

****Patient Information****

Patient Unit Stay ID: 399455 Unique Patient ID: 004-11922 Gender: Female Age: 27 Ethnicity: Caucasian Hospital Admit Time: 2014-XX-XX 14:05:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 2014-XX-XX 13:00:00 Hospital Discharge Location: Other External Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 17:29:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2014-XX-XX 21:35:00 Unit Discharge Location: Other Hospital Admission Height (cm): 172.7 Admission Weight (kg): 61.9 Discharge Weight (kg): NULL

****Medical History****

Insufficient data provided to generate detailed medical history. The provided data focuses on diagnoses, treatments, and lab results during the ICU stay, not the patient's broader medical history prior to admission.

****Diagnoses****

The patient presented with multiple diagnoses during her ICU stay. These diagnoses, listed in order of entry time (diagnosisoffset), include:

* **Primary Diagnoses:** * Drug overdose (toxicology|drug overdose|drug overdose- general) (diagnosisid: 5980594, 5983977, 6471899, 6010462, 7814884) * **Major Diagnoses:** * Altered mental status / pain / change in mental status (neurologic|altered mental status / pain|change in mental status) (diagnosisid: 6980924, 6718820, 6565703, 7052545, 6262911) * Electrolyte imbalance / hypokalemia (renal|electrolyte imbalance|hypokalemia) (diagnosisid: 6878089, 5957925, 6516514, 7239630) * Anemia (hematology|bleeding and red blood cell disorders|anemia) (diagnosisid: 6946214, 7127118, 6990669, 5571579, 7285017) * Suicidal ideation (neurologic|altered mental status / pain|suicidal ideation) (diagnosisid: 6650140, 6135753, 7428417, 6008909, 6530416) * **Other Diagnoses:** * Anemia (hematology|bleeding and red blood cell disorders|anemia) (diagnosisid: 7127118) * Hypokalemia (renal|electrolyte imbalance|hypokalemia) (diagnosisid: 5957925)

Note that some diagnoses lack ICD-9 codes, indicating potential missing or incomplete data. The active status upon discharge shows that the drug overdose, altered mental status, hypokalemia, and suicidal ideation were still active at discharge.

****Treatments****

The patient received numerous treatments during her ICU stay. These include medications for various conditions: bronchodilators (ipratropium, albuterol), antiemetics (ondansetron), stress ulcer prophylaxis (omeprazole), sedatives (diazepam, lorazepam), analgesics (narcotic, oral), antibiotics (levofloxacin, piperacillin/tazobactam), normal saline solution, and VTE prophylaxis (enoxaparin, compression stockings). The administration of normal saline suggests fluid management was a key part of the treatment strategy. The presence of multiple medications points to a complex clinical picture requiring multifaceted management. Oral feeds were initiated at some point. The treatments are listed by the `treatmentoffset`. Some treatments were still active upon discharge.

****Vital Trends****

NULL. No vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) trends were available in the provided data beyond single point values at one time point.

****Lab Trends****

NULL. While lab results are present, the data lacks the time-series information necessary to create trends. The available lab results include blood gases (pH, PaO2, PaCO2, HCO3, FiO2, O2 Sat), electrolytes (potassium, chloride, sodium, calcium, bicarbonate), blood counts (Hgb, Hct, WBC, platelets), and glucose and creatinine levels, and total bilirubin. These results show abnormalities at one time point. Further data is needed to ascertain trends.

****Microbiology Tests****

NULL. No microbiology test results were provided.

****Physical Examination Results****

The physical exam was performed, indicated by the 'Performed - Structured' entry. Vital signs recorded included heart rate (98 bpm), blood pressure (135/79 mmHg), respiratory rate (23 breaths/minute), and oxygen saturation (98-99%). A GCS score of 12 (4+2+6) was documented. The patient's admission weight was 61.9 kg. Respiratory mode was spontaneous.