Medical Report for Patient 002-10846

1. Patient Information

* **Patient Unit Stay ID:** 163524 * **Unique Patient ID:** 002-10846 * **Gender:** Female * **Age:** 38 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-XX-XX 12:45:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 22:48:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 12:59:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 12:10:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height (cm):** 162.6 * **Discharge Weight (kg):** 66.3 * **Admission Weight (kg):** NULL

2. History

Admission diagnosis indicates an overdose involving street drugs, specifically opiates, cocaine, and amphetamines. The precise circumstances surrounding the overdose are not detailed in the provided data. Further information is needed to fully understand the patient's history leading up to the overdose event. This would include details of the drugs ingested, the quantity consumed, the time of ingestion, and any pre-existing medical conditions that may have contributed to the severity of the overdose or the patient's response to treatment. The lack of a detailed history makes it challenging to fully assess the risk factors and potential long-term complications associated with this event. A complete social history, including substance use patterns and any support systems available to the patient, would also be beneficial in developing a comprehensive treatment plan and preventing future occurrences. The patient's past medical record would be essential in determining any relevant past illnesses, surgeries, or allergies. Information about family history of substance abuse or mental health conditions is also relevant. The patient's current medications, if any, before the overdose are missing from this report and would be important to document. Without this additional information, the assessment of the patient's history remains incomplete and limits the ability to provide a detailed analysis of the case. Further investigation into the patient's medical history is necessary for a complete understanding of the circumstances surrounding the admission.

3. Diagnoses

* **Primary Diagnosis:** Toxicology | Drug overdose | Cocaine overdose (ICD-9 Codes: 968.5, E980.4, T40.5) * **Major Diagnosis:** Toxicology | Drug overdose | Narcotic overdose (ICD-9 Codes: E980.2, 965.00, T40.60) * **Major Diagnosis:** Toxicology | Drug overdose | Benzodiazepine overdose (ICD-9 Codes: 969.4, E980.2, T42.4X) * **Major Diagnosis:** Toxicology | Drug overdose | Ethanol overdose (ICD-9 Codes: 980.0, E980.2, T51.0)

4. Treatments

NULL (Treatment information is not provided in the dataset.)

5. Vital Trends

NULL (Vital signs data is not included in the provided dataset.)

6. Lab Trends

The provided lab data shows results from several chemistry and hematology tests performed at -149 minutes and 1289 minutes relative to unit admission. There is evidence of some abnormalities. Initial tests (-149 minutes) show elevated AST (13 Units/L), ALT (18 Units/L), and anion gap (13 mmol/L), potentially indicating liver damage and metabolic acidosis. The initial blood chemistry also shows slightly low albumin (3.8 g/dL) and potassium levels (3.8 mmol/L). Hematological findings show a platelet count of 285 K/mcL initially and 248 K/mcL later, within the normal range. However, the initial and final Hgb is 14.3 g/dL and 12.7 g/dL respectively, suggesting a possible decrease in hemoglobin levels. Furthermore, creatinine levels reveal a decrease from 0.96 mg/dL to 0.78 mg/dL, indicating a potential improvement in renal function. The changes observed in these parameters may reflect the effects of the drug overdose and the patient's response to treatment. More data points over time are needed to fully characterize these trends and their significance. The significance

of the changes in various lab parameters cannot be fully assessed without further information and trends over time.

7. Microbiology Tests

NULL (Microbiology test results are not available in the dataset.)

8. Physical Examination Results

A structured physical exam was performed 22 minutes after unit admission. The patient's GCS score was 15 (Eyes 4, Verbal 5, Motor 6), indicating normal neurological function. The patient's weight was recorded as 67.6 kg. Intake and output were both recorded as 0 ml.