

Name: Adnan Wahab | DOB: 3/18/1992 | MRN: F517597 | PCP: | Legal Name: Adnan Wahab

H&P

Updated Dec 14, 2021

H&P by Yesul Kim, MD at 12/14/21 1447

Attestation signed by Naomi Weiss-Goldman, MD at 12/14/21 1858

I have personally seen and evaluated this patient. Chart was reviewed and case discussed with the resident, Dr. Kim. I agree with the history, examination, assessment, and plan as documented in the resident's note, without exceptions or additions.

Patient: Adnan Wahab **Sex/DOB:** male 3/18/1992

MR#: F517597 **Date of Consultation:** 12/14/2021

Admission Date: 12/13/2021

Psychiatry Admission Summary

Admitted via: Emergency Department

Information Source: patient

Reason for admission: First-break psychosis work-up

Chief Complaint: "I just need a doctor's note to go back to work. I need to solve universal income"

History of Present Illness:

Adnan Wahab is a 29 y.o. yo Male, single, household:alone in UES, Employed, full time as a perception software engineer at Zoox (autonomous ride hailing company) - mostly self taught, didn't graduate from HS, did some college at UHouston, denies PMH, PPH of ADHD (endorses he was on adderral) h/o drug use (DMT/LSD, MJ and mushrooms), no previous hospitalizations (one 3-day stay at MHC CPEP 10 days ago), currently in treatment with Dr. Katz, no prior reported suicide attempt, no history of NSSIB, no history of violence (h/o of harassing people with texts/emails - some have found the messages threatening), who was BIB self following his psychiatrist's recommendation for psychiatric admission and first-break workup in th setting of progressively worsening mental status; patient got confused



and endorsed that he was here for headache.

Dr. Katz:

Talking slower, confused, thought disorganized, takes too long to complete tasks and forgets about them "couldn't even properly complete an ADHD symptom survey". Concerned about his safety and ability to take care of self. Strongly recommends involuntary admission.

Patient's family:

Called patient's sister again and talked with her and brother in law.

2021-12-03: In the context of paranoid delusions, patient burned some pages in his room in protest to his boss. Of note, patient provides a completely different story about what happened during interview (saying that he just left some soup on the stove and then went to sleep). Patient got agitated with the police and was held for ~3 days at MHC CPEP. They also reiterate that patient is talking slower, is confused, thought disorganized, takes too long to complete tasks and forgets about them. Originally stated that "we would be lying if we said that he is a danger to himself or others"; however, after having a family meeting, they concluded that they don't think that patient can currently take care of himself in the outpatient setting and also recommended his involuntary admission despite endorsing that "an admission would be very traumatic for him".

Patient provided his github page github.com/nyc-map where he keeps some open source projects with comments since November 1st. Code annotation at times doesn't make sense or is irrelevant to the project: "module for using webgpu for data visualization and more make compute shaders as simple as possible minimalist runtime for using webgpu shaders in nb/static website"

"robots will eventually obsolete everyone especially software engineers. the solution is UBI and everyone become artist / scientist like Rev foresaw. code = a medium for fun. words / pictures = a medium for fun." "animal crossing goal of game : make pandemic fun and solve poverty, robots, biotech and seung lab volumetric data visualization point has entity point has chair point has property/class point has color point has time point has"

When interviewed on unit, the information was consistent with above, also patient denied HI or SI, was asking to leave and threatening to sue. The plan was explained to him and convinced to stay for workup.

As per friend of 7 years, patient is "eccentric" at baseline. There are concerns over the past 3 years from the family ("he cannot keep a job



over the past 3 years"), patient seems to have worsened more over the past year, e.g. Yoga teacher endorsed that pt was "unstable" and that he was "harassing" and "threatening" other yoga teacher by messaging. Yoga teacher also believes that pt has lost a lot of weight recently.

