

Week (4): (FOCUSED SOAP NOTE AND PATIENT CASE PRESENTATION)

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PRAC 6675: PMHNP Care Across the Lifespan II

Prof. Ashley Nicole Lockhart

June, 21, 2023

A handwritten signature in black ink, appearing to read "Ashley Nicole Lockhart", located in the bottom right corner of the page.

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Subjective:

CC (chief complaint): "Im about to marry the love of my life. I juat want everyone to be happy for me."

HPI:

ML A 27-year-old Caucasian female arrives at the clinic with her mother for mental examination. According to the patient's mother, Justin Beiber has been in love with her for around 6 months. She claims that he has expressed his desire to marry her through messages in his song lyrics. She has written him many letters. She is annoyed because, while he would never meet with her in person, he frequently yells her name outside her window when no one else is there. She has only slept around 2 hours every night for the previous few weeks, yet she still has the stamina to remodel her apartment in preparation for her wedding to Justin Beiber. She says that she feels "on top of the world" since Justin Beiber has picked her and that she "can't stop talking about it." She even began handing out invites. According to the mother, this has been impacting her daughter's everyday functioning.

Substance Current Use: M.L state that she has stopped abusing drugs recently, but her mother states that she doubted because her apartment always smell like marijuana. The patient consents to occasionally smoking marijuana. The patient claims that he has never used alcohol or anyother drugs. Patient states that alcohol burn her throat.

Medical History:

- **Current Medications:** She has never taken any psychotropic medications in the past.
- **Allergies:** No known allergies to food or medications.
- **Reproductive Hx:** The client express that she is sexually active with Justin Beiber, but have received oral sex from others.
- **Family Hx:** There is a family history of mental conditions. Her father was diagnosed with paranoid schizophrenia. The father was once admitted for paranoid schizophrenia in the old state hospital. The patient reports that she never met her father, but also find out that her paternal grandmother suffers with anxiety.

ROS:

- **GENERAL:** She has no history of chills, fever, or sensitivity to cold or heat. No report of weight loss, fatigue or distress.
- **HEENT:** She has no vision loss, sneezing, ear discharge or discomfort, hearing impairment or hearing loss, congestion, runny nose, or sore throat. The patient has not reported any nasal blockage or trouble eating. She claims she is also free of headaches, nausea, or vertigo.
- **SKIN:** Denies itching, discoloration, or rashes.

RB3


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- **CARDIOVASCULAR:** Denies having any chest discomfort, leg swelling, or breathing problems.
- **RESPIRATORY:** ML asserts that she has not been experiencing any chest pain, no chest discomfort, wheezing, or coughing up mucus, no tachypnea.
- **GASTROINTESTINAL:** M.L did not report diarrhea and denied constipation, appetite loss, nausea, and vomiting. There were no reports of stomach discomfort or bleeding, nor of vomiting, diarrhea, or anorexia. She denies ever experiencing hunger fluctuations in the past.
- **GENITOURINARY:** M.L have normal genitourinary function. No urethral discharge. Denies any of the following urinary symptoms: burning, stinging, oliguria, or hematuria. No lower abdominal pain
- **NEUROLOGICAL:** Shee claims she has not experienced issues with amnesia, seizures, paralysis, tingling in her limbs, migraines, or vertigo. No changes in bladder/bowel control.
- **MUSCULOSKELETAL:** Denies muscle pain, back pain, or joint pain, no joint stiffness, no deformity.
- **HEMATOLOGIC:** Denies anemia, or easily bleeding/bruising.
- **LYMPHATICS:** Denies a history of splenectomy or enlarged node. No leg swelling, no tenderness, no lymphadenopathy.
- **ENDOCRINOLOGIC:** She has not reported any sweating or polydipsia. Denies polyphagia, polyuria, or intolerance to cold or heat.

Objective:

Diagnostic results:

F25.0: Schizoaffective disorder, Bipolar type

Assessment:

Mental Status Examination:

ML is a 27-year-old Caucasian female who is aware, completely oriented, and not in any immediate danger. During the interview, be calm and cooperative. Brown hair, shoulder length, clean and groomed, well clothed in a blue dress and sandals. Speech is strained by the flight of ideas. Euthymic mood with congruent emotion. The thought process is unorganized, as are the notions of reference. Delusion and auditory hallucinations are examples of thought content. She has no homicidal thoughts or plans, nor does she exhibit suicide ideation. According to cognitive screening, memory and focus are intact. Insight and judgment range from fair to poor.



