

From notes made by PA on 4/23/2019

Since admission to ED, pt has voluntarily requested/accepted increased dose of Zyprexa. He admits to sleeping poorly his first night due to his sx's as well as late admission/med administration time, but he reports sleeping well/normally last night. He also reports improved mood and denies feeling depressed, irritable, or elevated; affect is somewhat blunted/restricted. Denies ongoing paranoia/suspicion and is able to discuss these thoughts with improved insight and clarity. Denies any ongoing acute sx's of mania or psychosis. Speech remains fast, overproductive, and circumstantial, which appears to be his baseline (per collateral reports); **thoughts appear linear, goal-directed, and future-oriented; thought content is logical and non-bizarre. No overt delusions, hallucinations, paranoia, grandiosity, flight of ideas, or disorganization.**

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Observation day #2: Chart reviewed; BHC staff consulted; patient seen. No acute overnight events or behavior concerns. MAR reflects medication compliance and that the only prn med necessitated was acetaminophen. On assessment today, he is slightly anxious, talkative, but pleasant, polite, cooperative. He says that he is feeling good and is somewhat looking forward to discharge as he wants to maintain his outpatient appointment with NP Peniston on tomorrow. He goes on to explain how he and his Psych NP have been working well to establish a therapeutic rapport, and how his provider listens to his concerns--he is more than satisfied. He denies SI/HI/AI. He denies AVH, IOR, paranoia. **No evidence of mania or delusional thought content. He is well composed and insightful.** He did not appear distressed. Appropriate for discharge to outpatient--reportedly will f/u with OMS on 4/25 as scheduled.