Pt's mental status has progressively worsened especially since October - family and friend of 7 years (Adam) remembers him being mostly fine and at his cognitive baseline in September. Patient is now talking slower, is confused, is thought-disorganized, takes too long to complete tasks and forgets about them. Per collateral, pt was sending bizarre emails in October and someone from the staff felt harassed, he set a fire in his apartment on 12/03/2021 in the context of paranoid delusions against his boss/supervisor (sister went to the scene that same day and talked to the building staff; even though the fire was limited to a few papers, patient didn't alert anyone, the neighbors smelled the smoke and called emergency services).

When interviewed by primary team, pt speaks quickly and quietly but is interruptible. He reports that he started seeing Dr Katz because he was "overstressed" and having poor sleep (which was not deep enough when he was on Adderall, but recently has been 7-8 hrs nightly).

Recent events include that he is very excited about working on his project, started taking Adderall at the start of the pandemic. However, it seems to have disrupted his sleep. Furthermore, he has been feeling more isolated and recently went through a breakup. In October, he "challenged a famous coding professor, Mike ?Bostock to a coding challenge on Mental Health Awareness day but then fell asleep at the computer. He also started missing meetings at work, so was put on "medical leave."

Furthermore, he reports that he was cooking something, drank alcohol, got distracted and fell asleep. This caused a fire in his apartment, the fire department came, and pt was taken to Metropolitan CPEP afterwards. They gave him Abilify but did not admit him.

He also does admit that he has been sending lots of emails to his friends that have a "darker, agitated, more confusing" tone. Also, he does endorse having had "manic sx" (people tell him he is talking too fast, he is not sleeping, has too much energy, and is spending extra money) 3-4 times since age 23. He denies paranoia, AH, or any SI/HI. He does report that he intentionally burned his hand on a stove top fire a few years ago, but no injury visible.



Pt reports significant past substance use hx including micro-dosing shrooms since 2012 (after being lonely in Austin). He says he has used 200-300 times total, about once a week. He reports he ran out in summer (June or July 2021). Also has smoked weed on/off for 10 years for sleep, but reports quitting Aug 2021 (of note UTOX pos for cannabis). He also has recently started using a Juul with nicotine since the pandemic. Reports socially drinking 1-2 drinks here and there, but does endorse that he set a fire in his apartment recently. Also hx of NO (a couple times in Aug this year) and MDMA a long time ago.

Later in the afternoon, pt became very focused on discharge. He stood by the door and demanded to be let go right away, saying he would come back for MRI. He became much more illogical, drew many drawings about his project and how important it was that he be allowed to work on it. He was doing push-ups on the floor next to the door to the unit. He was not verbally redirectable, so he was given **IM Haldol 2mg / Ativan 2mg / Benadryl 50mg with brief hold, with aid of security officers**. Pt was informed of his rights, legal services, and court process.

Attempted to reach out to Horatiou (friend) at 929-229-9912, generic VM. Will reattempt later.

Attempted to reach pt's friend Farhad at 415-481-9926, left generic VM w/ callback number.

Past Psychiatric History: unknown

- **Previous diagnoses:** unknown
- **Previous Hospitalizations:** none other than Metropolitan CPEP Oct
 - **State Hospitalization:** No
 - **History of ECT:** No
- **History of suicide attempts / self-harm:** Yes, (see SRA)
- **History of violence:** No
- **Medication History:** Abilify in CPEP, Adderall
- **Outpatient psychiatric care:** recently with Dr Craig Katz, past telehealth with Hello Ahead, therapy biweekly with Amar through Modern Health
 - **AOT:** No
- **Psychiatric Advance Directives:** No

Patient's Outpatient Psych MD Notified: Yes, Name of MD Craig Katz, ED Spoke to him 12/13, and primary team will reach out.

