Health
Hunter New England
Local Health District

James Fletcher/Mater Mental Health Service

Discharge Referral

Psychiatry

(Mental Health MedChart)

MRS Nicole Louise VAN DIJK
2262597 /2262597
[DoB: 05/02/1974] Female
25 Winbin Cres, Gwandalan, NSW, 2259, Australia
Ph: 0410340092

To: Dr Gennadly BREDNYA
Cc: Dr Sandip ANAND
Discharged To: Discharge by Hospital

Admitted: 08/03/2023 17:10

Discharged: 09/03/2023 15:15
Ward: NMHU-Q102
Discharge Method: M.Hlth/Drug & Alcoh NonInpt Facility

Hospital Address
James Fletcher/Mater Mental Health Service
Mater Campus
Edith Street
Waratah NSW 2298
Telephone: (02) 40335000
Fax: (02) 40335303

Expected Discharge Date
· 09/03/2023

Legal Status
· Legal Status on Admission: Mental Health Act (MHA)- mentally ill
· Legal Status on Discharge: Voluntary

Diagnoses
Primary Diagnosis
· Observation for suspected mental and behavioural disorders

ED Attendance Details
Start Date: 08 Mar 2023 12:46 End Date: 08 Mar 2023 17:14
Facility/Unit: Calvary Mater Newcastle/Calvary ED ER 04
Consultant/Specialty: SEWELL, Dr Claire /ED
Triage nurse notes: BIBA from LMP under Schedule 1. Presented to LMP with agitation, emotionally ellevated and paranoid thoughts. Pt states she is a whissle blower for NDIS and feels the public health sysyem is "out to get her". Pt given 2.5mg Diazapam at LMP. Pt also C/O headache and cough, given 1g Paracetamol with NSWAS. Pt teary at triage. States she wishes she could die but that she would never take her own life. Pt has been self administering Prednisolone for past 3/7 due to cough. HR72, BP150/90, Temp 36.5, RR18, Sats97. Hx ADHD, pt takes antideptessants. Allergic to Morphine.
Status: ED-Other Hospital in LHD incl. Private

Start Date: 08 Mar 2023 17:09 End Date: 08 Mar 2023 21:00
Facility/Unit: HNE Mater Mental Health Service/HNE MHC Psychiatric Emergency Care
Consultant/Specialty: WONG, Dr Mitchell /ED
Triage nurse notes: BIBA under s19* to CMHED from Lake Macquarie Private after presenting there for resp Sx, observed to be paranoid, delusional and expressing vague SI. Dx ADHD & depression through private psych. Daughter in attendance. TC3
Status: ED-Inpatient Ward/Unit

Presenting Problem
Dear Doctor,

Thank you for your ongoing care of Nicole Louise Van Dijk, a 49 year old woman who was brought in by ambulance to the Mater Mental Health after being scheduled at the Lake Macquarie Hospital.

Patient reports self-presenting to the Lake Macquarie hospital due feeling physically sick and wanted to exclude pneumonia but ended up being scheduled for assessment due to a possible psychotic illness that was identified in their assessment. Main concerns were around possible paranoid and delusional content about the NDIS/NCAT, the presence of frauds and how strongly she has focused on her charity work.

On presentation, Nicole was reportedly agitated and difficult to interrupt, emotionally dysregulated, refusing admission or further assessment or investigations. She reported having a background of recently diagnosed ADHD, Depression and Anxiety and being on Vyvanse and Sertraline. She has follow up from private psychiatrist and a supportive family.

Due to the fact that patient displayed intense anger, frustration and stress related to the admission, and that she was insisting on getting discharged, a family meeting was conducted where patient's partner and two of children were present. No overt psychotic symptoms were identified and the family reported that the concerns about NDIS/NCAT were based in reality and were genuine issues. They admitted that her excessive focus on the same issues were causing her a lot of distress, irritability, anger and disturbed sleep. The family was unanimous in wanting patient to be discharged, as they believed an admission would be detrimental and they stated that they could provide intense support at home while helping Nicole recover from the distress related to her stressors. The risks of discharge against medical advice, as well as the possibility of her having early signs of psychosis or mania due to taking sertraline+lisdexamphetamine+prednisolone at the same time were discussed. Safety planning and importance of seeking help at the earliest signs of deterioration (or if patient is not improving as they expect) were also discussed. As no immediate risks to justify detention in hospital were identified, the family's and the patient's request for discharge was accepted.

Relevant Pathology Results (only results from 30 days prior to admit till now)

