

* Final Report *

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 Performed by: GEERTZ - MD , CHRISTOPHER E on 07 August 2010 17:20
 Signed by: GEERTZ - MD , CHRISTOPHER E on 08 August 2010 4:51
 Encounter info: 115062895, EMMC, Out-patient, 08/07/2010 - 08/07/2010

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EM EDRECRD (Verified)

EASTERN MAINE MEDICAL CENTER 489 State Street Bangor, Maine 04401	NAME:	Dehart, Matthew
	MRN:	1351005
	DOB: 4
	FIN:	115062895
	ADMIT DATE:	08/07/2010
	DOS:	08/07/2010
	DICTATED BY:	CHRISTOPHER E GEERTZ, MD

EMERGENCY DEPARTMENT RECORD

TIME SEEN: 0055 a.m.

This is a 26-year-old white male brought in in custody of Penobscot County Jail correctional officers with a chief complaint of eye discomfort, possible pesticide exposure.

HISTORY OF PRESENT ILLNESS: ~~The patient has been in custody of law enforcement officers since 0800 hours, 8/6/2010. Patient apparently was in Canada but was transported here in the custody of law enforcement for incarceration. Apparently prior to being incarcerated, he had a possible pesticide exposure. The patient is very vague, has multiple rambling complaints and it is difficult to obtain significant details out of patient.~~ He reports that there were some pellets lying on the ground that he thinks were pesticides that he apparently rubbed in his eyes and maybe rubbed on his skin, as well. He again is not certain what these pellets were but he thinks they might have been pesticide. He cannot state why he rubbed them in his eyes and on his skin. Patient denies other injuries, other complaints. He

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is noted to be restless and agitated, fairly tremulous as well as tachycardic. He denies using any illicit drugs or any medications other than the Wellbutrin and the Lexapro that he is prescribed. He states he is supposed to take Adderall but does not take this. The patient has multiple roving complaints when asked why he is incarcerated and why he is here today. He reports that he is here because Homeland Security is accusing him as well as several associates of his of espionage for Russia. He reports that he apparently had an honorable discharge from the United States Air Force months or years previously. Apparently the Federal Bureau of Investigation believes that he and his former associates in the Air Force have been performing espionage and "Everybody has security clearances." "The FBI watches them all the time." "They are accusing him of espionage for Russia." The patient gives very rambling history and does not provide details, but does focus on this. He denies other illnesses or other complaints.

REVIEW OF SYSTEMS: As above. Just irritation to his bilateral eyes. He is noted to be wearing green-tinted contact lenses. He is initially not certain when these were placed, but then states that he placed them this morning. He cannot tell me if these are disposable or single-use or reusable contact lenses. He denies other associated complaints.

Review of systems as above, no headache, no chest pain, abdominal pain, back pain, no fevers or chills, no cough, no difficulty breathing, no nausea, vomiting, diarrhea, bloody stools, melanotic stools, no urinary tract symptoms, no focal or unilateral pain, numbness, weakness, swelling of the arms or legs, positive irritated eyes above. He does acknowledge occasionally hearing voices saying "Matthew" but otherwise denies hallucinations. Other systems reviewed and negative.

ALLERGIES: Dust mites.

CURRENT MEDICATIONS: Wellbutrin and Lexapro.

PAST MEDICAL HISTORY: Significant for asthma, anxiety and depression. He denies any previous diagnosis of bipolar disorder, manic-depression or schizophrenia. He denies any other chronic medical illnesses.

FAMILY HISTORY: Significant for his grandmother having bipolar disorder.

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SOCIAL HISTORY: The patient denies any illicit drug use. He denies smoking. He drinks only occasional alcohol by his report. He reports that he lives in Indiana with his parents, although he was most recently in Canada. He was apparently discharged from the United States Air Force.