Tobacco, Alcohol and Substance Use History:



Tobacco Use Screening:

Tobacco Use Status

What form of tobacco does the patient use?: Patient refused the tobacco use screen

Tobacco Use Counseling

Tobacco use counseling: Patient refused/declined counseling

[Alcohol & Substance Use](#) **MANDATORY** - Click blue hyperlink to complete

Audit-C Total Score: 1

Interpretation: Low risk or Abstinence

12/14/2021 1455 : Yesul Tina Kim, MD

Which Drug does the patient use?: Shrooms

Date of Last Use: 07/01/21

Which Drug does the patient use?: Marijuana

Date of Last Use: 08/21/21

Which Drug does the patient use?: nicotine

Date of Last Use: 12/11/21

Alcohol and Substance use Counseling:

Alcohol and Substance Use Counseling: Yes Patient was counselled regarding their risk levels for both alcohol and substance use, his/her use in relation to national norms and the impact of patient use on the their mental, physical and social health

Family Psychiatry History:No

- **Family History of Suicide: No**

Social History:

Pt was B/R in Saudi Arabia. He grew up there until age 14 (in "Little America"). He was raised with both parents and 1 brother, 1 sister. Then he moved to Houston, TX where he lived for 3-4 years until he moved to San Francisco in 2012. He reports various other moves to Austin and then NYC in 2017. The reason was that he was on a flight to Frankfurt and he missed his connection, so he decided to stay in NYC.

- **Education Level:** Did not graduate high school, says he went to one year of "coding school, Kettle class?", but knew more than the



teacher so quit. He also said he "failed most of his classes" and stopped going to school at 6th grade.

- **Work History:** pt reports that he has had 10 jobs in 10 years, longest about a year. He reports "getting bored easily". Currently works for Zoox, which is owned by Amazon. Started working April 12, 2021.
- **Financial Supports:** see above
- **Current living situation:** alone in UES apartment, 3rd floor
- **Sources of support:** friends, family

Trauma History: *(Including general, physical abuse, sexual abuse, emotional abuse)*

No - unclear sexual trauma. Reports that a teacher checked/asked if he was wearing underwear in front of everyone once.

Medical History:

(Current and past illnesses, hospitalizations, surgery, procedures, and providers)

List below verified/reconciled via: Patient

No past medical history on file.

Last PCP visit: unknown

Current PCP: unknown

Medications at Home or Prior To Hospitalization:

List below verified/reconciled via: Patient

Adherent: No

No medications prior to admission.

Allergies: No Known Allergies

Review of Systems:

Completed ROS Performed. All negative except as detailed in HPI and Medical History.

Mental Status Examination:

Appearance: Alert, Attentive and appropriately groomed

Attitude: Cooperative, Intense eye contact, Minimizing/guarded, intolerant of negative content

Activity: seated calmly but later observed to be +PMA

Behavior/Motor: sits with legs crossed

- **Muscle strength/tone:** Normal



o **Gait/Station:** Normal

Speech/Language: Rapid, Soft and Loquacious

Mood: "Good"

Affect: Reactive/responsive, Bright and expansive range, laughs a lot

Thought Process: Tangential and Goal directed

Thought Content: Denies SI, Denies HI and Delusions: grandiose

Perception: Denies perceptual disturbance

Cognition: Alert and oriented X3

Insight: Poor

Judgment: Poor

Vitals:

Vitals:

	12/13/21 2249	12/13/21 2251	12/14/21 0750	12/14/21 0751
BP:	114/76	116/80	106/57	107/65
Pulse:	61	67	77	77
Resp:	18		18	
Temp:	36.1 °C (97 °F)		36.2 °C (97.2 °F)	
TempSrc:	Tympanic		Tympanic	
SpO2:		98%	98%	98%
Weight:		78.5 kg (173 lb)		
Height:		1.778 m (5' 10")		

Physical Exam:

Reviewed physical exam performed prior to admission by (MD name) Dr Voloudakis, on (date) 12/13/21 .

