

**Psychiatric Progress Note**

NeuroPsychiatric Hospital of NW Indiana  
9330 Broadway  
Crown Point, IN 46307-9830  
(219) 648-2400

5/19/2021

**Oldenbroek, Ralph**

ID: 3512

DOB: 5/16/1957

**Psychiatric Progress Note**

**CHIEF COMPLAINT:**

Mr. Oldenbroek was seen for a follow up evaluation of the following psychiatric conditions and symptoms.

**DIAGNOSES:**

1. Dementia, alcohol induced.
2. Bipolar disorder, currently manic with psychotic features.
3. History of traumatic brain injury (1992).
4. History of alcohol abuse, in remission.
5. Unspecified narcotic abuse, in remission since 1992.

**BEHAVIOR/ PROBLEM PERTINENT ROS:**

DEPRESSION: Denied depression.

ANXIETY: He just found out that he will be leaving tomorrow and is feeling anxious about this because he has been here for almost two months. He worries about his guardian and dementia diagnosis. He does not want it used against him.

MOOD SWINGS: Denied.

ANGER/ AGGRESSION: There has been no reports of verbal or physical aggression. He endorses anger towards legal guardian. He is upset that she has control over his finances and his discharge disposition. He makes no threats towards her. He has been very calm and has controlled his temper the entire time that he has been here.

IMPULSIVITY: He has not been noted to act impulsively.

SUICIDAL OR HOMICIDAL IDEATION: Denied any thoughts of harming himself and does not have plans to harm anybody else. He is angry at caregiver but has denied wishing harm upon her.

PSYCHOTIC SYMPTOMS: He denied paranoia, hallucinations, or delusions.

CONFUSION: He is not confused but he has reported forgetfulness at times which he copes with by writing himself notes. This is intermittent and related to TBI and dementia.

PRNs: None have been used.

ENERGY LEVEL: Denied any excess fatigue or energy.

APPETITE: Adequate. Intake is good.

ADLs: Completed independently and regularly. No prompting needed.

ADAPTIVE EQUIPMENT/ PHYSICAL LIMITATIONS: Left BKA prosthetic not in use. He's been using a wheelchair. Seemingly no limitations. He has been able to do almost all tasks independently. He lived alone for 19 years after losing his leg, per his report and documentation.

SLEEP: He is sleeping well. Got 6+ hours of sleep. Requested that his seroquel, which he takes for sleep, be lowered back down to 25mg.

GROUPS/ ACTIVITIES: Participating and socializing regularly. He's been an advocate and mentor for peers on the unit. Many patients have reported that Mr. Oldenbroek has been helping them.



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**CONSTITUTIONAL ROS:** No recent history of fever, malaise, headache, weight loss, fatigue, or other constitutional concerns. Light sensitivity. Left below the knee amputation.

**MENTAL STATUS EXAMINATION-**

Mr. Oldenbroek was observed in his room. He is calm and cooperative with evaluation and he answered questions appropriately. He has no signs of fatigue. He does not appear anxious, depressed, or psychotic. He had no problem focusing, had no trouble with digit recall, and was able to stay on topic. His thoughts are organized and relevant, not tangential or circumstantial. He made good eye contact with providers and was in a pleasant mood. His affect is appropriate, congruent with mood, and is full range. No gross behavioral abnormalities are in evidence. He appears to have average to above average knowledge and vocabulary. He can do simple math and interpret proverbs without any difficulty. He is oriented x4. He knows the date. He knows where he is. He names the current president. He is joking at times. Immediate memory and short-term memory are impaired at times but he has no problem remembering details from conversations he has had with guardian recently. He remembers medication dosages. His long-term memory has never been a problem. He remembers events from his past and has talked about his newspaper, playing guitar, his past battles with addiction, and his past work in the mental health field.

**JUDGMENT:** Seems to have fairly good judgment. He seems to be making good decisions here and he was able to live alone prior to the Lighthouse

**INSIGHT:** he has insight into current issues and he has been compliant since his TBI in 1992.

**INSTRUCTIONS/ RECOMMENDATIONS/ PLAN:**

1. Continue to monitor the tolerance of medications.
2. Continue to work with social services to plan for safe discharge.

**-TREATMENT COMPLIANCE:** He is compliant with current regimen.

**-RESPONSE TO TREATMENT:** He has no current psychiatric concerns. He feels stable and has done well with his treatment here. He seems to have met treatment goals and is ready for discharge. He is tolerating his medication well.

**-SIDE EFFECTS:** None reported. None in evidence.

**JUSTIFICATION FOR HOSPITAL LEVEL OF CARE:** As of today's date and 24-hour review, patient appears to meet criteria to discharge from current level of care. He has not exhibited any signs of being a danger to himself or others. He will be going to a facility where he will have on-site nursing services. We recommend to proceed with discharge as he is psychiatrically stable.

**ESTIMATED LENGTH OF STAY:** 5-20-2021

I, Jordynn Tibbs, NP, acted as a scribe for this encounter and documented the medical record as directed to me by the medical provider.

I, Mario Robbins, DO, agree that the documentation is accurate and complete.

- #1) Decrease Seroquel 25 mg PO QHS (sleep)
- #2) Continue Lexapro 20 mg PO Daily (depression)

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- #3) Continue Lamictal 100 mg PO QHS (mood)
- #4) 5/12/2021 Started Zyprexa 5 mg PO Daily (Bipolar disorder)
- #5) 5/7/2021 Increased Lamictal 150 mg PO Daily (mood)

Return daily

**HEALTH CONCERNS AND RISKS:**

CODE STATUS: Full Code.

**Allergies:** PENICILLIN, BACTRIM.

**LABS AND DIAGNOSTIC STUDIES:**

3/19/21 (prior to arrival): Complete blood cell count: WBC 6.6, RBC 4.83, hemoglobin 15.2, hematocrit 43.3, platelet count 208. Comprehensive metabolic panel: BUN 8, creatinine 1.2, EGFR 64, calcium 8.9, sodium 141, potassium 4.9, AST 25, ALT 44, alk phos 108, total bilirubin 0.4. Alcohol 0. TSH 1.93. Urine negative for acute urinary tract infection. UDS negative for all substances. COVID-19 rapid negative. Salicylate 1.7, acetaminophen less than 2.0.

**PSYCHOLOGICAL TESTING DATA:**

5/19/2021 Columbia Results: 0/6 low risk for suicide  
5/19/2021 PHQ9 Results: 0/27 no depression  
5/19/2021 GAD7 Results: 3/21 normal anxiety  
5/19/2021 YMRS Results: 7/60 no mania

**99233 Subseq Hosp, E/M**

Mario Robbins, DO

(Note Compiled by: Jordynn Tibbs, FNP)

Electronically Signed

By: Mario Robbins, DO

On: 5/20/2021 6:12:04 AM