

Carly Schreiber  
11/18/2021  
Psychiatry Rotation  
Queens Hospital Center CPEP

**Identifying information:**

Name: AZ  
Sex: Female  
DOB: 5/9/2010  
Date: 11/10/2021  
Location: Peds ER  
Source of information: Self  
Source of referral/transportation: EMS

**Chief complaint:** suicidal attempt in context of overdose

**HPI:**

AZ is an 11 y/o Filipino Transgender female (assigned female at birth, however prefers to be addressed as Samuel and with he/him/his pronouns), middle school student at MS 358, domiciled with family, with reported past psychiatric history of Depressive Disorder, Gender Dysphoria, who presents to Peds ER brought in by EMS activated by school counselor secondary to suicide attempt via intentional ingestion of approx. 15 Keflex 500 mg tablets. Prior records were reviewed and patient is a known client of QHC Child Psychiatry Clinic and is followed by Annette Kim LMSW. Chart review reveals that pt was recently discharged from EELOS on 9/23/21 also related to issues of depression and suicidal ideations.

Upon Psychiatric evaluation in Peds ER, pt presents with depressed mood, labile affect and is intermittently tearful during assessment. Pt presents as guarded and withdrawn with slowed speech and avoidant eye contact. When asked about current circumstances, pt endorses that this past Sunday, his best friend made derogatory remarks regarding pt's gender identity and subsequently ended their friendship. Pt reports that this triggered him to take 10 Keflex tablets at approx. 8 pm last night and an additional 5 tablets at 11 am this morning at school. Pt reports

that after taking the second batch of tablets he emailed his mother and informed one of his teachers, prompting EMS response.

Pt adamantly denies that the overdose was a suicide attempt or attempt to harm himself, rather as a way “to forget something,” however is evasive of questioning whether he is currently feeling suicidal and is unable to contract for safety. Pt has requested not to inform his family of his gender identity and states that he prefers to tell them himself. Pt admits to Hx of non-suicidal self-injurious behavior via cutting. Pt reports that he cut himself seriously once in 2020, once in August 2021 and a final time in September 2021 and reports that this is the first time he has overdosed.

Collateral information is obtained from pt’s mother Elizabeth, who is present with pt at bedside. As per mother, pt was doing well since his last discharge in September and today’s episode of self-harm has completely blindsided pt’s family.

**Past Medical History:**

Denies any past medical history.

**Past Psychiatric History:**

- Major Depressive Disorder
- Gender Dysphoria

**Past Surgical History:**

Denies any past surgical history.

**Allergies:**

No known drug, food or environmental allergies.

**Medications:**

Does not take any daily medications.

**Family History:**

No known family history of psychiatric illness or substance use disorder  
Brother with Autism Spectrum Disorder (ASD)

**Social History:**

AZ is an 11 y/o assigned female, who prefers to be addressed as Samuel with he/him/his pronouns, who is single and domiciled with family including mother, father, brother 7 y/o with ASD, sister 3 y/o. Pt attends middle school at MS 358. Pt was born in the Philippines and raised by biological parents until 2 y/o at which time Parents immigrated to America. Pt was then raised by Maternal grandmother and Maternal aunts and uncles along with Paternal grandparents. Pt did not come to America until 2015, followed by her Maternal grandmother in 2018. ACS involvement in 2019 due to father hitting pt with a belt as a punishment but will never do it again, according to pt. Pt states his only friends are his online friends and one friend in school and states those friends are a reason to live. Pt denies being sexually active. Denies any substance use including alcohol, tobacco, marijuana or any other illicit drugs.

**Review of Systems:**

General - pt denies any fever, chills, unintentional weight loss or gain, changes in appetite or any constitutional symptoms.

Skin - pt denies pruritus, discolorations, rashes, lesions, masses or scarring.

Neurology - pt admits to slight HA in setting of overdose. Pt denies any loss of consciousness, head trauma or injury, unsteady gait or unintentional body movements.

Psychiatric - pt admits to SI. pt denies any auditory or visual hallucinations, denies HI or specific plan for SI. Pt admits to OD in order to forget something, not to kill himself, although has hx of suicidal attempts in the past. Admits to cutting himself in 2020, August 2021 and again in September 2021. This is the first time the patient has overdosed.

**Vital Signs:**

BP - 93/62

Temp - 98.4 F

HR - 78

RR - 20

SpO2 - 96%

Weight - 42.7 kg (94 lb 3.2 oz)

Height - 56 in

BMI - 22.7

### Physical Exam:

Head/neck - PERRLA, EOMs intact, no signs of trauma or masses.

Skin - multiple thin horizontal scars noted on wrists bilaterally. No masses, lesions, rashes or excoriations. No other signs of self-injurious behavior.

Heart - normal rate and rhythm, no murmurs appreciated.

Lungs - clear to auscultation bilaterally.