In general, this is a well-developed, well-nourished white male, a little bit tremulous, a little bit hypomanic during the examination with what appear to be delusions, otherwise no acute distress, nontoxic appearing. Vital signs: Temperature is 37.1, pulse 115, respiratory rate 24, blood pressure 150/88, pulse oximetry 100% on room air. Head, eyes, ears, nose, throat: Normocephalic, atraumatic. Pupils equally round and reactive to light, extraocular movements intact. He has the green-tinted contact lenses in place. His conjunctivae are injected and erythematous. There is no discharge from the conjunctivae. Patient's contact lenses are removed. The pH of the bilateral eyes is between 7 and 8. Wood lamp examination of the bilateral eyes reveals no fluorescein uptake or lesions noted. Oropharynx is clear with pink moist mucous membranes. Lips are somewhat dry. Neck is supple, no jugular venous distention, adenopathy, thyromegaly, nuchal rigidity. Chest is nontender. Lungs: Clear to auscultation bilaterally, no rales, rhonchi or wheezes, no retractions. Cardiovascular is initially mildly tachycardic, no murmurs, rubs or gallops, +1 radial and dorsalis pedis pulses. Abdomen is soft, nontender, nondistended, no rebound or guarding. Back: No costovertebral angle or spinal tenderness. Extremities: No clubbing, cyanosis or edema, less than 1-second capillary refill time. His skin is warm and dry. **Neurologic:** Alert and oriented x3. He does know that it is "the weekend," early August of 2010. He believes that he is in Calais, Maine (where he apparently was brought across the border). Cranial nerves 3 through 12 intact, bilateral 5/5 grip strength, elbow flexion/extension, shoulder flexion/extension, knee flexion/extension, ankle flexion/extension. No meningismus, no Kernig or Brudzinski sign. No receptive or expressive aphasia. **Psychiatric:** Patient verbalizes the occasional auditory hallucinations with people calling his name as above. He appears to be paranoid and delusional with an idea of the FBI monitoring him and accusing him of espionage. He denies any suicidal or homicidal ideation.

ASSESSMENT:

1. Acute psychosis.
2. Tachycardia.
3. Tremors.
4. Bilateral eye irritation, possibly secondary to his contact lenses being in place for 36 hours, no evidence of chemical conjunctivitis or ocular foreign body.

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MEDICAL DECISION MAKING: Patient's acute psychosis associated with his tachycardia and tremors is most consistent with possible drug-induced psychosis such as secondary to amphetamines, cocaine, or other stimulant medications. The patient does have a family history of bipolar disorder. He has a prior diagnosis of depression and likely attention deficit hyperactivity disorder given the fact that he reports that he is supposed to be taking Adderall. It is not uncommon to be diagnosed with attention deficit hyperactivity disorder prior to ultimately being diagnosed with bipolar disorder and I believe that this may be an acute psychotic break of bipolar disorder or schizophrenia. Certainly, this may have been exacerbated by any illicit drugs. The patient has no fever. He has no meningismus. I doubt infection such as meningitis or encephalitis causing the symptomatology. Consider other toxic or metabolic pathology.

PLAN: CBC, CMP, urinalysis, urine drug screen have been obtained. CT scan of the brain without contrast has been obtained as well. His laboratory evaluation reveals comprehensive metabolic profile significant for a potassium of 3.3, anion gap of 17 with a bicarbonate of 22, total protein of 8.0, calcium of 10.6. Liver function tests are all normal. Total CK is 70. CBC is normal other than the minimal lymphopenia, 23.9% lymphocytes with a white count of 7.5. Urinalysis is significant for 40 mg per deciliter of ketones, small bilirubin, trace blood. Serum drug screen is negative. Urine drug screen is positive for amphetamines.

Orthostatic vital signs have been obtained. Initially, his blood pressure remained stable but his heart rate went from the 190s to 130s. Patient was treated with normal saline 1 liter bolus. His heart rate remained stable and no longer tachycardic thereafter. He has been observed here for several hours. CT scan of the brain without contrast has been obtained. Please refer to Night Hawk Radiology Services' dictation for complete details. However, this is read as "...**IMPRESSION:** No definite acute intracranial abnormality." On final reexamination at 0305 a.m., patient is resting comfortably. His tachycardia and tremors have resolved. His tachycardia has resolved. He feels well for discharge.

FINAL ASSESSMENT:

1. Acute psychosis.
2. Tachycardia.
3. Tremors.
4. Amphetamine use.

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5. Bilateral eye irritation, possibly secondary to prolonged use of contact lenses.

PLAN: Patient is medically cleared to return to the jail. He is discharged in the care of correctional officers. I have discussed with them at length that the patient requires psychiatric evaluation while he is incarcerated and reevaluation of the eye discomfort after contact removal by myself. The patient is discharged back to the jail in stable guarded condition.

CHRISTOPHER E GEERTZ, MD

CEG/js

DD: 08/07/2010

DT: 04:33

TD: 08/07/2010

TT: 17:01

JOB#: 8455230

Completed Action List:

- * Transcribe by SHOREY, JULIE on 07 August 2010 17:20
- * Perform by GEERTZ - MD , CHRISTOPHER E on 07 August 2010 17:20
- * Author by GEERTZ - MD , CHRISTOPHER E on 07 August 2010 17:20
- * Sign by GEERTZ - MD , CHRISTOPHER E on 08 August 2010 4:51 Requested on 07 August 2010 17:20
- * VERIFY by GEERTZ - MD , CHRISTOPHER E on 08 August 2010 4:51

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