

Week 4 Assignment 1: Comprehensive Psychiatric evaluation

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PRAC - 6675 : Across Lifespan II

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PRAC 6675 Comprehensive Psychiatric Evaluation

CC: “I was hearing voices”.

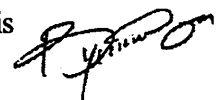
HPI: The patient is a 38-year-old AA male who presents with severe bizarre behavior. Patient is anxious, preoccupied and is responding to internal stimuli. Patient endorses auditory hallucinations and is illogical, disorganized with rapid speech and a flight of ideas. Patient also has poor insight and coping skills. Schizophrenia is a mental disorder that affects a patient’s psychological condition, including feeling, mood, insight, thinking, and perception. The condition exists as a cognitive deficit that results in misapprehensions, false impressions, and delirium (Remington et al., 2017).

- **Past Psychiatric History:** Patient had inpatient psychiatric hospitalization six weeks ago.
- **General Statement:** Patient affirms having previously been hospitalized but has been inconsistent with taking his medications.
- **Caregivers:** The patient lives alone and is currently unemployed.
- **Hospitalizations:** Patient confirms previous hospitalization in the past for treatment of anxiety, depression, and Schizophrenia
- **Medication trials:** The patient stated that he has been on Cogentin, Haldol, and Trazodone
- **Psychotherapy or Previous Psychiatric Diagnosis:** Paranoid Schizophrenia

Substance Current Use and History: Patient denies use.

Family Psychiatric/Substance Use History: Patient’s mother has a bipolar history.

Psychosocial History: The patient is not married and has no children. He has family in Atlanta but lives by himself. He stopped school in 8th grade and has worked off and on but is currently unemployed. Patient’s activities of daily living are poor, and his developmental history is unremarkable.

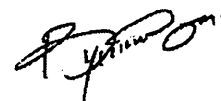


Medical History: Patient has hypertension.

- **Current Medications:** Currently, patient takes Cogentin, Haldol, and Trazodone
- **Allergies:** He denies allergy to food or medications.
- **Reproductive Hx:** Patient is not sexually active though no problems were noted with his reproductive system.

ROS:

- **GENERAL:** The patient has short term memory and is forgetful. Patient's language is unclear, speech is pressured and illogical. He looks disheveled and is easily irritated, with a flat affect and is distracted during conversations. Schizophrenia is a severe brain disorder, and individuals suffering from it experience hallucinations, delusions, disorganized speech, illogical thinking, and lack of motivation. The symptoms can range from acute to long episodes (American Psychiatric Association et al., 2013).
- **HEENT:** The patient has visual problems thus he cannot see things at a distance clearly. He has no hearing problems or dental issues.
- **SKIN:** skin is dry but there are no rashes, wounds, or tears.
- **CARDIOVASCULAR:** Denies chest pain, regular rate, and rhythm. No murmur. No JVD
- **RESPIRATORY:** No SOB and cough
- **GASTROINTESTINAL:** No diarrhea, vomiting or pain in the abdomen.
- **GENITOURINARY:** No experience of burning while urinating.
- **NEUROLOGICAL:** The patient complained of feeling dizzy and perplexity.
- **MUSCULOSKELETAL:** No joint, skeletal, muscles or pain.



- HEMATOLOGIC: No injuries or bleeding.
- LYMPHATICS: No hepatectomy.
- ENDOCRINOLOGIC: No auxin or serotonin.

Physical exam: Patient is disheveled, with bizarre behavior, carrying conversations in a pressured speech intermittently, mumbling to self. Patient looks older than stated age. He is preoccupied and is responding to internal stimuli. Patient is distracted but answers questions. Patient is irritable, illogical, guarded with a flat affect.

The main signs and symptoms of Schizophrenia include negatively affecting concentration, capabilities and memory, difficulty in showing normal emotions, and loss of motivation and interest (Remington et al., 2017)

Diagnostic results:

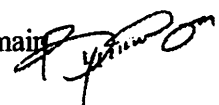
Mental Status Examination:

Patient has had the Brief psychiatric rating scale (BPRS) for Schizophrenia and the Beck Depression Inventory (BDI) to diagnose patient's depression.

The quantitative assessment using the Positive and Negative Syndrome Scale Scores (PANSS) often evaluates the seriousness of the signs and symptoms of Schizophrenia or psychosis.

Differential Diagnoses:

- Paranoid Schizophrenia DSM- 5 295.30 - Schizophrenia in which the patient is preoccupied with one or more delusions or frequent auditory hallucinations. Schizophrenia is a mental disorder that affects a patient's psychological condition, including feeling, mood, insight, thinking, and perception. The condition exists as a cognitive deficit that results in misapprehensions, false impressions, and delirium (Remington et al., 2017). Schizophrenia influences the brain's normal processes that affect one's ability to think correctly. The main



signs and symptoms of Schizophrenia include negatively affecting concentration, capabilities and memory, difficulty in showing normal emotions, and loss of motivation and interest (Remington et al., 2017).

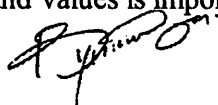
- Major depressive disorder DSM -5 F32.1 – Depression disorder refers to a condition that results in the persistent feeling of sadness and interest loss. It is a worrying feeling that interrupts the person’s daily activities and the ways of doing things (Choi & Wan, 2020). The symptoms of depression disorder include feeling anxious, irritability, fatigue, suicide thoughts and attempts, feeling restless and difficulty in remembering things. It impacts individual thinking and causes physical and emotional issues.
- Generalized Anxiety Disorder DSM-5 F41.1 This is a mental health condition that makes it hard for an individual to get through the day. Some of the signs and symptoms include an individual feeling panic and fear, nervousness, rapid heartbeat, and sweating (Seabrook & Rickard, 2016).

Reflections:

Clients who have Schizophrenia usually require some support to complete activities of daily living. Today, several programs are available to support individuals with finding employment, housing, and support groups. To ensure a client obtains the support they need, social worker professionals are one of the primary providers offering psychosocial treatment. With the proper treatment, clients experiencing Schizophrenia can manage their illness.

Ethical considerations are important during the treatment of anxiety disorders. Patient education is important to encourage drug compliance and adherence. Noncompliance results in negative side effects which may affect the patients' medical condition. Therefore, helping the patient to understand the negative side effects of the medication encourages compliance.

Ensuring cultural competence and patient autonomy through involving the patient in decision making and incorporating patient's beliefs and values is important at this stage (Yeom et al., 2017).



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Questions

1. What are the different classifications of Schizophrenia?
2. What are the challenges of living with Schizophrenia?
3. What treatments are available ?