OREGON HEALTH & SCIENCE UNIVERSITY

Patient Information

Patient Name	Sex	DOB
Liu, Henry	Male	10/7/1978

D/C Summaries signed by Anne F Gross, MD at 04/26/12 1714

Author:	Anne F Gross, MD	Service:	Psychiatry	Author Type:	Physician
Filed:	04/26/12 1714	Note Time:	04/25/12 1603		

PSYCHIATRY INPATIENT PHYSICIAN DISCHARGE SUMMARY

Author: BRIDGID CROWLEY, MD
Attending Physician: Anne F Gross, MD

Admission Date: 4/20/2012
Discharge Date: 4/25/2012

Principal Final Diagnoses:
Axis I: No Axis I diagnosis
Axis II: Deferred
Axis III: chronic back pain
Axis IV: educational stress
Axis V: GAF at Admit: 40
GAF at Discharge: 60

Principal Procedure:
Pharmacotherapy

Additional Procedures:
Ward Milieu
Occupational Therapy
Brief Psychotherapy Therapy
EKG: Not done during psychiatric admission
Head Imaging: Not done during psychiatric admission
CXR: Not done during psychiatric admission
Consults: None

Hospital Course:
Please refer to psychiatry history and physical from 4/20/2012 for full history leading up to admission. Briefly, Henry Liu is a 33 y.o. male who was admitted to 1NW on a hospital hold after being brought in by Portland Police after fellow students at PSU reportedly called with concerns that Mr. Liu had made homicidal statements towards one of his professors at PSU. On admission, Mr. Liu denied any past psychiatric history. Throughout his hospitalization, he was monitored for signs/symptoms of depression, psychosis, suicidal and/or homicidal ideation. At no time throughout his admission, did Mr. Liu display symptoms of psychosis, depression or endorse any intention of hurting himself or others. To manage Mr. Liu's anxiety surrounding hospitalization, he was provided with lorazepam and trazodone PRN, however patient required only one dose of ativan on day of admission. He also reported difficulty sleeping and received prn benadryl. We also engaged Henry Liu in occupational therapy and community meeting groups during hospitalization. He was noted to be polite, social and cooperative with both staff and fellow patients and appeared to form close relationships with some patients on the unit.

Henry Liu had no acute medical issues which were addressed during this admission. For chronic medical issues including chronic low back pain, the patient was given prn naproxen and tramadol (which he takes as an outpatient) without complication. Patient's TSH was checked and found to be 0.91(normal range.)

During Mr. Liu's hospitalization there was no observation or report about risk of harm to himself or to others, and in fact, he explicitly denied suicidal ideation as well as homicidal ideation on multiple interviews. Given the reported concerning factors that led to admission there might be some risk of harm to himself or others, however a safety evaluation was performed throughout his hospitalization and at the time of discharge and he did not report any thoughts of harm to self or others and there was no observed risk to harm himself or others. When this writer (Dr Gross) asked Mr Liu if he felt safe to leave the hospital he stated "I am worried about my safety with the Portland Police and if they have targeted me." I clarified what he meant and he expressed worry about his own safety regarding the chance that the police might hurt him and he denied that

he had any thoughts of harming himself or the Portland Police and had no thoughts of retaliation. Mr. Liu consistently stated during his hospitalization that his statements were misunderstood, that his firearms were for personal/hobby use, that the packs found in his apartment were to be used for camping and spending time outdoors with his fiance, that he had recently been trying to sell his guns to decrease the amount of guns he owned, and that he had no previous or current intent to harm anyone.

During the hospitalization the patient reported feeling misunderstood regarding the statements he had made. He reported feeling anxious and not sleeping well while on the unit due to stress of situation; PRNs of lorazepam were offered but were only accepted on night of admission. Patient stated that "I didn't want to take the medication because I was not sure how I would feel" however on the day of discharge reported that he was interested in outpatient mental health follow-up for continued support and may consider medications for anxiety at that time. Due to him not taking consistent prn medication for anxiety he was not discharged with any prn medication for anxiety. He reports that he can get benadryl over the counter.

