

## Case Study - Schizophrenia

Charlotte Lewis is a 44-year-old African American female admitted from the emergency department with auditory hallucinations, delusions, and reported lack of self-care. She was brought to the emergency department at 0730 today by her caseworker, who had made a home visit and found the patient disheveled, sitting in a darkened room, agitated, and responding to auditory hallucinations. The patient was admitted to the psychiatric unit from the emergency department at 0900..

Patient is now bedded in the Inpatient Psychiatric Unit

Patient name: Charlotte Lewis

Date of birth: April 18

Age: 44 Female

Admitting provider: Chad Holt, MD

Chief complaint upon admission: Auditory hallucinations, delusions, paranoia, agitation, not caring for self

Primary diagnosis: Chronic paranoid schizophrenia

Secondary diagnosis: None

Physiologic State 1

T = 98.5 F (36.5 C)

BP = 160/98

P = 122

RR = 24, O2 Sat = 98% (room air)

Heart sounds: Regular

Lung sounds: Clear bilaterally

Bowel sounds: Hypoactive

Pulses: 2+ throughout

Pain: Unable to assess

Charlotte says, "Do you know Raider? He's talking to me. He keeps telling me bad things."

Charlotte Lewis is sitting on the edge of the bed, gesturing and talking to herself. She is preoccupied and raises her voice angrily every few moments.

The health care provider ordered Haloperidol 10 mg IM every 4 hours PRN for hallucinations and/or agitation

Diphenhydramine 50 mg IM every 6 hours PRN for prevention and/or treatment of extra-pyramidal side effects from haloperidol

T = 98.9 F (37.2 C)

BP = 140/90

P = 90

RR = 20

O2 Sat = 98% (room air)