought

Individual Discharged Via: Ambulatory

Destination Upon Discharge: Home with Support

Facility Phone Number: 404-243-2210

Signature/Status

Status: Final

Document Routing

Status: Final

Approvers:

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018
Client: Duncan, Keith (000488207)
Submitted 10/07/2018 at 04:29 PM by CHRISTOPHER SMITH Medical Doctor

General Information

Date Assessment Started: 10/07/2018

Time Assessment Started: 03:10 PM

DOB: 08/15/1958

Service: Adult Mental Health

Primary Language: English

Method of Communication: Verbal

Interviews and Sources of Information: Individual

Type of Assessment: Full Assessment

Select Admission Pre-evaluation Reviewed: Started: 10/07/2018 @ 04:05 AM
STATUS:FinalData Entry ByFARMER_CAROLYN*AQS64928.00001

Screening Information Updated: No

Based on review of the screening information entered: Routine Evaluation

Chief Complaint and History

Chief Complaint:

"Went to debrief with the FBI, after being in the Phillipines...had a case for pending for the past 8 years. They told me they wanted me to have a psychiatric assessment, and said it'd be voluntary..."

History of Present Illness:

60 year old WM w/ past psychiatric history of Bipolar Disorder and Schizophrenia who originally presented to Northside Hospital starting he went to the FBI regarding a crime and they sent him there for a competency test. Per chart review, patient placed on 1013 secondary to concerns for patient's safety and ability to care for self, in the context of grandiose delusions, currently without medications, ongoing trips to FBI and police and appears to be decompensating.

On interview, patient reports he is a "top level anti-crime expert", "dealing with high level people to get rid of base world problems...politics", "the creator of the selfie stick", creator of 100% psychology based program to stop "repeated self stress disorder". He also reports being an "ordained baptist deacon", that he "lost

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018

Client: Duncan, Keith (000488207)

Submitted 10/07/2018 at 04:29 PM by CHRISTOPHER SMITH Medical Doctor

1 million dollars", and that he works through "AT&T". He denies any psychiatric history, auditory hallucinations, visual hallucinations, paranoia, recent substance use (outside of a glass or two of wine every week), or any depressed mood. He reports sleeping well ("I'm usually good with 4-6 hours of sleep...used to need 7-8 as a young man"), good appetite, good energy (denies elevation for prolonged periods), or thoughts of self harm or harming others.

He also reports being "defrauded" by his ex-wife and previous business partners, being arrested on a canceled restraining order--a famous restraining order, and framed as a drug addict by his family. He reports eventually divorcing his wife in the context of her not allowing him to have access to his 2 million dollars.

Patient oriented to self, time, location, date (month, day, and year), and memory of son and pastor's numbers

Previous Diagnosis:

- Per Northside Notes:
- Bipolar Disorder
- Schizophrenia

Past Hospitalizations:

Northside
Peachford (2008) per chart

Outpatient Treatment:

Denies

Past Medication Trials:

Denies

Past Suicide Attempts:

Denies

History (cont.)

SmokingHistory: Non-smoker

Alcohol Use?: Current or within last 12 months

Current Drinks per day: 2 glasses per week

When last used alcohol?: Denies alcohol use since returning from Philippines several months ago

Current use of any of the following drugs?: None

Past (>than 12 months) use of any of the following drugs?: Marijuana

Additional Substance Use Information:

Reports trying cannabis as a young man

History of DTs: No

History of Withdrawal Seizures: No

Medical/Complications of Substance Use: No

Substance Use History Comments:

Reports being prescribed Ritalin in the past, secondary to narcolepsy-like illness, and family stating he was addicted and abusing it.

Describe Psychiatric Family History:

Denies history

Marital Status:

Married (possibly divorced)

Current Living Arrangements:

Homeless-living in hotel per patient

Family/Social Support:

Denies family support; reports friends and religious group based social support

Employment or Source of Income:

Denies (unemployed); reports he has money to sustain himself, with the

assistance of friends after losing his home

Highest level of education:

College (NC State)

Mental Status

Appearance: Clean, well groomed, Dressed appropriately

Height/Build: Average height

Behavior: Cooperative

Posture: Erect

Gait: Normal Gait

Movements: Normal movements

Speech: Hyperv verbal

Mood: Euthymic

Affect: Congruent

Describe Other Affect: N/A

Thought Content: Ideas of reference, Delusions

Describe Positive Thought Content Findings:

Persecutory and grandiose delusions on interview

Thought Process: Goal directed, Grandiosity, Other

Describe Positive Thought Process Findings:

Perseverates on delusions

Perceptual disturbances reported?: None reported

Alertness: Awake/alert

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018

Client: Duncan, Keith (000488207)

