H+P

Name: Ezekiel MRN: 5997224

Abdul, DO
Physician
Internal Medicine

Consults [✓] Signed

Date of Service: 7/21/2021 10:52 AM

Consult Orders
Inpatient consult to Hospitalist [252385104] ordered by Mitchell L Glaser, MD at 07/21/21 0942

HOSPITALIST MEDICAL CONSULTATION

Referring physician: Dr. Glaser
Reason for consultation: Medical Management

PCP: PATIENT HAS NO PCP

HPI: Ezekiel Randle is a 41 y.o. African American male with history as noted below who presents with depression with suicidal ideation w/o plan. No homicidal ideation. No auditory/visual hallucination.

Patient states he is homeless.

Patient c/o LLE pain, that is chronic. States he was given Keflex by "some doctor" which he thinks he recently took 5 days of.

Denies fevers, chills. Denies cough/URI sx. Denies nausea, vomiting, diarrhea. Denies chest pain, shortness of breath, dizziness.

Past Medical History:

Diagnosis	Date
• Anemia	
• Asthma	
• Herpes simplex	
• HIV (human immunodeficiency virus infection) (HCC)	
• Hypertension	
• Schizoaffective disorder (HCC)	
• Schizophrenia (HCC)	

History reviewed. No pertinent surgical history.

Current Discharge Medication List

CONTINUE these medications which have NOT CHANGED

Details

HHP

Randle, Ezekiel MRN: 5997224

[redacted], DO
Physician
Internal Medicine

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Details

albuterol (VENTOLIN) 108 (90 Base) MCG/ACT inhaler	Inhale 2 puffs into the lungs every 6 (six) hours as needed for Wheezing for up to 30 days. *Qty:* 1 Inhaler, *Refills:* 0
ARIPiprazole (ABILIFY) 15 MG tablet	Take 15 mg by mouth once daily.
risperiDONE (RISPERDAL) 2 MG tablet	Take 2 mg by mouth 2 (two) times daily.
thiamine (VITAMIN B-1) 100 MG tablet	Take 1 tablet by mouth once daily for 30 days. *Qty:* 30 tablet, *Refills:* 0
traZODone (DESYREL) 50 MG tablet	Take 50 mg by mouth at bedtime.
amLODIPine (NORVASC) 10 MG tablet	Take 10 mg by mouth once daily.
bictegravir-emtricitabine -tenofovir (BIKTARVY) 50-200-25 MG TABS per tablet	Take 1 tablet by mouth once daily.
haloperidol (HALDOL) 5 MG tablet	
haloperidol lactate (HALDOL) 5 MG/ML injection	
metoprolol succinate (TOPROL-XL) 25 MG 24 hr tablet	Take 25 mg by mouth once daily.
multivitamin (TAB-A-VITE) TABS	Take 1 tablet by mouth daily with lunch. *Qty:* , *Refills:* 0
PARoxetine (PAXIL) 20 MG tablet	Take 1 tablet by mouth once daily for 30 days. *Qty:* 30 tablet, *Refills:* 0

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• haloperidol (HALDOL) tablet 5 mg Or • haloperidol lactate (HALDOL) injection 5 mg	5 mg 5 mg	Oral Intramuscular	Q6H PRN Q6H PRN	Ryan K Bergren, MD Ryan K Bergren, MD		

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• LORazepam (ATIVAN) tablet 1 mg	1 mg	Oral	Q6H PRN	Ryan K Bergren, MD	
Or					
• LORazepam (ATIVAN) injection 1 mg	1 mg	Intramuscular	Q6H PRN	Ryan K Bergren, MD	
• QUEtiapine (SEROQUEL) tablet 100 mg	100 mg	Oral	2 times daily	Ryan K Bergren, MD	100 mg at 07/21/21 1259
• risperiDONE (RISPERDAL) tablet 1 mg	1 mg	Oral	Daily	Ryan K Bergren, MD	1 mg at 07/21/21 1259

Allergies

Allergen	Reactions
• Depakote [Divalproex Sodium]	Itching and Other (See Comments)

Social History

Socioeconomic History
- Marital status: Single
  - Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History
- None

Tobacco Use
- Smoking status: Current Every Day Smoker
  - Packs/day: 0.25
  - Years: 15.00
  - Pack years: 3.75
- Smokeless tobacco: Never Used
- Tobacco comment: given how to stop smoking packet and discussed with pt. states he does not need cessation medication as he is going home today and he doesnt want to quit now

Vaping Use
- Vaping Use: Never used

Substance and Sexual Activity
- Alcohol use: Yes
  - *Comment: drinks daily*
- Drug use: Yes
  - Frequency: 7.0 times per week
  - Types: Marijuana
- Sexual activity: Not Currently