### Labs:

CBC -

- WBC: 7.07
- RBC: 4.21
- HGB: 12.6
- **HCT: 39.3** ↑
- **MCV: 93.3** ↑
- **MCHC: 32.1** ↓
- PLT: 304
- NEUTROPHIL ABS: 4.35
- **EOSINOPHL ABS: 0.20** ↑

CMP

- NA: 138
- K: 3.9
- CL: 102
- CO2: 27
- **BUN: 5** ↓
- CR: 0.68
- GLU: 92
- CA: 9.8
- ANION GAP: 8
- ALBUMIN: 4.9
- ALK PHOS: 190
- ALT: 14
- AST: 21

Acetaminophen Level -

- **Acetaminophen: < 5** ↓ (10-20)

Salicylate Level -

- **Salicylate: < 0.4 ↓ (3.0-30.0)**

Ethanol -

- Alcohol: < 10 (<50)

POC Urine Pregnancy -

- Negative

Drug Screen Qual 5 Panel, Urine

- Barbiturates: negative
- Benzodiazepines: negative
- Cocaine: negative
- Methadone: negative
- Opiates: negative
- THS - negative

Urinalysis - normal results

COVID - negative

### **Risk Assessment:**

1. Wish to be dead: Have you wished you were dead or wished you could go to sleep and not wake up?
  - a. Yes
2. Suicidal thoughts: Have you actually had any thought of killing yourself?
  - a. Yes
3. Suicidal thoughts with method: Have you been thinking about how you might kill yourself?
  - a. Yes
4. Suicidal intent (without method): Have you had these thoughts and had some intention of acting on them or do you have some intention of acting on them after you leave the hospital?
  - a. Yes
5. Suicide intent with specific plan: Have you started to work out or worked out the details of how to kill yourself either for while you were here in the hospital or for after you leave the hospital? Do you intend to carry out this plan?
  - a. No
6. Suicide behavior: While you were here in the hospital, have you done anything, started to do anything, or prepared to do anything to end your life?

a. No

Risk to self = pt presents an acute psychiatric risk to self

Risk to others = pt does NOT present an acute psychiatric risk to others

### **Mental Status Exam:**

#### General:

- Appearance: AZ is an average-sized 11 y/o female who wishes to be addressed as Samuel with pronouns he/him/his. Pt appears alert, as stated age with scars on bilateral forearms - lacerations of varying ages.
- Behavior: pt is calm, cooperative and with distant relatedness. Pt exhibited some psychomotor slowing.
- Attitude toward examiner: pt was cooperative, answered all questions although remained guarded, hesitant, distant throughout interview.

#### Sensorium and Cognition:

- Alertness and consciousness: pt is alert and stably conscious throughout the interview.
- Orientation: pt is oriented to person, place and time (x3).
- Concentration and attention: pt has good concentration and attention, able to focus on the interview and questions being asked.
- Visuospatial ability: pt displays normal visual perception but displayed avoidant eye-contact throughout the interview.
- Capacity to read and write: pt has capacity to read and write, attends MS 358.
- Abstract thinking: age-appropriate abstraction
- Memory: pt has intact recent and remote memory. He remembers the whole incident of the overdose, denies any loss of consciousness.
- Fund of information and knowledge: pt has average intellectual performance consistent with level of education.

#### Mood and Affect:

- Mood: pt's mood is anxious, ashamed, depressed, distressed, embarrassed, hopeless, sad and unstable.
- Affect: pt's affect is constricted and labile.
- Appropriateness: pt's mood and affect were congruent.

#### Motor:

- Speech: pt has standard English accent, is hesitant, soft, non-pressured and normal rate.
- Eye contact: pt has avoidant eye contact
- Body movement: pt sitting up slouched over with head bowed forward and fidgeting with fingers, slow movements

#### Reasoning and Control:

- Impulse Control: pt displayed poor impulse control. Pt has multiple suicide attempts and states he overdosed “to forget something.”
- Judgement: poor judgement based on self-defeating/endangering behavior
- Insight: pt has fair insight, he understands why he’s in the hospital and that he is in need of help.

#### Assessment:

AZ is an 11 y/o female who wishes to be addressed as Samuel and with he/him/his pronouns, with a diagnosis of depressive disorder, gender dysphoria and past suicide attempts presents after overdosing on 15 tablets of Keflex 500 mg with the desire to “forget something.”

#### Differential Diagnoses:

- Suicidal ideation - patient has a history of past suicidal attempts, history of cutting himself in 2020, August 2021 and September 2021. Patient overdosed on 15 tablets of Keflex 500 mg each with the desire to “forget something.” Based on risk assessment, patient presents as an acute psychiatric risk to self.
- Major depressive disorder - patient has a history of depression. Patient presents with symptoms including sadness, decreased energy level, low self-esteem, thoughts of suicide. Patient has strained relationship with his parents and family. Raised by various family members at different times in his life. Doesn’t have many friends or social support, only online friends and one friend in school who give him a reason to live.
- Dysthymia or Persistent depressive disorder - patient has been experiencing these feelings of depression for over two years and has at least two other depressive symptoms including low self-esteem, low energy and hopelessness.
- Gender Dysphoria - patient’s sex is female assigned at birth but identifies as a male, wants to be addressed as Samuel and with pronouns he/him/his.

Patient experiences psychological distress due to the incongruence between his assigned sex and gender identity.

- Bipolar Disorder - patient does not have a history of bipolar disorder, however does have a history of depression and is presenting with depressive symptoms. Although the patient's history does not suggest a manic phase or symptoms, it's important to consider this diagnosis.

**Primary Diagnosis:** Suicidal Ideation

**Treatment Plan:**

Overnight behavioral observation in EELOS after observed under poison control recommendations

1:1 behavioral observation at all times

Social work intervention appreciated

No new medications prescribed at this time

Re-evaluation and disposition planning as per Child Psychiatrist tomorrow