



Case Presentation Form

Presenting Provider Name: Patty Jones

Presentation Date: 4/21/22

Patient Biological Gender: Female

Patient Age: 32

Race:

American Indian/Alaskan
Native Asian

Native Hawaiian/Pacific
Islander

Multi-racial Other
 Prefer not to say

Black/African American

White/Caucasian

Ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Prefer not to say

Brief Summary of Treatment:

Date patient entered treatment: 1/9/22, 3/14/22 through 4/9/22

Is treatment voluntary? Yes No

Details: History of multiple hospitalizations for osteomyelitis of foot. Additional medical history includes DM, (very poorly controlled, DM 2 secondary to noncompliance with medications/diet; she has only had two A1c levels below double digits since 2009; she has had multiple surgical interventions on both feet for diabetic foot wounds; HTN, MRSA, depression, Bipolar (bipolar disorder and anxiety but now her major problem is her meth/amphetamine abuse and related complications.

1. Previous amputation of toes on both feet
2. 3/17/22 for resection of right second metatarsal and debridement of right foot ulceration.
3. Pyogenic arthritis of the left hip s/p I&D on 3/19/2022
4. Recent history of right foot surgery in January 2022
5. History of MRSA infection

Member has been in multiple hospital settings and has left AMA on occasion.

Substance Use History: (For each relevant substance include age at first use, age where use became problematic/regular, longest period of sobriety (Including what/how patient-maintained sobriety) and most recent pattern of use.)

Details: Amphetamine, MDMA, and opiates ongoing for “ years” there has not been a notation of any length of sobriety, member has gone to rehabs but has left AMA or was asked to leave due to behaviors. In the most recent admission 3/14/22 UDS was positive for meth, opiates and MDMA. Due to member’s history of IV drug use. She had to remain inpatient to complete antibiotics as could not leave with line in. Member has had RDAC assessment schedule but does not follow through or answer when called. Member has had multiple SUD consults while inpatient. A BH referral was made for member and ongoing contact is being attempted.

Member since DC has not used “drugs” but some alcohol.



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Pertinent Medical History: Osteomyelitis of foot, DM, HTN, urinary retention, pyogenic arthritis of L hip, morbid obesity, Substance abuse, tobacco use

Medications: Insulin, Amlodipine, Cariprazine (bipolar), Coreg, Luvox (OCD), Neurontin, and Restoril

Psychiatric History: (Age of first mental health contact, Past Diagnoses, History of self-harming behaviors or suicide attempts, etc.)

Details: depression, Bipolar (bipolar disorder and anxiety but now her major problem is her methamphetamine abuse and related complications.)

Member is followed by CMHC BH, admitted to an SUD provider but due to theft, was asked to leave.

Member has had no suicidal ideations Member has RDAC phone assessment set up for this week to further her admission to Rehab

Trauma History: (Age of significant traumas and summary)

Details: _____

Social History: (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Details: Member has been homeless and “couch surfing” an application for housing was completed with member while inpatient and in conjunction with ambulatory SW and sent in. Discussed Housing support specialist at CMHC as she sees Behavioral APRN there. TPD was contacted to obtain information for member on obtaining City ID program ID. Member did go to CMHC Crisis housing last week and to the ED as well with a cough. Member left without treatment. Member was initially in the local medical access program but “graduated “once enrolled in MCD”. Member now has SSI, she has access to transportation, BH CM as well as Ambulatory SW through local hospital. Many resources have been made available to this member. Member is living with a friend currently and has transportation to appointments. Member has been given ambulatory SW at SV contact number to call as well as SHP CM

Pertinent Lab Work: multiple blood and wound cultures, HGB A1C Chemistry, urinalysis

Summary of recent Urine Toxicology: positive for meth, opiates

Barriers to Treatment: noncompliant with follow up appointments, does not answer incoming calls, continues with substance abuse, member is attempting to maintain contact with current BH CM currently. Appointments with ID, DM and PCP are scheduled, transportation set up for appointments (Member has not been keeping her follow up appointments), she did however complete a DC call from SHP. Member has appointment at Care clinic this week where she is being set up with Endocrinologist. Member does have transportation to appointment.