

CHIPPENHAM AND JOHNSTON-WILLIS HOSPITALS, INC.
DISCHARGE SUMMARY

PATIENT: BUTLER, RESHARD LEE MR #: [REDACTED]
DOB: 06/16/74 SSN #: [REDACTED]
ADM DATE: 11/20/97 ROOM #: D.C257 DIS DATE: 11/25/97
ATTENDING PHYSICIAN: Shield Jr A ✓

cc: Grace House, 401 W. Grace St., Richmond, Va.

Chippenham Medical Center

BRIEF HISTORY: This 23 year old black male admitted to Tucker Pavilion again, having had multiple admissions with schizophrenia, auditory hallucinations, loss of behavioral control, abuse of his family with whom he lives, temper, and psychotic behaviors. States the psychotic process causes him to hurt himself, that he is shown pictures hanging and things like that, throwing himself in the ocean, jumping off a bridge, living with his mother and he doesn't want an apartment anymore. History of chicken pox, father living and well, work unknown. Last saw a few years ago. Mother living and well, disabled, has leg prosthesis. Two brothers, three sisters, 10th grade education, special ed. No military, single, no children.

PHYSICAL EXAMINATION: 5'6". 135 lb. Thin black male, red and white tatoos. BP 100/70. Pulse 76. General physical exam is normal.

LABORATORY DATA: Screen was positive for marijuana.

CLINICAL COURSE: The patient was admitted to Tucker Pavilion to try to get his psychosis under control. Discussions were held with his mother about post hospital plans. On this occasion she refused to have him return, having been abused by his behavior and the family disrupted by his behavior beyond what they can tolerate. The patient himself stated he was terribly happy at home. Started on Seroquel and the dose was built to 100 mg b.i.d. He felt his psychotic processing was better. He was discharged on that medication to the Grace House at 401 W. Grace St. with outpatient psychiatric follow up in my office. To take Zoloft 50 mg twice a day. Seroquel 100 mg twice a day.

DIAGNOSIS:

Axis I: Paranoid schizophrenia.
Axis II: None.
Axis III: None.
Axis IV: Psychosocial stressors moderate.
Axis V: Highest level of adaptive function: poor.

RECOMMENDED THERAPY: Seroquel 100 mg b.i.d. Zoloft 50 mg b.i.d.
Abstain from drug use. Out patient follow up in my office.



CHIPPENHAM AND JOHNSTON-WILLIS HOSPITALS, INC.
DISCHARGE SUMMARY

PATIENT: BUTLER, RESHARD LEE MR #: [REDACTED]
DOB: 06/16/74 SSN #: [REDACTED]
ADM DATE: 12/29/97 ROOM #: D.C283 DIS DATE: 12/30/97

ATTENDING PHYSICIAN: Shield Jr A

cc: The Grace House, 401 W. Grace Street

Chippenham Medical Center

BRIEF HISTORY: This 23 year old black male was admitted from an adult retirement home quite psychotic, wild, agitated, strapped down to a stretcher, out of all behavioral control, having added alcohol and drugs to his medication regimen, admitted violent, having destroyed his own objects and possessions, drinking beer with friends. He has had a number of psychiatric admissions. He has failed in his ability to live with his mother. He has two brothers and two sisters. He has had special education up to the 11th grade.

PHYSICAL EXAMINATION: 5 foot 6, 150 pound black male, seen initially in the Tucker Intake Office psychotic and intoxicated, smelling of beer and violent. Blood pressure 80/50. General physical examination was normal.

LABORATORY DATA: None on the chart at the time of dictation.

CLINICAL COURSE: The patient was given Zoloft 50 mg b.i.d., Seroquel 100 mg b.i.d. He was detoxified and returned to the Grace House at 401 W. Grace Street.

FINAL DIAGNOSIS:

1. Paranoid schizophrenia.
2. Substance abuse.

RECOMMENDED THERAPY:

1. Zoloft 50 mg daily.
2. Seroquel 100 mg b.i.d.
3. Outpatient psychiatric follow-up here.

James A. Shield, Jr., M.D.

TR: pc 0
DD: 01/25/98
DT: 02/05/98

