

**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services**
**Reason for Visit**

Chief complaint: Psychiatric Evaluation

Visit diagnoses:

- Mood problem
- **Accidental overdose, initial encounter (primary)**

**Visit Information**
**Admission Information**

Arrival Date/Time: 05/06/2023 1024	Admit Date/Time: 05/06/2023 1024	IP Adm. Date/Time:
Admission Type: Urgent	Point of Origin: Home/non-healthcare Facility	Admit Category:
Means of Arrival: Ambulance	Primary Service: Emergency Medicine	Secondary Service: N/A
Transfer Source:	Service Area: ALAMEDA HEALTH SYSTEM	Unit: John George Psychiatric Hospital - Psychiatric Emergency Services
Admit Provider:	Attending Provider: Ali, Musaab, MD	Referring Provider:

**ED Disposition**

ED Disposition	Condition	User	Date/Time	Comment
<b>Discharge</b>	Stable	Lingafelter, Nathan	Sun May 7, 2023 6:24 PM	Discharge home with roommate Will Franklin to pick up around 730pm: 1902 40th Ave, Apartment 3, Oakland CA 94601 - with Narcan

**Discharge Information**

Date/Time: 05/07/2023 1937	Disposition: Home/assisted Living/group Home/board And Care	Destination: Home
Provider: —	Unit: John George Psychiatric Hospital - Psychiatric Emergency Services	

**Patient as-of Visit**
**Problem List as of 5/7/2023**

Problem	Noted On	Resolved On
Altered mental status	01/02/2020	—
Bipolar 1 disorder (CMS/HCC)	01/02/2020	—
Chronic pain syndrome	09/25/2019	—
Cirrhosis (CMS/HCC)	—	—
COVID-19	01/23/2022	—
COVID-19 virus infection	01/23/2022	—
Fibromyositis	06/11/2013	—
Hypercholesterolemia	10/21/2013	—
Hypotension	01/23/2022	—
IBD (inflammatory bowel disease)	—	—
Iron deficiency	01/30/2022	—
Other constipation	05/13/2021	—
Pain of upper abdomen	05/13/2021	—
Pelvic pain in male	10/04/2019	—
Psoriasis	01/02/2020	—

**ED Notes**
**ED Notes by Garcia, Adrian, RN at 5/7/2023 1525**
**RN PROGRESS NOTE**

Vincent Ho is a 54 y.o. male with the following Problems.



**ED Notes (continued)****Active Problems:**

No Active Problems: There are no active problems currently on the Problem List. Please update the Problem List and refresh.

**Chief Complaint**

Patient presents with

- Psychiatric Evaluation  
*Per 5150 hold, pt is DTS with concern of intentional overdose.*

Received Patient: Sleeping (breathing even and unlabored, appears in no distress) In front of Nursing Station @0800

**Assessment****Patient Behavior this Shift:**

Vincent is a 54 y.o. male is on a 5150 hold for danger to self expiring on 05/08/23 @2156.

This writer introduced self and encouraged Vincent to voice needs. Vincent is cooperative during interview.

Vincent Ho presents as calm and cooperative. When asked about events leading to hospitalization Vincent Ho stated "I never wanted to kill myself. I took extra medications because I cant sleep. I dont know why I am here" .

Vincent denies suicidal ideation, homicidal ideation, auditory hallucinations and visual hallucinations at this time.

Safety Plan: Vincent is cooperative with safety plan.

**Mental Status Exam**

Appearance/ Attitude/ Behavior: Dressed in hospital clothing. Appears Fairly groomed. Encouraged to shower this shift. Alert & oriented to PERSON, PLACE, TIME and EVENT cooperative

Mood/ Affect: AHS AMB Mood/Affect: Unremarkable/Full Range

Speech/ Thought Process: Realistic with degrees of illness. Linear and Coherent

Thought Content/Perceptions: Vincent denies suicidal ideation, homicidal ideation, auditory hallucinations and visual hallucinations. Appropriate with situation

Cognition: Engaged in treatment.

Insight/ Judgment/ Impulse control: Fair insight and judgement.

Social with select peers and staff.. Pleasant upon approach.

Denies any complains of sleep, appetite, and constipation.

**Medical History**

Allergies: Patient has no known allergies.

**Past Medical History:**

Diagnosis

Date

- Bipolar disorder (CMS/HCC)
- Cirrhosis (CMS/HCC)
- Depression
- Fibromyalgia
- History of transfusion  
*as an infant*
- Hypertension
- IBD (inflammatory bowel disease)

**ED Notes (continued)**
**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		

reports that he has quit smoking. He has never used smokeless tobacco. He reports that he does not currently use alcohol. He reports that he does not currently use drugs.

No acute medical concerns.

Ambulates independently with stable gait. Independent with ADLs.

Vincent maintenance medications held d/t blood pressure recorded. MD aware.

Encouraged to wash hands with soap and water frequently.

Vincent is cooperative with vital signs.

**Visit Vitals**

BP	102/70 (BP Location: Left arm, Patient Position: Sitting)
Pulse	67
Temp	36.3 °C (97.3 °F) (Temporal)
Resp	18

Diet:

**Dietary Orders** (From admission, onward)

Start				Ordered
05/06/23	<b>Adult diet Effective now Regular; Regular</b>	Diet effective now		05/06/23
1039	Question	Answer	Comment	1038
	Diet texture:	Regular		
	Diet type:	Regular		

**Daily brief COVID-19 Screening:**

1. Does patient have a new onset of cough? No
2. Does patient complain of shortness of breath? No
3. Does patient complain of sore throat? No

( If Yes to questions above and temperature over 100F, is the MD aware? No )

4. Does patient complain of fatigue? No
5. Does patient complain of muscle or body aches? No





**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)**

**ED Notes (continued)**

6. Does patient complain of headache? No
7. Does patient complain of congestion or runny nose? No
8. Does patient complain of nausea or vomiting? No
9. Does patient complain of diarrhea? No

Patient wearing a mask? Yes

Patient was encouraged use of mask.

