Performance Overview for Martin Mutesasira on case Justin Johnson

The following table summarizes your performance on each section of the case, whether you completed that section or not.

Time spent: 5hr 8min 29sec
Status: Submitted

Case Section	Status	Your Score	Time spent	Performance Details
Total Score		70%		
History	Done	65%	2hr 4min 31sec	89 questions asked, 25 correct, 14 missed relative to the case's list
Physical exams	Done	70%	1hr 9min 42sec	30 exams performed, 7 correct, 0 partially correct, 3 missed relative to the case's list
Key findings organization	Done		15sec	10 findings listed; 15 listed by the case
Problem Statement	Done		9min 6sec	238 words long; the case's was 211 words
Differentials	Done	86%	5min 28sec	7 items in the DDx, 6 correct, 1 missed relative to the case's list
Differentials ranking	Done	100% (lead/alt score) 71% (must not miss score)	53sec	
Tests	Done	50%	4min 20sec	1 test ordered, 1 correct, 1 missed relative to the case's list
Diagnosis	Done	100%	17sec	
Management Plan	Done		19min 14sec	189 words long; the case's was 153 words

History Notecard by Martin Mutesasira on case Justin Johnson

Use this worksheet to organize your thoughts before developing a differential diagnosis list.

1. Indicate key symptoms (**Sx**) you have identified from the history. Start with the patient's reason(s) for the encounter and add additional symptoms obtained from further questioning.
2. Characterize the attributes of each symptom using **"OLDCARTS"**. Capture the details in the appropriate column and row.
3. Review your findings and consider possible diagnoses that may correlate with these symptoms. (Remember to consider the patient's age and risk factors.) Use your ideas to help guide your physical examination in the next section of the case.

HPI	Sx = Paranoid delusions	Sx =	Sx =	Sx =	Sx =	Sx =
Onset	6 months ago					
Location						
Duration						
Characteristics	Checking locks, covering things, to prevent "them" from getting information/sleeps 'when it;s safe"					
Aggravating						
Relieving						
Timing / Treatments						
Severity						

Problem Statement by Martin Mutesasira on case Justin Johnson

Johnson is a 19y/o male patient presenting to the clinic with his mother with concerns about behavior changes that have persisted for 6 months. He was dismissed from school two months ago for trespassing and falsely accusing his dean of intellectual property theft. The behavior coincides with the discontinuation of his ADHD medication. He was diagnosed with ADHD at the age of 13 and that is when he was prescribed methylphenidate after another ADHD medication failed. He admits having smoked marijuana twice a week while on campus but stopped since coming home. He stopped going to class and has since limited his social interactions. His mother also reports that Johnson has been exhibiting paranoid behavior and ignoring self-care, saying that he shows no motivation to complete activities of daily living. He shows signs of poor grooming, evidenced by body odor. He is slightly obese and denies recent weight gain or loss. His thought process is illogical and delusional, and has auditory hallucinations and exhibits repetitive behavior. Irritability and agitation are endorsed. He has no suicidal or homicidal ideation but has paranoid ideation. The patient refused to complete MMSE. Unremarkable physical exam except for excoriations on the scalp with no head trauma. He has a family history of depression without medication treatment (mother), epilepsy (maternal aunt), and mental illness (paternal uncle). He denies being sexually active and denies any alcohol use. His urine toxicology was positive for cannabis (THC).

Management Plan by Martin Mutesasira on case Justin Johnson

Pharmacological

- Start Seroquel XR 300 mg PO QD at bedtime. Seroquel (quetiapine) is an FDA-approved medication for the treatment of schizophrenia. It is effective for maintenance therapy among patients with schizophrenia. However, Seroquel requires titration to 300mg to a therapeutic level.
- Vraylar 1.5mg PO QD. Cariprazine is a broad-spectrum antipsychotic used in addressing acute exacerbation of schizophrenia.
- The combination therapy is associated with few extrapyramidal side effects

Non-pharmacological

- The patient is referred for cognitive behavioural therapy. CBT is considered effective in decreasing positive symptoms of schizophrenia when used alongside pharmacotherapy. It would address negative thought processes contributory to the symptoms.

Psychoeducation

- The patients is advised about the risks and benefits of the medications, including side effects such as weight gain. Weight gain in patients under quetiapine is usually dose-dependent, with doses >200 mg daily associated with significant changes.
- The risk of noncompliance is also discussed, with client being encouraged to take his medication as prescribed.
- The patient advised to report any adverse reactions or occurrence of other symptoms.