Submitted 10/07/2018 at 04:29 PM by CHRISTOPHER SMITH Medical Doctor

Oriented to: Person

Estimate of Intellectual Functioning: Average

Immediate Recall: 3 objects

Recent Memory (after 5 minutes): 3 objects

Remote Memory (e.g. date of birth): Fair

Other Comments on Cognitive Function:

N/a

Insight: Limited understanding of own illness

Judgement: Impaired

Other MSE Comments:

N/a

Meds, Systems and Allergies

Does individual have current medical or physical complaints?: No

Allergies and ADRs reviewed?: Yes

Dx Impressions, Disposition

Diagnoses entered in Avatar PM?: Yes

Disposition Action: Place in Temporary Observation

Rationale for Disposition and Plan:

60 year old WM w/ past psychiatric history of Bipolar Disorder and Schizophrenia who presents with symptoms of grandiose and persecutory delusions. Per chart review, patient with history of bipolar and schizophrenic disorder, and patient with distractibility, goal-oriented behaviors per his report (outside of the hospital), hyperverbal and difficult to interrupt at times, and low sleep duration. Patient denies depression, hallucinations, or any cognitive issues, and is orientated to person and place. His differential diagnosis is not limited to, but

Episode 1: AAI600-Adult Mental Health 10/07/2018 - 11/13/2018

Client: Duncan, Keith (000488207)

Submitted 10/07/2018 at 04:29 PM by CHRISTOPHER SMITH Medical Doctor

includes the following: Delusional Disorder, Schizophrenia, Bipolar Disorder, Neurocognitive Disorder, Delirium/Dementia . Patient would benefit from mood stability and psychosis treating medication treatment at the present. He is a low risk of self harm or harming others, and self presented with report of living alone and having money and resources to care for himself, but until this can be verified, patient would benefit from treatment with extended observation. After proper rule out of labs, and observation of any change with medication treatment, decision should be made on patient being admitted or discharged, with there being repeated efforts to contact patient's collateral (Dr. Shaw (emergency contact and pastor) 770-448-1313/770-582-2459), son (770-655-5546), and friend David Fairchild (770-317-1233).

Diagnosis:

Psychosis vs Mania

Hx of Schizophrenic Disorder

Hx of Bipolar Disorder

Plan:

- Temporary Observation

- Start Zyprexa 10 mg PO QDaily for mood stability/psychosis

- Obtain TSH, B12, Folate, baseline EKG

Severity of Illness Considering your total clinical experience with this particular population how mentally ill is the patient at this time?: Moderately ill

Status: Final

Document Routing

Status: Final

Approvers:

Tobacco education provided: Yes

Tobacco education comments:

Individual is educated on the dangers of smoking and the Hospital wide non-smoking policy. Individual is offered nicotine replacement if they are currently a smoker.

Other education provided: Yes

Other education comments:

Individual is educated about the importance of having a bowel movement regularly and the Facility's policy to monitor bowel. Individual is educated to tell staff when they have a bowel movement so staff can record and decrease possible constipation. Individual is educated on ways of aiding in prevention of constipation, such as: staying well hydrated and ambulating.

Evaluation of learning and follow up needs:

Verbalized Understanding

Summary

Clinically significant findings identified?: Yes

Summary of Findings:

Keith Duncan, a 60 year old Caucasian male, was brought to the admissions unit for an evaluation from Fulton county on a 1013. Presenting problems are delusional thinking, grandiose, paranoia, ongoing visits to FBI and police. Medical issues per patient restless leg syndrome.

Delusional:

Goal: The patient will consider alternative interpretations of a situation without becoming hostile or anxious and will identify and perform activities that decrease delusions.

Nursing interventions:

- 1) Nursing staff will talk to Individual 1:1 as needed to assure her it is safe and the individual can talk to staff if there are concerns or is fearful of her safety.
 - 2) Nursing staff will redirect Individual to another topic or activity as she becomes illogical and makes unrealistic statements.
 - 3) Nursing staff will talk 1:1 with Individual x1 daily for at least 3 minutes
-

Reports trying cannabis as a young man

History of DTs: No

History of Withdrawal Seizures: No

Medical/Complications of Substance Use: No

Substance Use History Comments:

Reports being prescribed Ritalin in the past, secondary to narcolepsy-like illness, and family stating he was addicted and abusing it.