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Biochemistry 08/03/2023 15:22 : POC Chemistry Order Number: 994861359
1.)POC Specimen : Venous
2.)Device Facility : CMN
3.)Device Type : ABL
4.)Device Location : Emergency
5.)Device ID : Q211EMERAB02
6.)Run ID : 38065
7.)Sodium : 141 mmol/L (136 - 146 mmol/L) N
8.)Potassium : 3.3 mmol/L (3.7 - 4.7 mmol/L) L
9.)Chloride : 109 mmol/L (101 - 110 mmol/L) N
10.)Bicarbonate : 26 mmol/L (22 - 32 mmol/L) N
11.)Creatinine : 69 umol/L (45 - 90 umol/L) N
12.)Calc.Ionised Calcium : 1.17 mmol/L (1.15 - 1.30 mmol/L) N
13.)Glucose : 6.6 mmol/L (3.5 - 5.4 mmol/L) H
14.)POCT Lactate : 1.0 mmol/L (< 2.0 mmol/L) N
15.)Hb (Haemoglobin) : 142 g/L (120 - 150 g/L) N
16.)POCT pH : 7.43 _ (7.30 - 7.40 _) H
17.)POCT pCO2 : 40 mmHg (40 - 50 mmHg) L
18.)POCT pO2 : 53 mmHg
19.)POCT sO2 : 88 %
20.)POCT Temperature : 37 oC
21.)POCT Inspired Air : 21 %
22.)Carboxyhaemoglobin (BGA) : 2.0 % (0.3 - 1.8 %) H
23.)POC HHb : 11.6 %
24.)MetHaemoglobin : 0.7 % (0.4 - 1.2 %) N
25.)POC O2Hb : 85.7 %
26.)Base Excess (BG) : 2.2 mmol/L (-3.0 - 3.0 mmol/L) N
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Haematology 08/03/2023 15:15 : Full Blood Count Order Number: 467747715
1.)White Cells : 8.7 10^9/L (4.0 - 11.0 10^9/L) N
2.)Red Cell Count : 4.59 10^12/L (3.80 - 5.80 10^12/L) N
3.)Hb (Haemoglobin) : 144 g/L (115 - 165 g/L) N
4.)Haematocrit : 0.422 L/L (0.320 - 0.460 L/L) N
5.)MCV : 92 fl (80 - 100 fl) N
6.)MCH : 31 pg (27 - 32 pg) N
7.)MCHC : 340 g/L (310 - 360 g/L) N
8.)RDW : 13.3 % (< 15.0 %) N
9.)Platelets : 297 10^9/L (150 - 400 10^9/L) N
10.)MPV : 8.5 fl (7.2 - 11.1 fl) N
11.)Neutrophils : 5.1 10^9/L (2.0 - 8.0 10^9/L) N
12.)Lymphocytes : 2.7 10^9/L (1.0 - 4.0 10^9/L) N
13.)Monocytes : 0.6 10^9/L (0.2 - 1.0 10^9/L) N
14.)Eosinophils : 0.2 10^9/L (< 0.5 10^9/L) N
15.)Basophils : 0.1 10^9/L (< 0.1 10^9/L) H

Biochemistry 08/03/2023 15:15 : Routine Chemistry Order Number: 467747715
1.)Sodium : 137 mmol/L (135 - 145 mmol/L) N
2.)Potassium : 3.2 mmol/L (3.5 - 5.2 mmol/L) L
3.)Chloride : 105 mmol/L (95 - 110 mmol/L) N
4.)Bicarb PRE : 24 mmol/L (22 - 32 mmol/L) N
5.)Urea : 3.5 mmol/L (3.0 - 7.0 mmol/L) N
6.)Creatinine : 59 umol/L (45 - 90 umol/L) N
7.)GFR Estimate : >90 mL/min/1.73m2 (> 60 mL/min/1.73m2) N Status: (Corrected)
8.)Anion Gap (Calc) : 11 mmol/L (7 - 17 mmol/L) N
9.)Calcium : 2.20 mmol/L (2.10 - 2.60 mmol/L) N
10.)Corrected Calcium : 2.25 mmol/L (2.10 - 2.60 mmol/L) N
11.)Phosphate : 0.99 mmol/L (0.75 - 1.50 mmol/L) N
12.)Magnesium : 0.88 mmol/L (0.70 - 1.10 mmol/L) N
13.)Protein (Total) : 63 g/L (60 - 80 g/L) N
14.)Albumin : 37 g/L (31 - 47 g/L) N
15.)Calc.Globulin : 26 g/L (22 - 42 g/L) N
16.)Bilirubin (Total) : 8 umol/L (< 20 umol/L) N
17.)GGT : 30 U/L (5 - 35 U/L) N
18.)ALP : 58 U/L (30 - 110 U/L) N
19.)ALT : 18 U/L (10 - 35 U/L) N
20.)AST : 18 U/L (10 - 35 U/L) N
21.)CRP - C Reactive Protein : 1.3 mg/L (< 5 mg/L) N

Biochemistry 08/03/2023 15:15 : Thyroid Function Order Number: 467747715
1.)TSH : 0.69 mIU/L (0.40 - 3.50 mIU/L) N

Allergies Adverse Reactions MedChart
Morphine | Substance Intolerance | | Definite

Discharge Medications MedChart
No medication data available from the MedChart system

Medication Plan
· No changes to medications during admission
· Changes to existing (preadmission) medications discussed with patient / carer: No
· Discharge medication list with action plan given to patient / carer: No

Discharge and Followup
· Discharge Destination: Home
· Discharged in Care of: Spouse

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GP Handover: Please monitor mental state and respiratory symptoms
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Post Discharge Management: Discharged against medical advice in the care of family
Follow up with Wyong community mental health team and your GP
Recommended to continue with psychotherapy
Not to take prednisolone without medical advice.
· Notification:

· Community team has been notified of discharge: Wyong CMHT

· Carer/Partner notified of discharge

· Carer/Partner able & willing to support consumer post discharge: David

Advice to Patient

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The first 28 days following discharge from a mental health in-patient unit or hospital is recognised as a period of elevated service need & risk.

24 Hour Mental Health Line-Mental Health Contact Centre Ph: 1800 011 511

Hospital Emergency Departments also provide mental health triage and access to services | In life-threatening situations call 000 for immediate help.

The Mental Health Information for Consumers & Carers webpage has been developed to provide consumers, families, friends & carers with resources & assistance to negotiate their way through mental health services within the Hunter New England region.

Access the page at: www.hnehealth.nsw.gov.au/mh/Pages/Information-for-consumers-and-carers.aspx

Patient / Parent / Carer Consent
Patient Consent to issue Summary to Gennadly BREDNYA (GP): Yes
Patient Consent to issue Summary to Sandip ANAND (AMO): Yes

Document Contributors
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For AMO: Dr Sandip ANAND **Date & Time:** 10/03/2023 09:35