Patient denies any history of violent ideation and/or behavior. At time of discharge he will have no access to weapons as they have been removed from his apartment. At time of discharge there was no evidence of delusions, command auditory hallucinations, beliefs that others were controlling his actions/thoughts. He has no previous psychiatric diagnosis including no history of Antisocial Personality Disorder. During his hospitalization he underwent a psychiatric diagnostic assessment and no formal Axis I diagnosis was determined. A Axis II diagnosis cannot be adequately assessed and diagnosed in the acute hospital setting and he was not discharged with an Axis II disorder diagnosis. He will have outpatient mental health follow-up which will assist of ongoing mental health assessment and treatment as needed. Patient will be discharged into the care of his parents, whom the patient reports "I respect them." Mitigating factors include no evidence of psychosis at time of discharge, no access to weapons as his weapons have been removed from his home and he will be staying with his parents upon discharge, support of his family, and close outpatient mental health followup. He was discharged with prescription of tramadol to alleviate his chronic pain to decrease pain as a possible contribution to his ongoing stress and to decrease risk of agitation. At time of admission he had no evidence of illicit substances in his system and his UDS was negative. At the time of discharge he demonstrated forward thinking behavior with plan to live his with parents in Astoria, see mental health provider on Friday, and have follow-up meetings with his attorney.

Discharge planning was formulated in coordination with patient, treatment team, Portland State University including psychiatrist Dr Tasson, Mr. Liu's parents, and the court investigator. On the day of discharge Mr. Liu, his attorney Mr Rose, the court investigator, and myself met to discuss the discharge plan. The court investigator stated that he would drop the mental health hold on 4/25 upon arrival of Mr Liu's parents to the 1NW unit and that he would be discharged from 1NW at that time. After the court investigator's evaluation he made the decision to drop the mental health hold as he was unable to find probable cause of a mental disorder. Further, the discharge plan included that Mr. Liu would be discharged from 1NW into the care of his parents who live in Astoria, and that Mr. Liu is not to return to Portland State University at this time. In addition the discharge plan included that Mr. Liu is not to have access to his weapons at the time of discharge, which Mr. Liu is in agreement with. Mr. Liu agreed to voluntary outpatient mental health follow-up for ongoing support.Both Mr Liu, and his attorney who was present during the meeting agreed with the patient's discharge from 1NW once his hold was dropped. At the time of discharge 1NW staff contacted public safety who escorted the patient and his father off of the unit. It is this writer's understanding that the targets of Mr. Liu's reported threatening statements have been notified and are aware of the statements.

During the hospitalization Mr. Liu's case was discussed with Dr Paul Leung, who is the Clinical Director of the Department of Psychiatry at OHSU. Dr. Leung, who evaluated Mr Liu upon admission, was aware and agreed to the discharge plan.

Mental Status Exam at Discharge:

General appearance: 33 year old male, wearing hospital clothing, adequate hygiene, good eye contact, cooperative during interview, no psychomotor agitation noted
Speech: normal rate/volume/inflection
articulation: normal
Thought process: linear
associations: linear
Mood: "excited, relieved, hopeful" in reference to meeting with his attorney and discharge plan
Affect: restricted however became tearful when discussing relationships he had formed on the unit
Thought content: hallucinations: NO
delusions: NO
suicidal ideation: NO
homicidal ideation: NO
obsessions: NO
Level of consciousness: awake, alert
Orientation: fully oriented
Memory: intact although reports having difficulty remembering exactly what he said to his friend that caused the community to be alarmed (reports remembering making statement about "blowing off steam")
Attention span / concentration: intact
Fund of knowledge / vocabulary: intact
Language functions: intact
Insight and Judgement: Improving as patient gains information regarding recent events; at time of discharge he reported feeling "regretful" about the situation although he maintains that his statements were misunderstood and he did not intend to harm anyone

Condition at Discharge: improved since time of admission to our facility

Medications Discontinued this Admission:
None

Discharge Medications:

Home Medication Instructions

Liu, Henry
HAR:5517339
Printed on:04/25/12 1603

Medication Information
naproxen sodium (ALEVE) 220 mg Oral Capsule Take 440 mg by mouth every eight hours.
traMADol 50 mg Oral Tablet Take 0.5-2 Tabs by mouth every six hours as needed for moderate pain.

Outstanding labs/studies: None

Diet: Regular

Activity: As tolerated, no restrictions

Follow Up:
Clatsop Behavioral Health Center - Friday, April 27th at 1 pm

Discharging Physician: BRIDGID CROWLEY, MD
Attending Physician: Anne F Gross, MD

cc:
PCP: No Pcp Per PATIENT
NO PCP PER PATIENT

Electronically signed by Anne F Gross, MD on 4/26/2012 5:14 PM

Revision history:

> 04/26/12 1714 D/C Summaries Signed by: Anne F Gross, MD
> 04/26/12 1459 D/C Summaries by: Bridgid E Crowley, MD