**PROGRESS NOTE: HIGH RISK**

High Risk for Violence/Assault: No

High Risk for Self-harm: No

High Risk for Hypersexual Behaviors: No.

Acute Medical Issues/ Decompensation:No

Treatment Plan Reviewed: Yes

Reason for Hospitalization: Patient is unable to maintain safety for self

Patient on 15 minute check for suicide precaution and safety

Staff will continue to monitor for safety.

Adrian Garcia, RN

Adrian Garcia, RN

05/07/23 1525

Electronically signed by Garcia, Adrian, RN at 5/7/2023 3:25 PM

**ED Provider Notes by Lingafelter, Nathan W, MD at 5/7/2023 1520**

**PES Psychiatrist Evaluation**

**Chief Complaint**

Chief Complaint

Patient presents with

- Psychiatric Evaluation

*Per 5150 hold, pt is DTS with concern of intentional overdose.*

**History of Present Illness**



**ED Notes (continued)**

\*Vincent Ho is a 54 year old man with a psychiatric history of bipolar I disorder and a medical history of chronic pain (on Suboxone), IBD, question of MCI, psoriasis who presents on 5150 after being brought to medical ED by ambulance concern for possible overdose.

Per PES triage MD yesterday:

*"In the ED to patient's COVID test is negative. His CBC/CMP is normal. His Tylenol and aspirin is normal. A CT head is negative. His EKG shows normal sinus rhythm. It does not seem he received any medications.*

*In triage the patient states he took 600 mg of Seroquel. He says he is having difficulty sleep in and wanted to get some sleep. He denies trying to self-harm or end his life. He denies SI/HI. He denies any past suicide attempts. He denies access to a firearm. He denies AH/VH/PI.*

*He states he has been working with his psychiatrist to taper his medications. He says initially he was on Lamictal, Depakote, and Seroquel. He says now he is on Seroquel and Depakote. He states he is also on medication for chronic pain. Per his chart it seems he is on Suboxone, Valium, memantine, Inderal, austedo, Humira. He is not sure if he takes his medications."*

He has been continued on Valium 2.5 mg b.i.d. p.r.n. anxiety, propranolol 20 mg p.o. q.day, Seroquel 3 mg p.o. q.h.s., Depakote 1000 mg p.o. q.h.s., senna nightly and p.r.n. buprenorphine sublingual for pain.

No acute events overnight. He has consistently reported that he had no intention of ending his life, that he took extra Seroquel "because I can not sleep "and that he feels he does not need to be in the hospital. Has been calm, cooperative, goal-directed, meeting basic needs.

Propranolol help this morning has patient was sleepy and blood pressure 102/70 with a heart rate of 67.

Seen by hospitalist consult, see their notes

**Today** - patient interviewed in the milieu around 4:30 p.m.. He is calm, cooperative, linear.

States that he did not intentionally overdose on medication, that that this has been recorded incorrectly. Explains that he had trouble sleeping the last couple of nights, and so he took 600 mg of Seroquel instead of 300 mg which he is currently prescribed. He has been on 600 mg in the past and so thought that this would help him. States that he started to feel "funny" shortly after ingesting 600 mg of Seroquel, and so asked his roommate to drive him to the emergency department where he was placed on a 5150.

He denies any suicidal ideation currently or in recent weeks, denies intent or plan to end his life now.

States that he slept well last night which was reassuring.

Denies review depressive or hypomanic symptoms

Denies review of psychotic symptoms

States that he is very actively engaged with his outpatient psychiatry team which includes multiple psychiatrists, and recent evaluation for TMS which he is hopeful about. States that he primarily receives treatment for some persistent depressive symptoms, which continued intermittently bother him though reports that he is feeling fairly well right now.

**ED Notes (continued)**

He has been working with his psychiatrist to decrease his Seroquel dose to reduce sedation and improve functionality during the day.

Denies recent stressors.

He advocate strongly for return to his apartment, does not feel further inpatient psychiatric hospitalization is needed now.

**Collateral** from roommate who reports events as described above leading to admission, that he was worried about patient because patient was altered, but does not know that events were a suicide attempt. States that he will be home to let patient into the apartment. Denies that he has seen major change in patient's behavior symptoms lately. States he feels comfortable with plan for patient to return home, no concerns. Reviewed crisis resources with roommate if he is concerned about pt.

Note: pt had named later to this author after initial interview that he thinks his roommate might own some antique firearms, not sure. Called roommate who reports that there are no firearms in the house. Roommate does note however, that he thinks Vincent owns 3 crossbows.

Pt asked about this, reports he owns 3 "toy" crossbows, that he uses for display, likes how they look, they were used he thinks for "10 foot target practice". States does not know how to use them, does not own ammunition. Pt agrees that roommate can hold on to these for the near term as a safety measure.

Called back roommmate, Mr Franklin, who agrees to hold onto crossbows in his locked room that patient does not have access to.

HPI

**Psychiatric History**

Past Psychiatric History and Current Treatment: Patient reports that he is treated as an outpatient for unspecified depression, as well as some concern for bipolar disorder, that he has had this most of his life, has been hospitalized "a couple" times in his life cannot recall details of number, though last hospitalization as below in 2019 for overdose attempt.

MHS140 indicates last JGP presentation July 4 2019, then admitted PIS until July 18th. 13 total encounters going back to 2008.

History of suicidal ideation, attempts, and self injurious behaviors: Patient reports that he has had intermittent suicidal ideation for much of his life, though denies any prior suicide attempts. Chart review indicates concern for overdose in the past as well as presentations to Psychiatric Emergency settings years ago with suicidal ideation and plan but no action.