Other Topics
- None

Social History Narrative

Concern

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Social Determinants of Health

Financial Resource Strain:
- Difficulty of Paying Living Expenses:

Food Insecurity:
- Worried About Running Out of Food in the Last Year:
- Ran Out of Food in the Last Year:

Transportation Needs:
- Lack of Transportation (Medical):
- Lack of Transportation (Non-Medical):

Physical Activity:
- Days of Exercise per Week:
- Minutes of Exercise per Session:

Stress:
- Feeling of Stress :

Social Connections:
- Frequency of Communication with Friends and Family:
- Frequency of Social Gatherings with Friends and Family:
- Attends Religious Services:
- Active Member of Clubs or Organizations:
- Attends Club or Organization Meetings:
- Marital Status:

Intimate Partner Violence:
- Fear of Current or Ex-Partner:
- Emotionally Abused:
- Physically Abused:
- Sexually Abused:

Family Status

Relation	Name	Status
Mother		(Not Specified)
Father		(Not Specified)

Family History

Problem	Relation	Age of Onset
Diabetes	Natural Mother	
Diabetes	Natural Father	
Heart disease	Natural Father	
High cholesterol	Natural Father	
Hypertension	Natural Father	

Immunization History

Administered	Date(s) Administered
Influenza Whole	04/04/2016
Pneumococcal Conjugate 13-Valent (Prevnar13)	04/04/2016

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Review of Systems:
Constitutional: negative unless in noted in HPI above
Eyes: negative unless in noted in HPI above
Ears: negative unless in noted in HPI above
Respiratory: negative unless in noted in HPI above
Cardiovascular: negative unless in noted in HPI above
Gastrointestinal: negative unless in noted in HPI above
Genitourinary: negative unless in noted in HPI above
Musculoskeletal: negative unless in noted in HPI above
Neurological: negative unless in noted in HPI above
Behavioral/Psych: negative unless in noted in HPI above

Objective:
BP (!) 153/99 | Pulse 80 | Temp 97.7 °F (36.5 °C) (Oral) | Resp 14 | Ht 1.88 m (6' 2") | Wt (!) 112 kg (246 lb 14.6 oz) | SpO2 95% | BMI 31.70 kg/m²
Physical Exam:
General appearance: alert, cooperative and no distress
Head: Normocephalic, without obvious abnormality, atraumatic
Eyes: conjunctivae/corneas clear. PERRL, no scleral icterus, EOM's intact.
Ears: normal external ear canals both ears
Nose: Nares normal. Septum midline. Mucosa normal. No drainage or sinus tenderness.
Throat: lips, mucosa, and tongue normal; teeth and gums normal
Neck: supple, symmetrical, trachea midline
Back: symmetric, no curvature. ROM normal. No CVA tenderness.
Lungs: chest clear, no wheezing, rales, normal symmetric air entry
Heart: regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop
Abdomen: soft, non-tender, without masses or organomegaly
Extremities: LLE edema (chronic per chart review)
Skin: Skin color, texture, turgor normal. No rashes or lesions
Neuro: alert, oriented x3, affect appropriate, no focal neurological deficits, moves all extremities and no involuntary movements

DATA REVIEW:

No results found for this or any previous visit (from the past 24 hour(s)).

TSH

Date	Value	Ref Range	Status
08/18/2020	1.691	0.27 - 4.20 uIU/mL	Final

ASSESSMENT/PLAN:

41 y.o. male with a history of HIV, asthma, HTN, alcohol abuse who presented with depression with SI

Depression with SI
-management per psych

-fills Trazodone 50 mg qhs 7/19, fills Risperdal 2 mg BID 7/19, filled Zonisamide 100 mg TID 6/7, filled Haldol Inh and Haldol PO 6/7
-on Risperdal 1 mg qd and Seroquel 100 mg BID
-on Ativan/Haldol prn

HTN
-noted BP 153/99 on arrival
-continue pta Amlodipine 10 mg qd + Metoprolol 25 mg qd

Chronic LLE edema w/o erythema, heat
-noted afebrile w/o leukocytosis (per CCH records)
-per OSH records had recent LLE duplex
-filled Keflex 7/19, will not continue as no obvious cellulitis on exam
-check echo

HIV
-noted CD4 496 8/2020, VL ND 8/2020
-per patient on Biktarvy continue
-per patient follows at CORE center, check CD4 and VL

Hx of mild intermittent asthma
-continue pta Albuterol inh prn

Alcohol abuse
-per patient drinks daily, no h/o seizures/DTs
-CIWA protocol
-thiamine/folic acid/MV
-encourage to quit

Marijuana and Tobacco abuse
-encourage to quit

Obesity
-Body mass index is 31.7 kg/m².
-check a1c, TSH, lipid panel

Medication Reconciliation obtained via the following:
Patient's verbal confirmation of meds

Disposition: Per primary team

Living arrangements: the patient lives with their family.
Ordered PT/OT: No
Counselled the patient to stop smoking: yes
DVT prophylaxis: ambulation
GI prophylaxis: none
CODE status: Full

Note routed to: PATIENT HAS NO PCP

Reviewed all old records available to me.

