

PHYSICIAN'S MONTHLY PROGRESS NOTE

DATE: 04/04/08

TIME: 9:00AM

Patient was seen and evaluated.

CPT CODE: 90862

Subjective Complaints:

"I don't know what the problem is. I'm perfectly fine. I don't know why no one believes me"

Identified Target Symptoms

1. Assaultive/aggressive behavior: as evidenced by a history of being verbally and physically abusive to staff and peers and being irritable and resistive to re-direction on the unit.
2. Delusions: as evidenced by grandiose delusions.
3. Bizarre Behavior: as evidenced by aggressive/agitated behaviors, unusual sexual behaviors.
4. Formal Thought Disorder: as evidenced by incoherence, tangentiality.
5. Manic Symptoms: as evidenced by irritable mood, euphoric mood, sexual inappropriate behaviors.

Progress Towards Objectives

1. Objective Medication Adherence - Joe will adhere to his medication regimen as evidenced by the MARS .
2. Objective Sign and Symptoms - Joe will identify will report at least two symptoms of his mental illness, as evidence by treatment mall notes: NOT MET, will report at least two triggers/early warning signs of his symptoms, as evidenced by treatment mall notes: NOT MET, will report at least two coping strategies for his symptoms as evidenced by IDN: NOT MET, will effectively utilize at least two coping strategies for his symptoms as evidenced by IDN: NOT MET, will report at least two relapse prevention strategies for his symptoms as evidenced by IDN: NOT MET.

Risk Behaviors: DTS/DTO/AWOL

1. Joe currently denies any suicidal ideation, plan or intent. In the recent past, he attempted to hit his head on the floor. No new incidents are noted.
2. Joe has exhibited danger-to-others type behavior, as evidenced by frequently touching others inappropriately, other times he throws things at them.

Participation in Treatment:

Joe rarely attends mall groups, with prompting and does not participate with prompting.

Changes in Legal Status

1. Changes in Legal Status Joe Patient is on a 5358 Conservatorship with Los Angeles County Public Guardian. No change in legal status.

MENTAL STATUS EXAM:

Joe's general appearance was disheveled and older than his stated age. Joe was agitated, irritable and restless, he made good eye contact, his mood was irritable and affect was constricted to full. His attitude was cooperative. No abnormal involuntary movements were noted. His speech was rapid rate, normal rhythm, increased volume, sarcastic and disorganized. Joe currently denies any suicidal ideation and

plan or intent. Joe currently denies any homicidal ideation and plan or intent. Regarding level of consciousness, Joe was confused. Joe was oriented to person, place and situation. Thought process was disorganized. Regarding thought content, there were auditory hallucinations of voices and in that he appears to be responding to internal stimuli. There were paranoid delusions. There were no ideas of reference. When testing immediate memory, Joe could recognize and recall and repeat information within a time frame of up to 30 seconds of the information being given. He demonstrated a general fund of knowledge equivalent to the level of education which he claims to have achieved. There was no thought insertion or extraction noted. Cognition was impaired. Judgment was impaired and insight was absent.

Current Medical Problems

1. Hypothyroidism: Currently, Joe is on Synthroid 50 mcg. Will monitor thyroid function tests. Medical Consultant is monitoring.
2. Constipation: Currently on docusate sodium 250 mg.

Relevant Labs

1. CBC Panel: WBC: 6.8, Neutrophil % 60.8, Lymphocyte % 23.0, RBC: 4.14, Hemoglobin: 12.4, Hematocrit: 32.4, Platelets: 226.

Risk Behaviors

1. DTS/Suicide: Joe currently is a low to moderate risk for suicide or danger-to-self type behaviors, considering the remote and recent past, such as recently trying to hit his head on the floor.
2. Danger to others/Aggressive: Joe currently is a moderate to high risk for aggressive or danger-to-others type behavior, considering the remote and recent past, such as repeated assaults on peers and staff.
3. AWOL/Elopement risk: Joe currently is a low risk for AWOL/walk-away/elopement type behavior, considering the remote and recent past.

