

## **\*\*Medical Report for Patient 007-10178\*\***

### **\*\*1. Patient Information\*\***

**\*\*Patient Unit Stay ID:\*\* 976535 **\*\*Patient Health System Stay ID:\*\* 719885 **\*\*Unique Patient ID:\*\* 007-10178 \*****  
**\*\*Gender:\*\* Male **\*\*Age:\*\* 34 **\*\*Ethnicity:\*\* Hispanic **\*\*Hospital ID:\*\* 180 **\*\*Ward ID:\*\* 427 **\*\*Unit Type:\*\* Med-Surg ICU **\*\*Unit Admit Time:\*\* 05:53:00 **\*\*Unit Admit Source:\*\* Emergency Department **\*\*Unit Discharge Time:\*\* 14:50:00 \*****  
**\*\*Unit Discharge Location:\*\* Telemetry **\*\*Unit Discharge Status:\*\* Alive **\*\*Hospital Admit Time:\*\* 05:00:00 **\*\*Hospital Admit Source:\*\* Emergency Department **\*\*Hospital Discharge Year:\*\* 2015 **\*\*Hospital Discharge Time:\*\* 18:02:00 \*****  
**\*\*Hospital Discharge Location:\*\* Home **\*\*Hospital Discharge Status:\*\* Alive **\*\*Admission Height (cm):\*\* 177.8 \***  
**\*\*Admission Weight (kg):\*\* 110.68 **\*\*Discharge Weight (kg):\*\* 110.68 **\*\*Admission Diagnosis:\*\* Overdose, street drugs (opiates, cocaine, amphetamine)**********************************

### **\*\*2. History\*\***

NULL (Insufficient information provided in the JSON data to generate a detailed patient history section.)

### **\*\*3. Diagnoses\*\***

The patient presented with two diagnoses, both related to drug overdose:

**\*\*Diagnosis 1 (Primary):\*\* toxicology|drug overdose|narcotic overdose (ICD-9 code: E980.2, 965.00, T40.60). Entered 45 minutes after unit admission. Inactive upon discharge. **\*\*Diagnosis 2 (Primary):\*\* toxicology|drug overdose|narcotic overdose (ICD-9 code: E980.2, 965.00, T40.60). Entered 1136 minutes after unit admission. Active upon discharge.****

The duplication of the primary diagnosis suggests a persistent or recurring issue related to the initial presentation. Further investigation into the clinical course is needed to fully understand the evolution of the condition.

### **\*\*4. Treatments\*\***

The patient received the following treatments:

**\*\*Treatment 1:\*\* cardiovascular|consultations|Cardiology consultation. Entered 1136 minutes after unit admission. Active upon discharge. This suggests a possible cardiac complication related to the overdose or a pre-existing condition. **\*\*Treatment 2:\*\* toxicology|drug overdose|normal saline solution. Entered 45 minutes after unit admission. Inactive upon discharge. **\*\*Treatment 3:\*\* toxicology|drug overdose|normal saline solution. Entered 1136 minutes after unit admission. Active upon discharge. This indicates ongoing intravenous fluid therapy, likely for hydration and electrolyte balance management.******

The use of normal saline suggests supportive care for the drug overdose, while the cardiology consultation highlights the potential for cardiac involvement.

### **\*\*5. Vital Trends\*\***

NULL (Insufficient data provided to show vital sign trends over time.)

### **\*\*6. Lab Trends\*\***

The provided lab data includes multiple tests performed at various time points, both before and during the ICU stay. A detailed analysis of these trends requires visualization (see section 2) and is summarized in section 3. Key labs include electrolytes (sodium, potassium, chloride, bicarbonate), liver function tests (AST, ALT, alkaline phosphatase, total bilirubin), renal function tests (BUN, creatinine), cardiac markers (Troponin-I, CPK), and complete blood count (CBC)

parameters. The presence of multiple tests at different time points allows a comprehensive evaluation of organ function and overall health status. Analysis of trends is crucial for determining the severity of the overdose, response to treatment, and potential complications.

#### **\*\*7. Microbiology Tests\*\***

NULL (No microbiology test data provided in the JSON.)

#### **\*\*8. Physical Examination Results\*\***

A structured physical exam was performed. The recorded values include:

\* **Heart Rate (HR):** Current 86 bpm, Lowest 86 bpm, Highest 89 bpm. \* **Blood Pressure (BP):** Systolic Current 114 mmHg, Systolic Lowest 111 mmHg, Systolic Highest 116 mmHg; Diastolic Current 60 mmHg, Diastolic Lowest 67 mmHg, Diastolic Highest 64 mmHg. \* **Respiratory Rate (Resp):** Current 17 breaths per minute, Lowest 16 breaths per minute, Highest 17 breaths per minute. \* **Oxygen Saturation (O2 Sat):** Current 96%, Lowest 96%, Highest 96%. \* **Weight (kg):** Admission and Current 110.68 kg, Delta 0 kg. \* **Glasgow Coma Scale (GCS):** Total Score: Scored; Motor Score: 6; Verbal Score: 4; Eyes Score: 4. A GCS of 14 (assuming the total score is 14) indicates mild impairment of consciousness.

The physical exam findings suggest the patient was relatively stable at the time of the examination, although further context is needed to interpret this in the context of the overall clinical picture. The relatively normal vital signs at this point suggest the patient was responding to treatment, but the GCS warrants further attention.