Review of Systems

General: No Complaints

Breast Symptoms: No Complaints

Eyes: No Complaints

ENT: No Complaints

Mouth: No Complaints

Respiratory: No Complaints

CV: No Complaints

GI: No Complaints

GU: No Complaints

Musculoskeletal: No Complaints

Integument: No Complaints

Nervous System: No Complaints

Endocrine: No Complaints

Hematologic/Lymphatic: No Complaints

Allergy/Immunology: No Complaints

Re-Evaluation

Date Initiated: 10/08/2018

Time Initiated: 10:21 AM

Interviews and Sources of Information: Individual Interviewed, Chart Reviewed, Admission Assessment Part One Reviewed, Admission Assessment Part Two Reviewed, Temp Obs Nursing Flow Sheet Reviewed, Temp Obs HST Flow Sheet Reviewed, Temp Obs Progress Note Reviewed

Subjective:

Mr. Duncan is a divorced, unemployed 60 yo W male with grandiose and paranoid delusions that have impaired his functioning. He was referred from an outside hospital where he presented with delusional thinking about the FBI, criminal activity, and millions of dollars. He was referred to GRHA on a 1013 where he was seen by Dr. Smith on 10/7/18. Dr. Smith placed the patient in Temporary Observation and prescribed Zyprexa 5mg po QHS for treatment of delusional thinking.

When I met with Mr. Duncan on 10/8/18 he was going through his cell phone to gather telephone numbers. He told me that he had been defrauded out of \$1.2 million dollars and that he had returned from the Philippines recently (this has been verified as true) "at great personal expense to me" to speak with the FBI about the crime. He reported that he was held for 2 years at a federal facility with legal charges against him, but he said the charges were dropped. He said that they tried to force him to take medication but he had no mental illness and did not need medication.

6th course

It is unclear what crime Mr. Duncan was charged with while he was held at the federal facility, but he made reports about being defrauded of money, intrusively interacting with the FBI, and having a weapons permit that the FBI questioned. He said that he is no longer allowed in the FBI building here in Atlanta, and he said that he planned to turn to the military for assistance.

False
SolutionMilitary.com perked Sept 25, 2011

Yes
Mr. Duncan reported that when he got off the plane from the Philippines he expected his pastor and friends to be waiting on him, but he said nobody was there. He said he had no firm place to stay but had a list of telephone numbers of people he knew would help him. On that list was Andrew Young, a prominent public figure. He also reported that his son Kyle had not answered the telephone in 9 months when he called.

YES

True
Mr. Duncan said that nobody would answer his telephone calls, but he adamantly denied that mental illness may be the reason why. He said that none of his doctors had ever diagnosed him with mental illness, which implied that doctors he

had been forced to see were the ones who diagnosed him with mental illness. He insisted he did not have bipolar disorder, and he was equally adamant that he did not have schizophrenia or delusional disorder either. Nonetheless, nursing staff reported that he took his prescribed Zyprexa 5mg last night.

Review of HST/Nursing/Social Work Temp Obs Notes:

Nursing notes indicate that patient has made numerous delusional statements and that he has used the telephone excessively since coming to the Admissions Unit.

Of course

Changes to Suicide, Violence, Victimization Risk Assessment:

Mr. Duncan denied any SI or HI. However, he has been intrusive and problematic with the FBI and now appears to be focused on the military. This indicates that he is at some risk of bringing harm upon himself due to his paranoid delusional thinking.

wow
///
/

Current Medical Status:

No acute medical issues.

Review of medications given for medical conditions:

None.

Mental Status Exam Re-Evaluation:

General Description and Reliability: W male who appears agitated and upset

Sensorium: Alert and grossly oriented

Psychomotor Activity: Hyperactive

Mood: Distressed about current predicament

Affect: Serious; mood congruent

Speech: Hyperverbal; difficult to interrupt; congruent with his distressed mood

Perception: Denied AVH; grandiose and paranoid delusions about his money and the FBI's role in his life

Thought Process: Tangential

Thought Content: Focused on the FBI

Suicidal/Homicidal Ideas: Denied HI and SI

Judgment and Insight: No insight (does not believe he has mental illness) with poor judgment (continually contacting the FBI)

Cognition: Distorted by psychotic thinking

True

Response to Psychiatric Medications provided in Temporary Observation:

Nurses confirm that Mr. Duncan did take his prescribed Zyprexa 5mg last night.

Diagnoses in Avatar: Reviewed, No Updates

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?: Severely ill

Compared to their condition at admission, how much have they changed?: No change

Disposition

Disposition Action: Admit

Rationale for Disposition:

Mr. Duncan has been in the Philippines for some time and has now returned to the United States where he has thus far behaved erratically with a paranoid focus on the FBI and no social support. Will admit for stabilization.

Who signed this?
↓

Plan:

Admit.

Continue Zyprexa for treatment to the extent that he will take it.

Status: Final

Document Routing

Status: Final

Approvers:

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GA Regional Hospital at Atlanta
3073 Panthersville Road Decatur,GA 30034
Tel: 404-243-2100
Client Progress Notes
from 10/7/2018 to 11/13/2018

Run Date: 2/23/2023
12:23 PM

PHYSICIAN NOTES - MEDICAL

Patient Name:DUNCAN, KEITH (488207)
Admit Date: 10/7/2018
Electronically Signed By: SMITH,CHRISTOPHER - PHYSICIAN
Note Type: General Note
Status: Final

Episode: 1
Discharge Date: 11/13/2018
Written On: 10/7/2018
Note Time: 04:33 PM

Notes Field

Patient reporting sensitivity to medications in the past, so will start with Zyprexa 5 mg, with plan to increase to 10 mg if tolerated.