History of violence: Denies, none known

Relevant Social History: Lives with a roommate in an apartment in Oakland, states he has been here for years and enjoys it, has income from social security disability, roommate purchases groceries

**Substance use**



**ED Notes (continued)**

Current substances used: Denies, U tox positive only for benzodiazepines which are prescribed  
 Past substances used: Denies

**Current Medications List**
**Current Facility-Administered Medications**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• buprenorphine (SUBUTEX) SL tablet 2 mg	2 mg	sublingual	Daily PRN	Sandy Ramirez, MD		
• diazePAM (VALIUM) tablet 2.5 mg	2.5 mg	oral	BID PRN	Musaab Ali, MD		2.5 mg at 05/06/23 1228
• divalproex (DEPAKOTE) DR tablet 1,000 mg	1,000 mg	oral	Nightly	Musaab Ali, MD		1,000 mg at 05/06/23 2055
• propranolol (INDERAL) tablet 20 mg	20 mg	oral	Daily	Musaab Ali, MD		20 mg at 05/06/23 1228
• QUetiapine (SEROquel) tablet 300 mg	300 mg	oral	Nightly	Musaab Ali, MD		300 mg at 05/06/23 2055
• senna (SENOKOT) tablet 8.6 mg	1 tablet	oral	Nightly	Sandy Ramirez, MD		

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• Austedo 12 mg tablet			
• Austedo 9 mg tablet			
• benzotropine (COGENTIN) 1 mg tablet	Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed.		
• buprenorphine (Butrans) 5 mcg/hour	Place 1 patch on the skin 1 (one) time per week.	4 patch	0
• buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet	Place 1 tablet under the tongue 1 (one) time each day. 2 mg tablet		
• cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet	Take 1 tablet by mouth daily	30 tablet	11
• diazePAM (VALIUM) 2 mg tablet	Take 2.5 mg by mouth every 12 (twelve) hours if needed for anxiety.		
• divalproex (DEPAKOTE) 500 mg DR tablet	Take 2 tablets (1,000 mg total) by mouth every night at bedtime.		
• HUMIRA PEN 40 mg/0.8 mL pen injector kit	Inject 40 mg under the skin every 14		

**ED Notes (continued)**

- |  |  |           |    |
|--|--|-----------|----|
|  | (fourteen) days.   |           |    |
| • lamoTRlgine (LaMICtal) 100 mg tablet                         | Take 2 tablets (200 mg total) by mouth.  |           |    |
| • MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)                      | Take 2 tablets (5 mg total) by mouth 2 (two) times a day.  |           |    |
| • mirtazapine (REMERON) 15 mg tablet                           | (Patient not taking: Reported on 3/8/2023)   |           |    |
| • naloxone (NARCAN) 4 mg/0.1 mL nasal spray                    | Administer 1 spray into one nostril.   |           |    |
| • PARoxetine (PAXIL) 40 mg tablet                              | Take 1 tablet (40 mg total) by mouth daily.  |           |    |
| • polyethylene glycol (GLYCOLAX) 17 gram packet                | Take 1 packet (17 g total) by mouth 1 (one) time each day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) | 30 packet | 0  |
| • propranolol (INDERAL) 20 mg tablet                           |  |           |    |
| • QUetiapine (SEROquel) 100 mg tablet                          | Take 3 tablets (300 mg total) by mouth every night at bedtime.   |           |    |
| • sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet | Take 1 tablet by mouth 1 (one) time each day. (Patient not taking: Reported on 3/8/2023)   | 30 tablet | 11 |

**Medical History**

General Medical Issues: See above, as well as hospitalist note for details, patient with diagnosis of IBS, psoriasis, chronic pain,  
 Neurological Problems: question of MCI - but no affirmative diagnosis in chart  
 Current Medications: See above  
 Allergies Reviewed: No known drug allergies

**Past Medical History:**

- | Diagnosis                                | Date |
|--|------|
| • Bipolar disorder (CMS/HCC)             |      |
| • Cirrhosis (CMS/HCC)                    |      |
| • Depression                             |      |
| • Fibromyalgia                           |      |
| • History of transfusion<br>as an infant |      |
| • Hypertension                           |      |
| • IBD (inflammatory bowel disease)       |      |

**Past Surgical History:**

- | Procedure      | Laterality | Date |
|----------------|------------|------|
| • APPENDECTOMY |            |      |



**ED Notes (continued)**

No family history on file.

**Social History****Tobacco Use**

- Smoking status: Former
- Smokeless tobacco: Never
- Tobacco comments:  
quit 6 yrs ago

**Vaping Use**

- Vaping Use: Never used

**Substance Use Topics**

- Alcohol use: Not Currently
- Drug use: Not Currently

*Comment: prescribed medications*

**ED Triage Vitals [05/06/23 1031]**

Temp	Temp Source	Heart Rate	BP	Resp	SpO2	FiO2 (%)
36.6 °C (97.8 °F)	Temporal	88	(!) 176/90	18	96 %	--

**Mental Status Exam****Physical Exam**

Appearance: Fair groomed, wearing hospital scrubs, appropriate

Attitude/ Behavior: Calm, cooperative

Mood: "fine"

Affect: Euthymic, stable, congruent

Speech: Normal rate, rhythm, volume, fluent

Thought Process: Linear and Logical

Thought Content: Denies SI/HI or suspicious/paranoid thinking

Perceptions: Overtly intact, nonpsychotic. Denies AVH

Cognition: Fully oriented to name, location, date, context, alert and attending well. Overtly intact otherwise

Insight: Good

Judgment: Good

Impulse control: Good

**Assessment**

Vincent Ho is a 54 year old man with a psychiatric history of bipolar I disorder and a medical history of chronic pain (on Suboxone), IBD, question of MCI, psoriasis who presents on 5150 after being brought to medical ED by ambulance concern for possible overdose. There has been concern on this presentation for intentional overdose, the patient gives

**ED Notes (continued)**

a consistent and linear story which refutes this, he persistently denies that events leading to presentation worry suicide attempt, denies any ongoing suicidal ideation, no intent or plan to harm himself. He does not appear depressed and there is not evidence of a major mood episode on exam today. Gives a reasonable explanation for taking more Seroquel than prescribed, tried an old dose given some difficulty with sleep lately, recognizes this was dangerous and expresses regret. Patient engaged in treatment planning, organized, euthymic appearing, no longer meeting criteria for involuntary psychiatric hold and he is seeking to return to community for further outpatient care, noting that he is highly engaged with his outpatient team.

