James Mason: Hannah Henderson, Attending

Learning Mode (Review)

SBAR

Time Now 11:40

Situation: James Mason is a 21-year-old Caucasian male, in the emergency department due to paranoid behavior. James is known to the ED and behavioral health care team.

Background: James was brought to the emergency department by mall security. It is reported that James accused a store owner of stealing his money. James refused to leave the store. James had been fired from this particular store 6 weeks ago. "He just was not reliable". James is diagnosed with schizophrenia and has been hospitalized multiple times for bizarre behavior, the last time was 4 months ago, here. He last saw his PCP 6 months ago, per our records. He lives with his dad; it sounds like his dad helps with shopping, finances, and maybe setting up medications. Labs were drawn in the ED. The medical record shows aripiprazole 15 mg ordered daily.

Assessment:

Blood pressure 124/72 mmHg.
Pulse 64 beats per minute, regular.
Respirations 14 breaths per minute, unlabored.
SpO2 98% on room air.
Temperature 98.6°F.

He admits he has not been feeling well. He reports more stress lately (“been a little on edge”) and admits that he lost his job. He thought his boss was stealing from him and that is why he went to the mall today. He has not been taking his medication as prescribed. Last taken “about a week ago.” The medication makes him “feel funny … I can’t stop moving.” He reports a headache, denies trauma to the area. He cannot define onset, duration, aggravating, or alleviating factors, other than weed, coffee, and sleep. He hears voices in association with the headaches. He admits to smoking tobacco and cannabis and denies using alcohol. He denies the thought of harming himself or others. James has little to say, but his thoughts currently appear clear. He is cooperative with the interview and assessment but was distracted. Physical exam negative; mental status exam shows deficits in short-term memory (retention), attention; flat affect, impoverished speech, and presence of external stimuli.

Recommendation: The ED provider note indicates that he has already talked with Dr. Hunt in psychiatry, so we can expect that Dr. Hunt is coming to complete his assessment. Concerns: Nonadherence to pharmacology possibly related to EPS, and the resulting increase in auditory hallucinations and false beliefs. Current headache that needs intervention. Request PRN non-opioid analgesic for headache. Discharge plans should include community support and family involvement.

Proceed

Case's Findings

Behavior
- EHR: Recent job loss
- Hx: Nonadherence with pharmacology
- EHR: Cannabis use
- EHR: Tobacco use
- Hx: Cannabis use

Comfort
- EHR: Headache
- Hx: Headache

Cognition
- EHR: Poverty of speech
- EHR: Inattentive and preoccupied
- EHR: Mumbling quietly to himself
- Hx: Hears voices
- Px: Memory problems
- Px: Inattentive
- Px: Bothered by external stimuli

Mood/Affect
- EHR: Psychological stress/distress

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