

****Medical Report for Patient 006-101311****

****1. Patient Information****

***Patient Unit Stay ID:** 869526 ***Patient Health System Stay ID:** 652238 ***Unique Patient ID:** 006-101311 *
Gender: Male ***Age:** 34 years ***Ethnicity:** African American * **Hospital ID:** 148 * **Ward ID:** 347 *
Admission Height: 175 cm ***Admission Weight:** 81.5 kg ***Discharge Weight:** 81.7 kg * **Hospital Admit Time:**
2015-XX-XX 21:43:00 (Hospital Admit Offset: -122 minutes from unit admit) * **Hospital Admit Source:** Emergency
Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 02:30:00 (Hospital Discharge
Offset: 7365 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive *
Unit Type: MICU ***Unit Admit Time:** 2015-XX-XX 23:45:00 ***Unit Admit Source:** Emergency Department * **Unit
Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2015-XX-XX 19:06:00 (Unit Discharge Offset:
2601 minutes from unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive *
APACHE Admission Dx: Acid-base/electrolyte disturbance

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon discharge was metabolic encephalopathy (ICD-9 codes: 348.31, G93.41). Other significant diagnoses included altered mental status and change in mental status (ICD-9 codes: 780.09, R41.82), and ethanol overdose (ICD-9 codes: 980.0, E980.2, T51.0). The ethanol overdose and altered mental status diagnoses were initially listed as Major diagnoses, but later the altered mental status was also listed as a Major diagnosis. It is important to note that the 'diagnosisOffset' indicates the time elapsed since unit admission when each diagnosis was recorded. This suggests a temporal relationship between the diagnoses, with some being identified earlier in the stay than others. The activeuponDischarge flags indicate which diagnoses persisted until the patient's discharge from the unit.

****4. Treatments****

The patient received bicarbonate medication as a renal treatment. This treatment was not active upon discharge from the unit.

****5. Vital Trends****

NULL (Insufficient information provided)

****6. Lab Trends****

The provided lab data shows multiple blood tests conducted at various time points during the patient's ICU stay. Significant variations were observed in several key indicators. For example, initial lactate levels were high (11.5 mmol/L), indicating potential metabolic acidosis, but later improved (1.9 mmol/L and 2.2 mmol/L). Similarly, AST (SGOT) and ALT (SGPT) levels were initially elevated, suggesting liver damage (658 Units/L and 548 Units/L, respectively), but subsequently decreased (322 Units/L and 340 Units/L). Blood gas analysis revealed initial low pH (7.05) and bicarbonate (7.6 mmol/L) levels, again consistent with metabolic acidosis, but later improved (pH 7.34 and HCO₃ 16.2 mmol/L). Creatinine levels fluctuated, indicating potential renal involvement. The serial measurements of these and other blood parameters are crucial for monitoring the patient's response to treatment and overall clinical progress. Further analysis would be needed to determine the exact nature of the fluctuations and their clinical significance.

****7. Microbiology Tests****

NULL (Insufficient information provided)

****8. Physical Examination Results****

A structured physical exam was performed. The Glasgow Coma Scale (GCS) was initially scored at 12 (Eyes 3, Verbal 4, Motor 5), indicating some level of altered consciousness. The patient's admission and current weights were recorded as 81.5 kg, with no weight change observed during the stay. Fluid balance (Intake and Output) showed a net loss of -190 ml.