

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

Progress Notes

Signed Dec 16, 2021

Progress Notes by Yesul Kim, MD at 12/16/21 1414

Attestation signed by Naomi Weiss-Goldman, MD at 12/16/21 1722

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, with the following addition(s):

Patient with ongoing paranoia and delusional thinking, as well as ?AH (describes starting kitchen fire at home as a "protest" in response to his boss playing some kind of "feedback" in his ear during a work project). Will continue first-break workup and risperdal titration.

Patient: Adnan Wahab

Medical Record Number: F517597

DOB: 3/18/1992

Admission Date: 12/13/2021

Inpatient Psychiatry Progress Note

Chief Complaint / Reason for Admission: "I just need a doctor's note to go back to work. I need to solve universal income" / First-break psychosis work-up

Past Medical History:

No past medical history on file.

Interval HPI:

Charting reviewed and patient discussed during interdisciplinary rounds. Vital signs stable, pt accepting medications, denies side effects. Pt was retained at court yesterday.

Yesterday afternoon at 5pm pt accepted PO medications for restlessness. Adnan Wahab was interviewed in the quiet room. He continues to be discharge-focused, and threatens to "become violent" he is kept for another day. He feels that the Risperdal is like a "vitamin"



C", "it's not a big deal". He minimizes his reasons for admission. Pt continues to be focused on his plans to help the world, saying "its a matter of life and death". He remains in behavioral control despite verbal dysregulation. Pt gave permission to speak to sister.

Review of Systems: Completed ROS Performed. All negative except as detailed in HPI and Medical History.

Mental Status Examination:

Appearance: tall, thin, appears young for stated age, alert, attentive and appropriately groomed

Attitude: Superficially cooperative, good eye contact, minimizing and guarded

Activity: seated calmly but later observed to be +PMA

Behavior/Motor: sitting calmly

- **Muscle strength/tone:** Normal

- **Gait/Station:** Normal

Speech/Language: quick and soft, raises his voice

Mood: "calm, fine"

Affect: euthymic to irritated, reactive, occasional nervous laughter, variability based on context

Thought Process: Illogical, loosening of associations

Thought Content: Denies SI, Denies HI and Delusions: grandiose, focused on work

Perception: Denies perceptual disturbance

Cognition: Alert and oriented X3

Insight: Poor

Judgment: Poor

Suicide / Violence Risk Level

Indicate whether there has been a change in the patient's ideation, plan or intent, self-harm or violent behavior and/or biopsychosocial risk factors that would increase or decrease the risk. No Change

Current Assessed Risk Level while on Medical Unit

Suicide Risk While on Unit : **LOW RISK**

Violence/Aggression Risk While on Unit : **MODERATE RISK**

Vitals:

Vitals:

	12/15/21 2021	12/15/21 2022	12/16/21 0751	12/16/21 0753
BP:	108/72	100/58	99/53	90/60
Pulse:	86	102	83	85



Resp:	20		18	
Temp:	36.6 °C (97.9 °F)		36.6 °C (97.9 °F)	
TempSrc:	Tympanic		Tympanic	
SpO2:	97%	97%	99%	98%
Weight:				
Height:				

Physical Exam:

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

Labs/Radiology:

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

Inpatient Scheduled Medications:**Current Facility-Administered Medications**

Medication	Dose	Route	Frequency
• risPERIDONE (RISPERDAL) tablet 1 mg	1 mg	oral	Q12H SCH 8 and 8
• LORazepam (ATIVAN) 2 mg/mL injection 1 mg	1 mg	IV Push	Once
• sodium chloride 0.9 % IV flush	3 mL	Flush	Q8H SCH

DSM 5 Diagnoses:

Unspecified Schizophrenia Spectrum and Other Psychotic Disorder 298.9 (F29)

Major Plan of Care Discussed today? Yes ; Describe Change in POC

Assessment / Brief Formulation:

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 Active Problem List

Diagnosis

- Psychosis

Treatment Plan:

Standard Orders:

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

#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 w/wo contrast**

#Right tooth pain, upper jaw

- Pt declines OMFS consult as he would prefer to get his outpt care



- Pt would need full radiographic eval and outside clinic appointment for treatment

Consultation:

see OMFS above

Patient Education:

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

Discharge plan: TBD, likely back to Dr Katz

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