Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
symptoms, often with associated delirium or elevated inflammatory markers, which responds to low doses of antipsychotics (Watson et al., 2021; Parra et al., 2020). We present a case divergent from these typical findings.

Ms. X is a 19-year-old female college student with no personal or family psychiatric illness who had acute onset of psychotic symptoms about four days into a mild COVID-19 illness. She was admitted to our psychiatric unit for these psychotic symptoms, which included auditory and visual hallucinations, delusions, paranoia, disorganized speech and behavior, and withdrawal. Of note, there was no associated delirium or elevation in C-reactive protein or ferritin. Other etiologies of psychosis were considered and felt to be less likely by the treatment team. The patient started to improve once risperidone had been titrated to 5 mg nightly, and she was discharged at her psychiatric baseline on hospital day 10.

Most reported cases have described delirium associated with the COVID-19 infection, which raises concern for mislabeling of the cases as psychosis. Contrary to our case, typical cases are in older patients without negative symptoms who had short durations of illness and response to low doses of antipsychotics. These features are more consistent with a delirium diagnosis than a true psychotic episode. Additionally, unlike ours, most cases have reported associated increases in inflammatory markers, which raises concern for these psychoses being secondary to an inflammatory process induced by the virus, rather than being caused directly by the virus. Given the timing of symptoms and lack of evidence of inflammatory response in our patient, we believe this may be one of the first cases in which the virus itself induced a true psychotic episode.

As COVID-19 illness becomes more and more prevalent in hospitalized patients, psychiatrists, particularly consultation-liaison psychiatrists, must be aware of the course of illness, clinical features, objective findings, and prognostic indicators seen in COVID-19 associated psychosis. Further research is needed to more fully characterize the illness.

References:
1. Watson, C. J., Thomas, R. H., Solomon, T., Michael, B. D., Nicholson, T. R., & Pollak, T. A. (2021). COVID-19 and psychosis risk: Real or delusional concern? Neuroscience Letters, 741. doi:https://doi.org/10.1016/j.neulet.2020.135491
2. Parra, A., Juans, A., Losada, C., Álvarez-Sesmero, S., Santana, V., Marti, I., . . . Rentero, D. (2020). Psychotic symptoms in COVID-19 patients. A retrospective descriptive study. Psychiatry Research, 291. doi:https://doi.org/10.1016/j.psychres.2020.135491

(PO-061) Whose Patient is it Anyway? Challenges in Managing COVID-positive Patients Admitted to Medical Floors for Psychiatric Care

Ashleigh B. Johnson; Sahil Munjal
1Wake Forest Baptist Medical Center; 2Wake Forest School of Medicine

The COVID-19 pandemic has raised an important issue regarding how to treat COVID-19-positive patients requiring inpatient psychiatric care (Augenstein et al., 2020). To avoid the risk posed to patients on ambulatory psychiatric units, different strategies have been used by hospitals, including COVID-19-positive psychiatric units, "surge units" to be used in times of high patient numbers, and admission of infected patients to COVID-19 medical floors with the consultation-liaison (C-L) service managing their psychiatric condition. At our institution, we adopted the latter protocol. We will present a challenging case which highlights the specific issues faced, review related literature, and offer insights moving forward.