**Clinical Impressions** as of 05/07/23 1746

Mood disorder (CMS/HCC)

Accidental overdose, initial encounter

**L.P.S. Criteria Based on Current Evaluation**

DTS: The patient currently shows a low risk of ACUTE dangerousness to self. Any initial concern, if present, regarding ACUTE risk appears to now have been resolved. This is evidenced by protective factors include lack of current SI, future orientation, support of roommate, engagement in care, and lack of access to firearms. He engaged in safety measures around potential crossbows (pt claims "toys") with roommate engaged in this. Patient does have some risk factors for long term danger to self, which are recommended and appropriate to be addressed in community as below.

DTO: The patient currently shows a low risk of ACUTE dangerousness to others. There is no history noted of violence towards others. Patient has now been observed for 30+ hours and has displayed cooperative and calm behavior. Any initial concern, if present, regarding ACUTE risk appears to now have been resolved.

GD: The patient on the unit has shown no evidence of an inability, due to MAJOR MENTAL ILLNESS, to take advantage of food, clothing, and shelter resources. Thus the patient does not meet criteria for GD and is able to state a reasonable plan for meeting basic needs in community.

**ICD 10 Diagnosis**

Unspecified mood disorder

Rule out bipolar affective disorder per history

Rule out major depressive disorder per history

**Plan****Disposition Plan and Follow Up Recommendations:**

I discussed the following plan with patient who stated understanding:

- 1) Patient is medically and psychiatrically stable for discharge from the emergency setting:
  - Outpatient **medical** follow-up: Offered; encouraged to present to HGH Same Day clinic as needed
  - Outpatient **psychiatric** follow-up: Offered; provided patient with outpatient referral resource list, including but not limited to Alameda County ACCESS line. Crisis Connect referral made per SW, information on national help lines, and Same-Day clinic information.
  - **Substance use** disorder treatment follow-up: The Center Point/helpline for Sud referrals.

- 2) **Medications** upon discharge: Narcan prescription to be given at d/c. Patient states he has all his medications at



**ED Notes (continued)**

home.. He declined recommendation to consider adjustment in medications to at least accommodate reported insomnia, though he declined this, stated he would like to speak with his outpatient doctors tomorrow about this.

3) Vaccinations/**infectious screening** offered: COVID screen negative PTA

4) Patient understands that they may call **911** or present to the nearest emergency room if they experience an emergency or worsening condition.

**Discharge to: 1902 40th Avenue, Apartment 3, Oakland California 94601 with roommate pick up (home address)**

**Note:**

- **Assessment Outcome:** Based on the above assessment, along with consideration of the full treatment team's views, this patient does not fulfill LPS criteria for acute dangerousness to themselves/acute dangerousness to others/ being gravely disabled due to a mental illness.
- **Acuity:** It should be noted that the above conclusion was based on an examination of acute risk factors (see risk factor assessments if these assessments deemed necessary) as opposed to medium to long term risk factors. Medium to long term outcomes would be impossible to predict based on the limited information that can be gathered during one patient presentation. Further, they are not under the purview of LPS law. Further, this author utilized the standard of the preponderance of evidence, which balances safety for the patient and others with the patient's civil rights. Thus, for above reasons, 5150 must be discontinued and patient discharged to a lower level of care.
- **Diagnoses:** Please also note that given in the nature of evaluations in emergency room setting that diagnoses are only provisional diagnoses.
- **Recommendations:** Patient was advised to return if there is any thoughts of suicide or violence, or for any reason the patient deems necessary. Patient voiced understanding of these recommendations.

**Crisis Stabilization**

Face to face time spent with patient: Less than 30 Minutes

Nathan W Lingafelter, MD  
05/07/23 1658

Nathan W Lingafelter, MD  
05/07/23 1823

Nathan W Lingafelter, MD  
05/07/23 1826

Electronically signed by Lingafelter, Nathan at 5/7/2023 6:26 PM

**ED Notes by Kaur, Randeep, RN at 5/6/2023 1238**

**ED Notes (continued)**

Patient approached by this writer as pt was laying down. Pt denies SI/HI and states his roommate brought him here. Pt appears to be disheveled. Pt able to contract for safety at this time. Propranolol and valium given as ordered. Will continue to monitor.

Randeep Kaur, RN  
05/06/23 1239

Electronically signed by Kaur, Randeep, RN at 5/6/2023 12:39 PM

**ED Triage Notes by Mwai, Lydiah, RN at 5/6/2023 1107**

**Triage RN Summary Note**

Vincent Ho is a 54 y.o. male here via EMS transportation, arrival by Ambulance From Alta Bates Summit medical center, brought in due to being DTS. Apparently pt's roommate brought him to the ED for concern of international overdose.

**5150 expires on 5/8/23**

**Condition upon arrival:**

pt arrived to the triage Area via gurney accompanied By 2 EMTs. Pt observed with even, regular and unlabored breaths. No acute distress noted. Pt denies SI/HI/AVh at the time of triage. Pt helped change into hospital clothing and escorted to Pes milieu. Care endorsed to the charge nurse.