Referrals & Follow-up

- Patient is referred for CBT
- Follow-up in four weeks

Electronic Health Record by Martin Mutesasira on case Justin Johnson

History of Present Illness

Category	Data entered by Martin Mutesasira
Reason for Encounter	“Justin is having problem, … His behavior has changed. He is concerned people are spying on him and stealing his intellectual property… I am worried. He is not the Justin I know.”
History of present illness	Justin Johnson, a 19y/o patient presenting to the clinic with his mother with concerns about changes in behavior. The patient was referred for evaluation from a primary care clinic. The changes in behavior have persisted for 6 months. The behavior change coincides with the discontinuation of his ADHD medication. Recently, he was dismissed from school for trespassing and falsely accusing the dean theft of his intellectual property. He is also concerned that people are spying on him. He was diagnosed with ADHD at the age of 13. He admits smoking marijuana; has stopped social interactions and going to class. His mother reports he has been exhibiting paranoid behavior, ignoring self-care, being angry, and being secretive. Johnson claims that he has to check and cover things to make sure he is not being watched. He denies suicidal or homicidal ideations but endorses auditory hallucinations – a man telling him to be careful.

Past Medical History

Category	Data entered by Martin Mutesasira
Past Medical History	Childhood asthma ADHD diagnosed at age 13
Hospitalizations / Surgeries	No history of hospitalization or surgeries

Medications

Category	Data entered by Martin Mutesasira
Medications	Albuterol inhaler (not used since the remission of childhood asthma) Methylphenidate 10mg BID (Stopped taking it 6 months ago)

Allergies

Category	Data entered by Martin Mutesasira
Allergies	NKDA

Preventive Health

Category	Data entered by Martin Mutesasira
Preventive health	Vaccinations up-to-date

Family History

Category	Data entered by Martin Mutesasira
Family History	Father: Hypertension Mother: Depression Uncle (paternal): Mental illness with 2 hospitalizations Aunt (maternal): Seizures

Social History

Category	Data entered by Martin Mutesasira
Social History	Currently living at home with the parents after being dismissed from school. He is currently in his second year of college. He denies taking alcohol and chewing or smoking tobacco. He endorses marijuana twice a week but has not since he came home from school. He also denies illicit drug use.

Review of Systems

Category	Data entered by Martin Mutesasira
General	Denies weight loss/gain, fever, malaise, or weakness
Integumentary / Breast	Non-contributory
HEENT / Neck	Non-contributory
Cardiovascular	Non-contributory
Respiratory	Non-contributory
Gastrointestinal	Non-contributory
Genitourinary	Non-contributory
Musculoskeletal	Non-contributory
Allergic / Immunologic	Non-contributory
Endocrine	Non-contributory
Hematologic / Lymphatic	Non-contributory
Neurologic	Non-contributory
Psychiatric	Repetitive behavior, paranoid delusions, auditory hallucinations, personality change, irritability, staring spells, poor self-care, disengagement from social activities, stopped taking ADHD medication, repetitive head and neck movement Denies being depressed or having any thoughts of self-harm

Physical Exams

Category	Data entered by Martin Mutesasira
General	Slightly obese young man exhibiting paranoid delusions, head tilted to the wall, scratching behind the ear
Skin	No jaundice, rash, lesions, or signs suggesting self-harm
HEENT / Neck	Scattered scalp excoriations surrounding the left ear, without signs of secondary infection. No jaundice, rash, lesions, or other signs suggestive of self-harm
Cardiovascular	HR 74bpm, normal
Chest / Respiratory	No tenderness, masses, heaves, thrills or crepitus; Anterior lung fields resonant bilaterally; Lungs dull to percussion bilaterally.
Abdomen	Mildly obese, atraumatic, soft, non-distended; normoactive bowel sounds in all quadrants; No hepatosplenomegaly; No tympany
Genitourinary / Rectal	Deferred
Musculoskeletal / Osteopathic Structural Examination	Deferred
Neurologic	Denies MMSE; Cranial nerves II-XII normal; Neuro exam positive for abnormal head/neck movements, tilting head to the left and scratching behind ear
Psychiatric	Denies MMSE
Lymphatic	Deferred