Patient Name:DUNCAN, KEITH (488207)
Admit Date: 10/7/2018
Electronically Signed By: OHANAJA,PRISTELLA - NURSE
PRACTITIONER
Note Type: General Note

Episode: 1
Discharge Date: 11/13/2018
Written On: 10/16/2018
Note Time: 10:26 PM

Notes Field

10:21 PM

Individual returned back from Grady ED where he was transported today after he was punched by an individual, he came back with a diagnosis of Acute Midline Low Back pain without Sciatica and Closed Fracture of he Nasal Bone. Follow-up appointment scheduled for him on the 10/22/18 with Oral Surgery Center at 11 AM. Unit Charge Nurse aware to pass -on the information to unit PA to confirm the appointment. Order for Motrin 400 mg every 6 hours PRN was placed. Nursing staff to continue to monitor individual.

PHYSICIAN NOTES - PSYCHIATRY

Patient Name: DUNCAN, KEITH (488207)
Admit Date: 10/7/2018
Electronically Signed By: RYABIK, BRETT - PSYCHIATRIST
Note Type: Psychiatry Weekly
Status: Final
Service Desc: Subsequent Hospital Care (99232PC)
Provider: RYABIK, BRETT

Episode: 1
Discharge Date: 11/13/2018
Written On: 10/10/2018
Note Time: 05:50 PM
Service Date: 10/10/2018

Identifying Info (Personal/Demographic/Reason for Hospitalization)

This person is a 60 year old WM who was transferred from Northside hospital on a 10/13 after he had gone to the FBI about a "crime he was working out". The people at the FBI told him that he should get an evaluation at a hospital and he came to get checked out. He felt that he would be released as he was no on drugs or etoh. He had told the admitting doctor that he was an expert criminologist. He detained several projects that he was involved in. He reported that he was inventor of the selfie stick and said I should check out pro-selfie stick.com and drugsolutions.com Somehow his projects would be able to solve problems with education, employment and drug use. He described himself as a "prolific author" and an ordained minister. He had gone to the FBI regarding an old case wherein his business partner defrauded him of millions of dollars. He said that he was sleeping and eating well; he required about 6 hours a night. He reported his mood as good and he denied SI, HI and AVH. He has been diagnosed with bipolar disorder and schizoaffective disorder. His main treatment started in 2011. He had gone to Langley military base to talk to the "intelligence office" and was arrested when they found a 16 gauge shotgun in his car. He was found IST and a Sell order was obtained (this was in VA). He reported that he was illegally detained and made to take medications. He was hospitalized in Peachford in 2008. He did have a restraining order taken out on him by two families. He described that he had done things like talk to this guys 8 year old kids in the street. He felt that these people had stolen money from him. No history of suicide attempts. He denies drug use and stated that he uses wine on occasion. Mr. Duncan has had multiple sinus and shoulder surgeries but has not had any head injuries and does not have any ongoing medical problems. This 60 year old WM has been married but divorced for 9 years. He has two adult sons. He has worked as a software engineer. He recently returned from the Philippines where he lived off of savings for 3 years. He was in Federal Prison for 85 days.

TRUE

FALSE
T.Doll. 1.11.11
dismissed
July 15,
2011
Solution
G.W.
Control, com
existed!

848

Subjective

Mr. Duncan reported that he was feeling great as usual. He had lots of paperwork he was working on. He was going on about the "cases" that he had going on including Robert D. Rose stealing 300K. He stated that he was the FBI said he was under investigation. He stated that he was a little woozy and dizzy from his medications but agreed to take his medications. He did say that he did have a "manic episode" many years ago when under stress. He continued to deny SI, HI and AVH.

OBJECTIVE

Interval History

Behavioral Issues / Incidents

None

Medication Adherence, PRN / STAT Use, Medication Side Effect

He was taking his medications despite being dubious about his staying here. He reported feeling woozy and dizzy and he was told to rise slowly when getting up. No PRNs were given.

Review of Significant Nursing Notes

Mr. Duncan was admitted on RO and was maintained there with no incident. He was taking his medications despite being dubious about his staying here. He reported feeling woozy and dizzy and he was told to rise slowly when getting up. No PRNs were given. He had started to go to the treatment mall. The social worker had spoken with his son who said that when he was on medications he was doing much better. He related that he was stalking his former business partner and had been aggressive to his wife though he intervened. He thought that his wife had stolen a good deal of money from him.

Summary of Psychiatric Progress