SKIN Check: normal and intact

Psychiatric Hx:

**Past Medical History:**

Diagnosis

Date

- Bipolar disorder (CMS/HCC)
- Cirrhosis (CMS/HCC)
- Depression
- Fibromyalgia
- History of transfusion  
*as an infant*
- Hypertension
- IBD (inflammatory bowel disease)

Allergies: No Known Allergies

Medical Problems: Vincent Ho has a past medical history of Bipolar disorder (CMS/HCC), Cirrhosis (CMS/HCC), Depression, Fibromyalgia, History of transfusion, Hypertension, and IBD (inflammatory bowel disease).

He has no past medical history of Arthritis, Asthma, Cancer (CMS/HCC), CHF (congestive heart failure) (CMS/HCC), COPD (chronic obstructive pulmonary disease) (CMS/HCC), Coronary artery disease, Diabetes mellitus (CMS/HCC),



**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)****ED Notes (continued)**

Disease of thyroid gland, Pseudocholinesterase deficiency, Spinal headache, or Stroke (CMS/HCC).

Breathalyzer: not done  
Fingerstick: Not Applicable  
Toxicology on file: not done**Pain Management Panel**

Pain Management Panel	Latest Ref Rng & Units	1/2/2020
AMPHETAMINE SCRIN UR	Negative	Negative

**Medications given in triage: none**

Medication consents on file: yes

**brief COVID-19 Screening:**

- Patient's most recent Temp: 36.6 °C (97.8 °F)

1. **Does patient have a new onset of cough?** No
2. **Does patient complain of shortness of breath?** No
3. **Does patient complain of sore throat?** No

*( If Yes to questions above and temperature over 100F, is the MD aware? N/A )*

4. Does patient complain of fatigue? No
5. Does patient complain of muscle or body aches? No
6. Does patient complain of headache? No
7. Does patient complain of congestion or runny nose? No
8. Does patient complain of nausea or vomiting? No
9. Does patient complain of diarrhea? No

Patient will be monitored in the Psychiatric Emergency Services (PES) department of John George Psychiatric Hospital (JGPH).

**Please see complete triage RN assessment notes for more information.**

Electronically signed by Mwai, Lydia, RN at 5/6/2023 11:07 AM

**ED Provider Notes by Ali, Musaab, MD at 5/6/2023 1043****BRIEF HPI AND INITIAL FINDINGS**

Vincent Ho is a 54 y.o. male with a history of bipolar 1 disorder, extensive medical history, who was brought in by ambulance from Summit ED on a 5150 DTS with concern for overdose.

In the ED to patient's COVID test is negative. His CBC/CMP is normal. His Tylenol and aspirin is normal. A CT head is negative. His EKG shows normal sinus rhythm. It does not seem he received any medications.



ED Notes (continued)

In triage the patient states he took 600 mg of Seroquel. He says he is having difficulty sleep in and wanted to get some sleep. He denies trying to self-harm or end his life. He denies SI/HI. He denies any past suicide attempts. He denies access to a firearm. He denies AH/VH/PI.

He states he has been working with his psychiatrist to taper his medications. He says initially he was on Lamictal, Depakote, and Seroquel. He says now he is on Seroquel and Depakote. He states he is also on medication for chronic pain. Per his chart it seems he is on Suboxone, Valium, memantine, Inderal, austedo, Humira. He is not sure if he takes his medications.

He denies any drug alcohol use.

**Medical Problems:** IBD, cirrhosis, pelvic pain, HLD

**Inpatient daily brief COVID-19 Screening:**

**1. Patient's most recent temperature -**

**Vitals:**

05/06/23 1031

BP: (!) 176/90

Pulse: 88

Resp: 18

Temp: 36.6 °C (97.8 °F)

SpO2: 96%

2. **Does patient have a new onset of cough?** No
3. **Does patient complain of shortness of breath?** No
4. **Does patient complain of sore throat?** No
5. Does patient complain of fatigue? No
6. Does patient complain of muscle or body aches? No
7. Does patient complain of headache? No
8. Does patient complain of congestion or runny nose? No
9. Does patient complain of nausea or vomiting? No
10. Does patient complain of diarrhea? No

Patient instructed to wear facial covering, carry out hand hygiene and remain socially distanced from others at all times at John George Hospital.

**Behavior Risks**

Suicide/ Self Injury: Yes

Homicide/ Assault: No

Disorganization: No



**ED Notes (continued)**

Other:

**PROVISIONAL DIAGNOSIS ICD-10**

Adjustment Disorder (Unspecified) F43.2

**ASSESSMENT AND PLAN**

Vincent Ho is a 54 y.o. male with a history of bipolar 1 disorder, extensive medical history, who was brought in by ambulance from Summit ED on a 5150 DTS with concern for overdose.

In triage the patient is calm and pleasant. He denies overdosing in an attempt to end his life. He states he wanted to get some sleep. He reports he has been struggling with sleep as his medication is being tapered. He reports he took 600 mg of Seroquel. Says his normal dose is 300 mg of Seroquel. He is not certain about the rest of his medication regimen. It seems from a chart review he is on a host of medications. Will admit to PES, restart meds, and allow further assessment by milieu psychiatrist.

Patient will remain in PES for further assessment, observation and treatment

Obtain urine for toxicology

Obtain collateral history

Depakote 1000 mg q.h.s.

Seroquel 300 mg q.h.s.

Inderal 20 mg daily

Valium 2.5 mg b.i.d. p.r.n. for anxiety

Hospitalist consult to determine medication regimen for chronic pain

Diet - regular

Vitals Q shift

**Risk Observation:**

Q15 (not at imminent risk of harm to self or others)

Full evaluation to be completed by PES physician.

Musaab Ali, MD

05/06/23 1053

Electronically signed by Ali, Musaab, MD at 5/6/2023 10:53 AM

**Consult****Consults by Ramirez, Sandy, MD at 5/7/2023 1217**

Consult Orders

1. IP consult to Hospitalist [59800888] ordered by Ali, Musaab, MD at 05/06/23 1046

**INTERNAL MEDICINE H&P**

**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)****Consult (continued)**

Admission Date: 5/7/2023

Attending Psychiatrist No admitting provider for patient encounter.