Data:

Recent Results (from the past 72 hour(s))

VENOUS PANEL (ER)

Collection Time: 12/13/21 5:04 PM

Result	Value	Ref Range
WB GLUCOSE , VEN	74	60 - 120 mg/dL
WB SODIUM , VEN	141	135 - 145 MEQ/L
WB POTASSIUM , VEN	3.4 (L)	3.5 - 5.0 MEQ/L
WB CHLORIDE, VEN	102	96 - 108 MEQ/L
WB CO2, VEN	32	24 - 32 MEQ/L
WB CREATININE, VEN	0.8	0.7 - 1.4 mg/dL
HEMATOCRIT , VEN	44	42 - 55 %
WB LACTATE , VEN	0.7	0.5 - 2.2 MMOL/L



CBC+PLT+DIFF

Collection Time: 12/13/21 5:06 PM

Result	Value	Ref Range
WHITE BLOOD CELL	6.1	4.5 - 11.0 x10E3/uL
RBC BLOOD CELL	5.00	4.50 - 6.00 x10E6/uL
HEMOGLOBIN	14.1	13.9 - 16.3 G/DL
HEMATOCRIT	43.6	42.0 - 52.0 %
MEAN CORP. VOLUME	87.2	80.0 - 98.0 FL
MEAN CORP. HGB	28.2	27.0 - 32.0 PG
MEAN CORP. HGB CONC.	32.3	31.0 - 36.5 G/DL
RED DISTRIB. WIDTH	14.6	11.5 - 15.0 %
PLATELET	224	150 - 450 x10E3/uL
MEAN PLT VOLUME	11.0	7.4 - 12.0 FL
NEUTROPHIL %	51.6	40.0 - 78.0 %
LYMPHOCYTE %	40.7	15.0 - 50.0 %
MONOCYTE %	5.2	2.0 - 11.0 %
EOSINOPHIL %	2.0	0.0 - 5.0 %
BASOPHIL %	0.3	0.0 - 1.0 %
Immature Granulocyte	0.2	0.0 - 0.7 %
NUCLEATE RBC%	0.0	0.0 - 0.3 %
NEUTROPHIL #	3.2	1.9 - 8.0 x10E3/uL
LYMPHOCYTE #	2.5	1.0 - 4.5 x10E3/uL
MONOCYTE #	0.3	0.2 - 1.0 x10E3/uL
EOSINOPHIL #	0.1	0.0 - 0.6 x10E3/uL
BASOPHIL #	0.0	0.0 - 0.2 x10E3/uL
Immature Granulocyte #	0.0	0.0 - 0.1 x10E3/uL
NRBC#	0.00	0.00 - 0.02 x10 3/uL

DRUGS OF ABUSE SCREEN, URINE

Collection Time: 12/13/21 5:08 PM

Result	Value	Ref Range
U-AMPHET SCREEN	NEGATIVE	CUT=1000 NG/ML
U-BARB SCREEN	NEGATIVE	CUT=300 NG/ML
U-BENZ SCREEN	NEGATIVE	CUT=200 NG/ML



U-COCAINE	NEGATIVE	CUT=300 NG/ML
U-OPIATE	NEGATIVE	CUT=300 NG/ML
U-PCP SCREEN	NEGATIVE	CUT= 25 NG/ML
U-METHADONE	NEGATIVE	CUT=300 NG/ML
CANNABINOIDS SCR	POSITIVE (A)	CUT = 50 NG/ML
COMMENT UR. ROUTINE TOX	*	

ALCOHOL (QUANT) SERUM

Collection Time: 12/13/21 5:08 PM

Result	Value	Ref Range
ALCOHOL (QUANT)	<10.0	0.0 - 50.0 mg/dL

LIPASE

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
LIPASE	20	8 - 78 U/L

ALBUMIN-BLD

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
ALBUMIN, BLD	4.1	3.5 - 4.9 G/DL

AST (SGOT)

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
AST (SGOT)	30	1 - 35 U/L

ALT (SGPT)

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
ALT(SGPT)	45	1 - 45 U/L

ALK PHOSPHATASE-BLD

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
ALK PHOSPHATASE, BLD	87	38 - 126 U/L

BILIRUBIN TOTAL

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
BILIRUBIN TOTAL	0.6	0.1 - 1.2 mg/dL

BILIRUBIN DIRECT

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
BILIRUBIN DIRECT	0.3	0.0 - 0.8 mg/dL

PROTEIN-TOTAL, BLOOD

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
Protein Total, Serum	7.3	6.0 - 8.3 G/DL