Rationale for Current Psychopharmacological Treatment

Joe was prescribed Seroquel, which resulted in no significant change in his impulsivity/aggressiveness and danger-to-others type behavior.

Rationale for PRN medications and review of rationales of ongoing PRN/STAT medications used:

1. None prescribed.

Risks and Benefits of Current Psychopharmacological Treatment:

1. Benefits of Seroquel for Joe include: improvement in manic episodes associated with bipolar disorder of which symptoms include pressure of speech, motor hyperactivity, reduced need for sleep, flight of ideas, grandiosity, poor judgment, aggressiveness, and possible hostility.
2. Risks of Seroquel for Joe include: tardive dyskinesia, extrapyramidal symptoms and weight gain.

Response to Pharmacological Treatments

1. Other Responses: The Seroquel was started on 01/21/08 at 100 mg po q0800 and 300 mg po q2000, then increased to 200 mg po q0800 and 1000 mg po q2000, which has resulted in decreased impulsivity.

Monitoring of Side Effects including Sedation

1. Medication may have been worsening his constipation, for which he has been receiving DDS 250 mg po daily and Metamucil with good response. No EPS or TD noted.

Response to Non-Pharmacological Treatments

1. Other Responses: Joe continues on 1:1 observation for his own protection, given that he becomes intrusive with other patients who end up assaulting him. Otherwise, he needs constant prompting and redirection to follow unit routine. He has been unable to participate in the unit groups and PSR mall groups due to his behavior. He is being evaluated by the psychologist for behavioral interventions.

Current Diagnosis (changes if any with supportive evidence), including resolution of NOS, deferred, and (something) out diagnosis, if applicable:

1. AXIS I: 295.7 Schizoaffective Disorder.
2. AXIS II: V71.09 No Diagnosis on Axis II.
3. AXIS III:(for reporting current medical conditions that are potentially relevant to the understanding or management of the individual's mental disorder.) Hypothyroidism.
4. AXIS IV: problems with primary support group, problems related to the social environment, chronicity of mental illness.
5. AXIS V: Current GAF 20 Last Quarter GAF 15.

PLAN:

1. Pharmacological: Mr. Patient is on Seroquel 200 mg po q0800 and 1000 mg po q2000, which has resulted in decreased impulsivity.
2. Non-Pharmacological: Given his condition at this time, he will be continued on 1:1 observation for medical reasons, and he will be encouraged to attend and participate in the PSR mall and unit groups as well as BY CHOICE points. He is also being evaluated for behavioral interventions.
3. Barrier to Discharge: Currently, his barriers to discharge include recurrent assaultive behaviors, recurrent danger-to-others type behaviors and recurrent self-injurious type behaviors.
4. Consultation: He is seen and evaluated by the Medical Consultant, the unit's medical consultant, and he attends hospital medical clinic appointments as needed.

Kno Ital, M.D.
Staff Physician
Your State Hospital

TWO OR MORE ANTIPSYCHOTICS (>90 days)

INDICATIONS:

Trials of 2 different atypical antipsychotics failed Yes No

Trials of a typical antipsychotic failed Yes No

Clozapine trial failed (lack of efficacy or intolerance) Yes No

Clozapine trial was not practical (pt would not sign release of information, baseline WBC too low) Yes No

Risk/Benefit Discussed Yes No

TRC Done? Yes No

PRECAUTIONS:

<input type="checkbox"/> Constipation - Severe	<input type="checkbox"/> None	<input type="checkbox"/> Dementia	<input type="checkbox"/> Diabetes/Elevated Blood Sugar
<input type="checkbox"/> Lipids - Elevated	<input type="checkbox"/> Medication Intolerance (severe dystonia, tardicec or acute)	<input checked="" type="checkbox"/> BMI > 27	<input type="checkbox"/> Glaucoma - narrow angle
<input type="checkbox"/> Hepatic encephalopathy	<input type="checkbox"/> NMS - history of NMS	<input type="checkbox"/> Hyperprolactinemia	<input type="checkbox"/> Lewy Body Demetia
<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> Prostatic hypertrophy	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Tardive dyskinesia