**Chief Complaint****Chief Complaint: concern for OD****HPI**

Vincent Ho is a 54 y.o. male w/ Hx of depression, bipolar, IBD, and chronic pain transferred from Summit ED on 5150 HOLD for concern of possible OD. Pt denies any suicidal ideation. Stated he just wanted to get some sleep.

He was medically cleared at Summit ED. COVID neg, labs benign, CT head neg. EKG NSR. Tylenol and ASA levels nl.

Today during my interview, pt was calm and cooperative. Reported his pain can be sporadic below his diaphragm. Also has issues with urinary retention or bladder spasms. Poor historian in terms of all the meds he takes. Kept listing different meds.

**PMH** - IBD, depression, chronic pain, MCI ?

Home meds- reviewed from pt chart

No report of new onset cough/ fever/ chills/ gen body aches/ loss of taste or smell/ sick contact.

**Past Medical History****Past Medical History:**

Diagnosis	Date
-----------	------

- |  |  |
|--|--|
| • Bipolar disorder (CMS/HCC)             |  |
| • Cirrhosis (CMS/HCC)                    |  |
| • Depression                             |  |
| • Fibromyalgia                           |  |
| • History of transfusion<br>as an infant |  |
| • Hypertension                           |  |
| • IBD (inflammatory bowel disease)       |  |

**Medications**

No current facility-administered medications on file prior to encounter.

**Current Outpatient Medications on File Prior to Encounter**

Medication	Sig	Dispense	Refill
• Austedo 12 mg tablet			



**Consult (continued)**

- |  |  |           |    |
|--|--|-----------|----|
| • Austedo 9 mg tablet                                    |  |           |    |
| • benztropine (COGENTIN) 1 mg tablet                     | Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed.   |           |    |
| • buprenorphine (Butrans) 5 mcg/hour                     | Place 1 patch on the skin 1 (one) time per week.   | 4 patch   | 0  |
| • buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet | Place 1 tablet under the tongue 1 (one) time each day. 2 mg tablet   |           |    |
| • cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet         | Take 1 tablet by mouth daily   | 30 tablet | 11 |
| • diazepam (VALIUM) 2 mg tablet                          | Take 2.5 mg by mouth every 12 (twelve) hours if needed for anxiety.  |           |    |
| • divalproex (DEPAKOTE) 500 mg DR tablet                 | Take 2 tablets (1,000 mg total) by mouth every night at bedtime.   |           |    |
| • HUMIRA PEN 40 mg/0.8 mL pen injector kit               | Inject 40 mg under the skin every 14 (fourteen) days.  |           |    |
| • lamoTRIgine (LaMICtal) 100 mg tablet                   | Take 2 tablets (200 mg total) by mouth.  |           |    |
| • MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)                | Take 2 tablets (5 mg total) by mouth 2 (two) times a day.  |           |    |
| • mirtazapine (REMERON) 15 mg tablet                     | (Patient not taking: Reported on 3/8/2023)   |           |    |
| • naloxone (NARCAN) 4 mg/0.1 mL nasal spray              | Administer 1 spray into one nostril.   |           |    |
| • PARoxetine (PAXIL) 40 mg tablet                        | Take 1 tablet (40 mg total) by mouth daily.  |           |    |
| • polyethylene glycol (GLYCOLAX) 17 gram packet          | Take 1 packet (17 g total) by mouth 1 (one) time each day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) | 30 packet | 0  |



**Consult (continued)**

- propranolol (INDERAL) 20 mg tablet
- QUetiapine (SEROquel) 100 mg tablet  
Take 3 tablets (300 mg total) by mouth every night at bedtime.
- sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet  
Take 1 tablet by mouth 1 (one) time each day. (Patient not taking: Reported on 3/8/2023) 30 tablet 11

**Allergies**

No Known Allergies  
Reviewed

**Family History**

No family history on file.  
Reviewed

**Social History**

**Social History**

**Tobacco Use**

- Smoking status: Former
- Smokeless tobacco: Never
- Tobacco comments:  
quit 6 yrs ago

**Vaping Use**

- Vaping Use: Never used

**Substance Use Topics**

- Alcohol use: Not Currently
  - Drug use: Not Currently
- Comment: prescribed medications

**Review of Systems:**

Review of Systems  
As per HPI

**Physical Exam**

Vitals:

**Visit Vitals**



**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)**
**Consult (continued)**

BP 102/70 (BP Location: Left arm,  
 Patient Position: Sitting)  
 Pulse 67  
 Temp 36.3 °C (97.3 °F) (Temporal)  
 Resp 18  
 SpO2 97%  
 Smoking Status Former

Physical Exam  
 NAD, poor hygiene/dentition, halitosis  
 cachectic

**Labs, Imaging, EKG**

No visits with results within 2 Day(s) from this visit.