GAMMA GTP-BLD

Collection Time: 12/13/21 5:13 PM

Result	Value	Ref Range
GAMMA GT	42	10 - 54 U/L

SARS-COV-2 RAPID PCR

Collection Time: 12/13/21 5:33 PM

Specimen: Anterior Nares; Swab

Result	Value	Ref Range
SOURCE, SARS COV 2 PCR	Anterior Nares	
SARS COV 2 PCR	Not Detected	Not Detected
SARS COV 2	LumiraDx	
METHODOLOGY		

GLUCOSE-BLOOD

Collection Time: 12/14/21 6:07 AM

Result	Value	Ref Range
GLUCOSE	78	60 - 100 mg/dL

HEMOGLOBIN A1C

Collection Time: 12/14/21 6:07 AM

Result	Value	Ref Range
HEMOGLOBIN A1C	5.9	4.0 - 6.0 %

LIPID PANEL

Collection Time: 12/14/21 6:07 AM

Result	Value	Ref Range
CHOLESTEROL	148	See comment mg/dL
TRIGLYCERIDES	51	0 - 150 mg/dL
HDL CHOLESTEROL	48	30 - 120 mg/dL
LDL CHOLESTEROL	89.80	See Comment mg/dL
CHOL/HDL CHOL RATIO	3.1	See Comment
NON HDL CHOLESTEROL	100	See comment mg/dL

SYPHILIS SEROLOGY T.PALLIDUM AB

Collection Time: 12/14/21 6:07 AM

Result	Value	Ref Range
Syphilis Serology TP	NonReactive	NON REACTIVE

TSH

Collection Time: 12/14/21 6:07 AM

Result	Value	Ref Range
TSH	1.291	0.400 - 4.200 uIU/mL

VITAMIN B12-SERUM

Collection Time: 12/14/21 6:07 AM

Result	Value	Ref Range
VITAMIN B12, SERUM	433	211 - 911 pg/mL



ELECTROCARDIOGRAM, TRACING

Collection Time: 12/14/21 6:19 AM

Result	Value	Ref Range
Unconfirmed Reading	SINUS BRADYCARDIA OTHERWISE NORMAL ECG	
Ventricular Rate	52	BPM
Atrial Rate	52	BPM
P-R Interval	130	ms
QRS Duration	104	ms
QT	474	ms
QTc	440	ms
P Axis	65	degrees
R Axis	61	degrees
T Axis	44	degrees

ELECTROCARDIOGRAM, COMPLETE

Collection Time: 12/14/21 6:21 AM

Result	Value	Ref Range
Unconfirmed Reading	SINUS BRADYCARDIA OTHERWISE NORMAL ECG	
Ventricular Rate	52	BPM
Atrial Rate	52	BPM
P-R Interval	136	ms
QRS Duration	104	ms
QT	480	ms
QTc	446	ms
P Axis	63	degrees
R Axis	60	degrees
T Axis	46	degrees

DSM 5 Diagnoses:

Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
298.9 (F29)

[Suicide and Violence Risk Assessment](#)

Date/Time Completed: 12/14/2021 3:21 PM



Service:**Inpatient****Type of Assessment:
Admission / Reassessment****Sources of Information:**

Patient
Heath Care/Social Services Provider/Schools

Current and Recent Suicidality:
Thoughts about/wish to be dead: No
Suicidal thoughts: No**Suicidal behavior - took steps or prepares to end one's life 0**
Self- harm behavior without intent to die 0**Lifetime Suicide Behavior:**
Lifetime suicide attempts 0**Violence/Aggression:**
Thoughts of harming others but no intent: No
Endorses intent to harm others: No**Lifetime yes: No**
**Aggressive/Agitated/Violent Behavior since hospital arrived and/
or during this current encounter: No****Individual Biopsychosocial risk, enabling, and protective factors****Biological Factors:****Insomnia: Chronic**

Family History of Suicide: No

Psychosocial/Behavioral Factors:

Social Factors:

Enabling Factors:

Easy access to lethal means of harm to self/others: Yes

Additional Enabling Factors-Describe: everyday items

Protective Factors:

Strong/meaningful supports/positive emotional connections: Yes

Active engagement in treatment: Yes Future orientation/identifies reasons for living: Yes

Positive coping skills/mechanisms: Yes

Overall Acute Risk Formulation:

Acute Suicide/Self-Harm Risk in Community: LOW RISK IN COMMUNITY

Acute Violence/Aggression Risk in Community: LOW RISK IN COMMUNITY

Suicide/Self-Harm Risk in Community Formulation: No hx of self harm per pt or provider low acute risk

Violence/Aggression Risk in Community Formulation: No hx of intentionally harming others low acute risk for violence

Suicide Risk While on Unit : LOW RISK

Violence/Aggression Risk While on Unit : MODERATE RISK



If applicable, I attest that the most recent SRA/VRA has been reviewed and/or revised with new information and/or risk level. Yes, Yesul Tina Kim 3:42 PM, 12/14/2021

Overall Formulation and Plan:

Adnan Wahab is a 29 y.o. yo Male, single, household:alone in UES, Employed, full time as a perception software engineer at Zoox (autonomous ride hailing company) - mostly self taught, didn't graduate from HS, did some college at UHouston, denies PMH, PPH of ADHD (endorses he was on adderral) h/o drug use (DMT/LSD, MJ and mushrooms), no previous hospitalizations (one 3-day stay at MHC CPEP 10 days ago), currently in treatment with Dr. Katz, no prior reported suicide attempt, no history of NSSIB, no history of violence (h/o of harassing people with texts/emails - some have found the messages threatening), who was BIB self following his psychiatrist's recommendation for psychiatric admission and first-break workup in the setting of progressively worsening mental status; patient got confused and endorsed that he was here for headache.

Due to patient's thought-disordered behavior that is causing him to not be able to work and become dangerous to himself (having set two fires in the last 2 months) with possible weight loss, he requires admission to an inpatient psychiatric unit for work-up and stabilization. His UTOX was positive for cannabis despite his report that he stopped smoking a few months ago.

Patient Strengths (list 2 or more): Has vocational interests, Able to sustain interpersonal relationships and supports, Supportive family, Access to housing/residential stability and Supportive treatment team

IP Admission Criteria:

1. Threat to self requiring inpatient hospitalization: and 7. A mental disorder causing major disability in social, interpersonal, occupational, and/or educational functioning that is leading to dangerous or life-threatening functioning, and that can only be addressed in an acute inpatient setting.

Inpatient Unit: KCC 7S

Legal Status: Emergency 9.39

Universal Masking:

- Does the patient have any risk factors that would preclude him/her from donning a mask (physical or psychological) No



- Is the patient able to understand and comply with mask protocol during the hospitalization Yes

Plan:**Standard Orders:**

- **Observation:** Q15
- **Precautions:** Allegations and Elopement
- **Vital signs:** Q12 hours
- **Diet:** Vegetarian

There are no active non-hospital problems to display for this patient.

#Unspecified psychosis

- Monitor off medication for now
- For agitation: haloperidol 2mg / lorazepam 2mg / diphenhydramine 50 mg
- TYLENOL 650mg PO q6h PRN pain/headache
- MOM 30mL PO DAILY PRN constipation
- MAALOX 30mL PO q8HR PRN indigestion
- TRAZODONE 50mg PO QHS PRN insomnia
- CORROBORATIVE from friends and Dr. Katz
- First-break workup w/ MRI when pt is stable enough to leave unit

Tobacco Cessation Medications:

Patient refused/declined tobacco cessation medications.

Consultation:

No need for acute medical consultation.

Patient Education:

Yes, risks/benefits of proposed treatments discussed with patient and family.

Discharge plan: TBD

Is this patient's hospital care expected to require at least two nights in the hospital?: **Yes**

Reasons you expect care to require at least two nights in the hospital:
Requires monitoring, stabilization, and work-up.

Inpatient Scheduled Medications:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
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