Patient Information:

Patient Unit Stay ID: 346753 Unique Patient ID: 004-15620 Gender: Female Age: 32 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 14:13:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 17:36:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 17:40:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2015-XX-XX 16:46:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Height (cm): 177.8 Admission Weight (kg): 73.9 Discharge Weight (kg): NULL

History:

The patient was admitted to the hospital through the Emergency Department following an alcohol overdose. The patient presented with altered mental status and suicidal ideation. The exact time of the overdose is unclear from the provided data. The patient's admission diagnosis was 'Overdose, alcohols (bethanol, methanol, ethylene glycol)'.

Diagnoses:

* **Primary Diagnosis: ** Neurologic: Altered mental status/pain/suicidal ideation (ICD-9 codes: V62.84, R45.851) *
**Secondary Diagnosis: ** Toxicology: Drug overdose/ethanol overdose (ICD-9 codes: 980.0, E980.2, T51.0). This
diagnosis was marked as 'Other' priority.

The primary diagnosis suggests a neurological component to the patient's presentation, possibly related to the alcohol overdose. The secondary diagnosis confirms the ethanol overdose and potentially other drug involvement.

Treatments:

* Normal saline intravenous fluid administration (cardiovascular) - Active upon discharge. * Lorazepam administration (neurologic, pain/agitation/altered mentation) - Active upon discharge.

The treatments indicate supportive care for fluid balance and management of altered mental status and potential agitation.

Vital Trends:

The available physical exam data provides snapshots of vital signs. Heart rate ranged from 89 to 101 bpm, with a current rate of 95 bpm. Blood pressure was 118/80 mmHg. Respiratory rate was between 14 and 15 breaths per minute, currently at 15 breaths per minute. A Glasgow Coma Scale (GCS) was performed; the values were: Eyes 4, Verbal 5, Motor 6, for a total score of 15. This is consistent with a normal neurological exam.

Lab Trends:

Only one lab result is available: FiO2 (fraction of inspired oxygen) of 21%, obtained 130 minutes post-unit admission. This is within the normal range of room air and doesn't provide significant information on the patient's condition beyond the fact that supplemental oxygen wasn't required at this time. Further lab results are needed to assess the patient's condition adequately.

Microbiology Tests:

NULL. No microbiology test data is provided.

Physical Examination Results:

Physical exam performed at 66 minutes from unit admission. The structured exam was performed. Vital signs were recorded as follows: Heart Rate (Current): 95 bpm, Heart Rate (Lowest): 89 bpm, Heart Rate (Highest): 101 bpm; Blood Pressure (Systolic, Current/Lowest/Highest): 118/118/118 mmHg; Blood Pressure (Diastolic, Current/Lowest/Highest): 80/80/80 mmHg; Respiratory Rate (Current): 15 breaths/minute, Respiratory Rate (Lowest): 14 breaths/minute, Respiratory Rate (Highest): 15 breaths/minute. Glasgow Coma Scale (GCS): Eyes 4, Verbal 5, Motor 6. This suggests a normal neurological exam.

Conclusion:

This report details the ICU stay of a 32-year-old female patient admitted for alcohol overdose. The patient presented with altered mental status and suicidal ideation. Treatment consisted of supportive care. More comprehensive lab results and a more detailed medical history would be beneficial for a thorough evaluation.