I have independently performed a face to face diagnostic evaluation on this patient. I have

reviewed and agree with the care plan. I have reviewed labs and radiology results. The history, exam and assessment of the patient with additions and pertinent positives noted in **Bold.**

Patient with longstanding history of alcohol abuse and hypertension poorly controlled left ventricular hypertrophy shown on EKG we will follow-up with transthoracic echocardiogram; check CD4 count HIV viral load will continue prior to admission Biktarvy

Total time spent: 25 minutes. More than 50% of time was spent coordinating care. Discussion and coordinated plan of care with healthcare team, including nursing staff, consultants, ANP and PA-Cs.

Revision History

Date/Time	User	Provider Type	Action
7/21/2021 5:53 PM	Rushdi H Alul, DO	Physician	Sign
7/21/2021 2:13 PM	Kristin L Keating, PA	Physician Assistant	Sign

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Randle, Ezekiel

MRN: 5997224

Logan Riesterer, RN
Registered Nurse
Specialty: Registered Nurse

Progress Notes
Signed

Date of Service: 7/21/2021 10:14 AM

ADMISSION NOTE:

Admitted voluntarily this 41 years old, African- American male from Stroger under Dr. Glaser. Per Stroger ED report, patient presents with depression and suicidal ideation, with a plan to shoot self. Patient also reporting auditory hallucinations to hurt self with visual hallucinations of ghosts.

Patient denies suicidal ideation upon admission, but states that he has auditory hallucinations telling him to "hurt other people". Patient also states that visual hallucinations are of "ghosts and dead people". Patient reports psych history of major depression and schizophrenia. Patient reports medical history of hypertension, HIV+, and asthma. Patient reports allergy to depakote.

Patient states that he is homeless and did not identify any sources of support. Patient also states that he is non-compliant with medications, only taking them sparingly, aside from albuterol.

Patient is alert and oriented X3, ambulatory with steady gait.
Skin is intact, with some irritation on the top of the right foot. Speech is normal rate and rhythm.
Patient affect is appropriate to mood.
Appearence is clean.
Thought process is preoccupied.
Insight and judgement is poor.
Admits to use of ETOH and illicit drugs. Patient u-tox positive for cannabinoids.

Past Medical History:

Diagnosis	Date
• Anemia	
• Herpes simplex	
• HIV (human immunodeficiency virus infection) (HCC)	
• Rash	
• Schizoaffective disorder (HCC)	
• Schizophrenia (HCC)	

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose

Ryan K Bergren, MD
Physician
Psychiatry

H&P
Signed

Date of Service: 7/22/2021 10:57 AM

INITIAL PSYCHIATRIC EVALUATION

Patient: Ezekiel Randle Sex: male MRN: 5997224 CSN: 1511716817

Ezekiel Randle is a 41 y.o. with Chief Complaint:" "I was hearing voices telling me to hurt myself""

HPI : 41 y.o. m PMHx as below, PPHx SAD presenting with increasing CAH and depression with SI and plan to overdose with CAH to kill himself after not being able to fill medication. Patient reports increasing depression, anhednoia and feelings of extreme hopelessness. Patient notes having anxiety and racing thoughts that cause poor sleep. Patient presents dysphoric and depressed with poor eye contact. Patient notes having SI and vague and guarded regarding plan. Patient presents disorganzied and at times illogical noting intense CAH to harm self. At times RTIS. Patient has poor judgment and poor insight with poor impulse control and high risk of suicide attempt.Patient cannot contract for safety. Patient requires immediate inpatient care.

Psychiatric Review of Systems:

Sleep changes: yes
Appetite changes: yes
Weight changes: yes
Energy/anergy: yes
Interest/pleasure/anhedonia: yes
Somatic symptoms: yes
Anxiety/panic: yes
Guilty/hopeless: yes
S.I.B.s/risky behavior: yes

Admission Disposition: voluntarily

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• Schizophrenia (HCC)	