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Diagnostic Impression:

Schizoaffective disorder: Schizoaffective illness, according to the National Alliance on Mental Illness, is a mix of symptoms of schizophrenia and a mood disorder, such as depression or bipolar disorder. Symptoms may appear simultaneously or sequentially. The DSM-5 criteria for schizoaffective disorder need symptoms to continue for at least one month. As a result, the predominant diagnosis for ML is bipolar schizoaffective illness. He displayed classic schizoaffective disorder symptoms that lasted less than a month, such as anhedonia, hallucination, muted expressiveness, disordered speech, and disorganized conduct (Hartman et al., 2019). These symptoms are also linked to mood disorders such as depression. ML meet the criteria for schizophrenia, bipolar type, because she describes a 6 month hx of ideas of reference, delusions, and auditory hallucinations. In addition she has had clear manic symptoms for the past month, including an elevated mood, a decreased need for sleep, increased energy, increased goal directed activities and talkativeness.

Psychosis disorder: Drug-induced psychosis is the second probable differential diagnosis for ML. According to the DSM-5 criteria for verifying the presence of a psychotic disorder, the disease should include a student's agreement to symptoms. The symptoms and full remissions must be experienced in less than one month. Future relapses of the illness are also required (Castagnini & Fusar-Poli, 2017). Delusions, incoherent speech, hallucination, catatonic conduct, and unpleasant symptoms are all signs of psychotic disease. However, because the patient experienced these symptoms for more than a month, psychotic condition was ruled out.

Major Depressive Disorder: According to Bains and Abdijadid (2021), major depressive disorder, often known as clinical depression, is a mental ailment characterized by impairment of everyday living owing to continuous lack of interest in previously liked activities or melancholy mood. Insomnia, difficulties focusing, suicidal activities/thoughts, exhaustion, loss of interest, nervousness, irritability, weight/appetite fluctuations, or sluggish speech are all symptoms.

Reflections:

The individual did, however, meet the DSM-5 diagnostic criteria for Bipolar schizoaffective illness. Nonetheless, no laboratory tests were performed. It would be critical to rule out the existence of medical ailments using blood tests, CT scans, and an MRI scan. I've discovered that bipolar schizoaffective disease is one of the heritable mental illnesses. I've also discovered that drug misuse and unfavorable attitudes impact a patient's willingness to take medicine. Before beginning therapy, it is necessary to obtain the patient's agreement. It is also critical to keep the patient's information private and discreet. I'd want to learn more about the client's early development, such as any problems (medical or mental) he may have had as a child or adolescent, as well as developmental milestones. When the patient comes to the clinic after a week, he will be evaluated to see if the psychotherapy is benefiting him and if he need additional therapies.



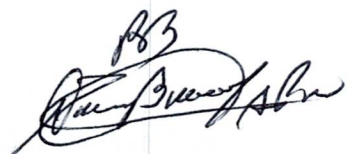
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Case Formulation and Treatment Plan:

The treatment intervention should include both pharmacological and psychotherapy approaches. Bipolar schizoaffective disorder is often treated with psychotherapy, with pharmaceutical medications being used only in extreme cases of disruptive and aggressive conduct (Aggarwal & Marwaha, 2022). To assist ML to adopt better thought patterns, cognitive behavioral therapy will therefore be started, along with family-focused therapy. Individual cognitive behavioral therapy aims to assist the client operate independently while also regulating her symptoms. Cognitive behavioral treatment will also aid in reducing her everyday suffering (Jauhar et al., 2019). Cognitive restructuring, coping skills training, and self-monitoring will be among the CBT therapies.

Second intervention would be prescribing Latuda 40mg po qHS with food. Latuda works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Lurasidone rebalances dopamine and serotonin to improve thinking, mood, and behavior ("Schizoaffective disorder," n.d.). Treatment will also include medication compliance counseling.

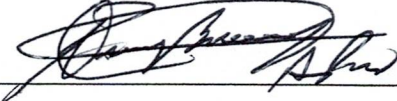
Health education will be emphasized as well. The client will be educated on the need of quitting or reducing smoking. He will also be taught the value of forming social interactions with others. The patient must also be active and engage in physical activity. Finally, after one month, a follow-up will be begun to verify symptom improvement and possible drug modification.

BB


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PRECEPTOR VERIFICATION:

I confirm the patient used for this assignment is a patient that was seen and managed by the student at their Meditrek approved clinical site during this quarter course of learning.

Preceptor signature:  _____

Date: 08/21/2023



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