Latest known visit with results is:

**Office Visit on 03/09/2023**

Component	Date	Value	Ref Range	Status
• Amphetamines	03/09/2023	NEGATIVE	<500 ng/mL	Final
• Barbiturates	03/09/2023	NEGATIVE	<300 ng/mL	Final
• Benzodiazepines	03/09/2023	POSITIVE (A)	<100 ng/mL	Final
• Nordiazepam	03/09/2023	158 (H)	<50 ng/mL	Final
• Oxazepam	03/09/2023	783 (H)	<50 ng/mL	Final
• Lorazepam	03/09/2023	NEGATIVE	<50 ng/mL	Final
• Alphahydroxyalprazolam	03/09/2023	NEGATIVE	<25 ng/mL	Final
• Alphahydroxytriazolam	03/09/2023	NEGATIVE	<50 ng/mL	Final
• Temazepam	03/09/2023	780 (H)	<50 ng/mL	Final
• Alphahydroxymidazolam	03/09/2023	NEGATIVE	<50 ng/mL	Final
• Aminoclonazepam	03/09/2023	NEGATIVE	<25 ng/mL	Final
• Hydroxyethylflurazepam	03/09/2023	NEGATIVE	<50 ng/mL	Final
• Benzodiazepines Comments	03/09/2023			Final
• Marijuana Metabolites	03/09/2023	NEGATIVE	<20 ng/mL	Final
• Cocaine Metabolites	03/09/2023	NEGATIVE	<150 ng/mL	Final
• Methadone Metabolite	03/09/2023	NEGATIVE	<100 ng/mL	Final
• Opiates	03/09/2023	NEGATIVE	<100 ng/mL	Final
• Oxycodone	03/09/2023	NEGATIVE	<100 ng/mL	Final
• Phencyclidine	03/09/2023	NEGATIVE	<25 ng/mL	Final
• Creatinine	03/09/2023	206.9	> or = 20.0 mg/dL	Final
• pH	03/09/2023	6.0	4.5 - 9.0	Final
• Oxidant	03/09/2023	NEGATIVE	<200 mcg/mL	Final
• Buprenorphine	03/09/2023	NEGATIVE	<5 ng/mL	Final
• Fentanyl	03/09/2023	NEGATIVE	<0.5 ng/mL	Final
• Notes and Comments	03/09/2023			Final

**Consult (continued)****Assessment / Plan****Active Problems:**

No Active Problems: There are no active problems currently on the Problem List. Please update the Problem List and refresh.

**Major depression/suicidal ideation ??**

- treat per psych recs
- O/P med: depakote, lamictal, paxil, remeron

**Chronic pain/pelvis**

- O/P meds: buprenorphine 10 mcg patch Q7 days, buprenorphine 8-2 mg SL tablet 1 tablet PRN (per pt for breakthrough pain)
- followed by HGH pain clinic, not sure when patch applied last
- pt has patch in place, not sure if formulary here at JGP/PES
- since pt here for OD, will only order Norco 10 mg-325 mg for severe pain/breakthrough pain PRN

**Hx of constipation/IBS ?**

- cont senna for now

**Psoriasis**

- defer to O/P DERM, on humira

**MCI ?**

- pt on namenda

**Risk of aspiration:**

Low risk. However, this does not represent formal swallow evaluation. If pt 's condition were to change to showing signs of aspiration, please order formal swallow evaluation and notify psychiatrist

- Nursing to assess daily if pt alert enough to safely eat
- cont regular diet

**Code Status**

Full Code: Full treatment

Sandy Ramirez, MD

Electronically signed by Ramirez, Sandy, MD at 5/7/2023 4:04 PM



**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)****Consult (continued)****Clinical Notes****Nursing Note**

Regalado, Myron, LVN at 5/7/2023 1643

Pt is resting quietly in the W/R. Pt when awake is calm and cooperative. Pleasant and denies S/I, A/H and V/H. Pt states that he has a place to go and his roommate had called because that person miss understood what Py meant to say. Pt states that he will follow up with Pt's own Outpt resources.

Electronically signed by Regalado, Myron, LVN at 5/7/2023 4:45 PM  
Electronically signed by Ikehide, Ifeyinwa H, RN at 5/23/2023 7:16 PM

**Medication List****Medication List**

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

**Prior To Admission****divalproex (DEPAKOTE) 500 mg DR tablet**

Instructions: Take 2 tablets (1,000 mg total) by mouth every night at bedtime.  
Entered by: Hankton, Jasmine, RN Entered on: 10/4/2019

**diazepam (VALIUM) 5 mg tablet**

Instructions: Take 0.5 tablets (2.5 mg total) by mouth every 12 (twelve) hours if needed for anxiety.  
Entered by: Hankton, Jasmine, RN Entered on: 10/4/2019

**PARoxetine (PAXIL) 40 mg tablet**

Instructions: Take 1 tablet (40 mg total) by mouth daily.  
Entered by: Hankton, Jasmine, RN Entered on: 10/4/2019  
Start date: 7/25/2017

**HUMIRA PEN 40 mg/0.8 mL pen injector kit**

Instructions: Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.  
Entered by: Zhao, Ludan, MD Entered on: 1/2/2020  
Start date: 10/23/2019

**benztropine (COGENTIN) 1 mg tablet**

Instructions: Take 2 tablets (2 mg total) by mouth 1 (one) time each day.  
Entered by: Zhao, Ludan, MD Entered on: 1/2/2020

**MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)**

Instructions: Take 2 tablets (5 mg total) by mouth 2 (two) times a day.  
Entered by: Zhao, Ludan, MD Entered on: 1/2/2020

**buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet**

Instructions: Place 1 tablet under the tongue 1 (one) time each day if needed (For Sx not controlled by PO). 2 mg tablet  
Entered by: Run, Charlet B., MA Entered on: 10/31/2022

**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)****Medication List (continued)****Austedo 12 mg tablet**

Instructions: Take 12 mg by mouth 2 (two) times a day.

Entered by: Oriedo, Anthony, RN

Start date: 1/12/2023

Entered on: 2/27/2023

Action: Patient not taking

**naloxone (NARCAN) 4 mg/0.1 mL nasal spray**

Instructions: Administer 1 spray into one nostril.

Entered by: Oriedo, Anthony, RN

Start date: 4/5/2022

Entered on: 2/27/2023

Action: Patient not taking

**propranolol (INDERAL) 20 mg tablet**

Instructions: Take 1 tablet (20 mg total) by mouth 1 (one) time each day.

Entered by: Oriedo, Anthony, RN

Start date: 1/9/2023

Entered on: 2/27/2023

**buprenorphine (Butrans) 5 mcg/hour**

Instructions: Place 1 patch on the skin 1 (one) time per week.