Plans To Monitor

1. Plans To Monitor Will monitor weight and BMI on a monthly basis. and

Follow-up Documented

2. Follow-up Documented Weight is 200 pounds (4 pound gain/30 days) with BMI 31.1 and

MONITORING CRITERIA:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abnormalities of Clinical Significance were none.		
Yes	No			
No abnormalities of clinical significance were noted			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			No	Yes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	206 pounds with BMI 31.1		
No	Yes			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	EKG at Baseline		
No	Yes			

MANAGEMENT:

1. Reason for Polypharmacy (residual symptoms) clearly documented: Mr. Patient has persistent auditory hallucinations and paranoid delusions, somewhat controlled with this combination of medication (Seroquel 200 mg po q0800 and 1000 mg po q2000), which has resulted in decreased impulsivity.

TREATMENT RESPONSE:

- Documentation regarding treatment response to the medication: Currently, Mr. Patient continues to report auditory hallucinations/paranoid delusions while on the current medication regimen. He last swallowed a foreign object on 03/01/07, but claimed to have swallowed 2 batteries in early February 2008. Mr. Patient has persistent auditory hallucinations and paranoid delusions, somewhat controlled with this combination of medication (Seroquel 200 mg po q0800 and 1000 mg po q2000).
- Documentation regarding future plans for the medication: Will continue with (Seroquel 200 mg po q0800 and 1000 mg po q2000),

Kno Ital, M.D.
Staff Physician
Your State Hospital

Anticholenergics

<input type="checkbox"/> Benztropine (Cogentin)	<input checked="" type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> Triheyphenidyl (Artane)
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INDICATIONS:

<input checked="" type="checkbox"/> Muscle stiffness	<input type="checkbox"/> Cogwheel rigidity
<input type="checkbox"/> Akathisia	<input type="checkbox"/> Dystonic reaction

DRUG DOSAGE UPPER LIMITS:

Benzotropine 6 mg/day limit exceeded?: No Yes
 Beznotropine TRC was Not Ordered Ordered
 Benzotropine 6 mg/day limit TRC was : Not Done N/A

USE OVER THIRTY DAYS:

1. Attempt to taper off the medication/Future Plan: Will begin tapering this medication with a plan to discontinue over a 4 week period.

CONTRAINDICATIONS:

<input type="checkbox"/> Hypersensitivity to agent	<input checked="" type="checkbox"/> No Contraindication identified
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PRECAUTIONS:

<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Narrow angle glaucoma	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Tardive dyskinesia	<input checked="" type="checkbox"/> Constipation	<input type="checkbox"/> Prostatic hypertrophy
<input type="checkbox"/> Tachycardia: HR > 120 X 1 or HR > 100 during 2 consecutive months	<input type="checkbox"/> Urinary retention	

Kno Ital, M.D.
Staff Physician
Your State Hospital

BENZODIAZEPINES

INDICATIONS

<input type="checkbox"/> Mania	<input checked="" type="checkbox"/> Anxiety
<input type="checkbox"/> Panic Attacks	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Tremor	<input type="checkbox"/> Catatonia
<input type="checkbox"/> Adjunctive to psychosis	<input type="checkbox"/> Agitation
<input type="checkbox"/> Akathisia	<input type="checkbox"/> [Other]

DRUG DOSAGE/GUIDELINES (METROPOLITAN):Routine use > 30 Days No YesMore than 15 prns/month after the first 30 days No Yes**CONTRAINDICATIONS:**

<input type="checkbox"/> Hypersensitivity to agent	<input checked="" type="checkbox"/> No Contraindication identified
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PRECAUTIONS

1. Precautions: Cognitive/Memory impairment.
2. Followup Documented: A MMSE, performed on 03-13-08, yielded a score of 29/30.
3. Plan to Monitor: Will monitor cognition with MMSE on a bi-weekly basis.

TREATMENT RESPONSE:

1. Documentation regarding treatment response to the medication: Mr. Patient's anxiety has significantly improved over the past two weeks.

Kno Ital, M.D.
Staff Physician
Your State Hospital