Authorized by: Beane, Eric A, PA-C

Start date: 3/9/2023

Refill: No refills remaining

Ordered on: 3/9/2023

Quantity: 4 patch

**Discharge Medication List****QUetiapine (SEROquel) 100 mg tablet**

Discontinued by: Raudaskoski, Luke, DO

Discontinued on: 5/24/2024

Instructions: Take 1.5 tablets (150 mg total) by mouth every night at bedtime.

Entered by: Hankton, Jasmine, RN

Entered on: 10/4/2019

Start date: 1/19/2018

End date: 5/24/2024

Action: Patient not taking

**lamoTRigine (LaMICtal) 100 mg tablet**

Discontinued by: Hardy, David J, RN

Discontinued on: 6/30/2023

Instructions: Take 2 tablets (200 mg total) by mouth.

Entered by: Hankton, Jasmine, RN

Entered on: 10/4/2019

Start date: 7/25/2017

End date: 6/30/2023

Action: Patient not taking

**divalproex (DEPAKOTE) 500 mg DR tablet**

Instructions: Take 2 tablets (1,000 mg total) by mouth every night at bedtime.

Entered by: Hankton, Jasmine, RN

Entered on: 10/4/2019

**diazepam (VALIUM) 5 mg tablet**

Instructions: Take 0.5 tablets (2.5 mg total) by mouth every 12 (twelve) hours if needed for anxiety.

Entered by: Hankton, Jasmine, RN

Entered on: 10/4/2019

**PARoxetine (PAXIL) 40 mg tablet**

Instructions: Take 1 tablet (40 mg total) by mouth daily.

Entered by: Hankton, Jasmine, RN

Entered on: 10/4/2019

Start date: 7/25/2017

**HUMIRA PEN 40 mg/0.8 mL pen injector kit**

Instructions: Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.

Entered by: Zhao, Ludan, MD

Entered on: 1/2/2020

Start date: 10/23/2019

**benztropine (COGENTIN) 1 mg tablet**

Instructions: Take 2 tablets (2 mg total) by mouth 1 (one) time each day.



**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)****Medication List (continued)**

Entered by: Zhao, Ludan, MD

Entered on: 1/2/2020

**MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)**

Instructions: Take 2 tablets (5 mg total) by mouth 2 (two) times a day.

Entered by: Zhao, Ludan, MD

Entered on: 1/2/2020

**buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet**

Instructions: Place 1 tablet under the tongue 1 (one) time each day if needed (For Sx not controlled by PO). 2 mg tablet

Entered by: Run, Charlet B., MA

Entered on: 10/31/2022

**sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet**

Discontinued by: Maharjan, Deenu, MD

Discontinued on: 6/26/2023

Reason for discontinuation: Reorder

Instructions: Take 1 tablet by mouth 1 (one) time each day.

Authorized by: Berry, Lyn E, MD

Ordered on: 10/31/2022

Start date: 10/31/2022

End date: 6/26/2023

Action: Patient not taking

Quantity: 30 tablet

Refill: 11 refills by 10/31/2023

**cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet**

Discontinued by: Raudaskoski, Luke, DO

Discontinued on: 5/24/2024

Instructions: Take 1 tablet by mouth daily

Authorized by: Lash, Bhrett A, MD

Ordered on: 1/26/2023

Start date: 1/26/2023

End date: 5/24/2024

Quantity: 30 tablet

Refill: 11 refills by 1/26/2024

**Austedo 12 mg tablet**

Instructions: Take 12 mg by mouth 2 (two) times a day.

Entered by: Oriedo, Anthony, RN

Entered on: 2/27/2023

Start date: 1/12/2023

Action: Patient not taking

**mirtazapine (REMERON) 15 mg tablet**

Discontinued by: Hardy, David J, RN

Discontinued on: 6/30/2023

Entered by: Oriedo, Anthony, RN

Entered on: 2/27/2023

Start date: 1/9/2023

End date: 6/30/2023

Action: Patient not taking

**naloxone (NARCAN) 4 mg/0.1 mL nasal spray**

Instructions: Administer 1 spray into one nostril.

Entered by: Oriedo, Anthony, RN

Entered on: 2/27/2023

Start date: 4/5/2022

Action: Patient not taking

**propranolol (INDERAL) 20 mg tablet**

Instructions: Take 1 tablet (20 mg total) by mouth 1 (one) time each day.

Entered by: Oriedo, Anthony, RN

Entered on: 2/27/2023

Start date: 1/9/2023

**Austedo 9 mg tablet**

Discontinued by: Hardy, David J, RN

Discontinued on: 6/30/2023

Entered by: Oriedo, Anthony, RN

Entered on: 2/27/2023

Start date: 1/20/2023

End date: 6/30/2023

**buprenorphine (Butrans) 5 mcg/hour**

Instructions: Place 1 patch on the skin 1 (one) time per week.

Authorized by: Beane, Eric A, PA-C

Ordered on: 3/9/2023

Start date: 3/9/2023

Quantity: 4 patch

Refill: No refills remaining

**polyethylene glycol (GLYCOLAX) 17 gram packet**

**05/06/2023 - ED in John George Psychiatric Hospital - Psychiatric Emergency Services (continued)****Medication List (continued)**

Discontinued by: Leng, Lisa	Discontinued on: 5/18/2023
Reason for discontinuation: Reorder	
Instructions: Take 1 packet (17 g total) by mouth 1 (one) time each day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.)	
Authorized by: Lash, Bhrett A, MD	Ordered on: 3/27/2023
Start date: 3/27/2023	End date: 5/17/2023
Quantity: 30 packet	Refill: No refills remaining

**Stopped in Visit**

None

**Medication Comment****Yoo, Tina J., PharmD on 1/3/2020 1422**

Home dose VPA DR is 1000mG HQS