Patient Information

Patient Unit Stay ID: 195105 Unique Patient ID: 002-11589 Gender: Male Age: 17 Ethnicity: Caucasian Hospital Admit Time: 2014-XX-XX 15:02:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 2014-XX-XX 18:30:00 Hospital Discharge Location: Other Hospital Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 18:42:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2014-XX-XX 13:03:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 77.1 kg Discharge Weight: 77.1 kg Admission Height: 193 cm

History

Admission Diagnosis: Overdose, antidepressants (cyclic, lithium) The patient was admitted through the Emergency Department following an overdose of tricyclic antidepressants. The exact details of the overdose, including the specific drug(s) ingested and the quantity, are not provided in this dataset. Further information is needed to complete a comprehensive history. The patient's age (17) suggests a potential for intentional self-harm, which warrants further investigation in a full medical history. The lack of additional information regarding past medical history, family history, social history and the circumstances surrounding the overdose limits the understanding of the event's context. Details regarding any pre-existing medical conditions, allergies, or current medications are also missing from the provided data. This lack of background information makes it difficult to assess the overall patient health status and potential risk factors that contributed to the incident.

Diagnoses

Diagnosis ID: 3523597 Patient Unit Stay ID: 195105 Active Upon Discharge: True Diagnosis Offset (minutes from unit admit): 26 Diagnosis String: toxicology|drug overdose|tricyclic overdose ICD-9 Code: E980.3, 969.0, T43.01 Diagnosis Priority: Primary

The primary diagnosis is a tricyclic antidepressant overdose, consistent with the admission diagnosis. The ICD-9 codes provided suggest poisoning and potential complications related to the overdose. However, a complete picture of the patient's condition requires additional diagnostic information, such as imaging studies or other specialized tests not included in the dataset. The absence of secondary diagnoses limits the understanding of any co-morbidities or complications associated with the overdose.

Treatments

NULL. The provided dataset does not contain information on the specific treatments administered to the patient during their ICU stay. This information is crucial for a comprehensive medical report and is necessary for a complete understanding of the patient's care.

Vital Trends

NULL. There is no vital signs data provided in the given dataset. This information, including heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation, is essential for evaluating the patient's physiological status and response to treatment.

Lab Trends

The lab data shows multiple blood chemistry and hematology tests performed before and during the ICU stay. Initial glucose levels were high (150 mg/dL), which may be related to stress response or other factors associated with the overdose. Subsequent glucose levels decreased (99 mg/dL). Other notable chemistry values included total bilirubin (0.4-0.5 mg/dL), alkaline phosphatase (105-108 U/L), chloride (99-101 mmol/L), sodium (136-137 mmol/L), bicarbonate (28-30 mmol/L), AST (17-14 U/L), total protein (8.2 g/dL), calcium (9.4-9.2 mg/dL), creatinine (0.9-1.0 mg/dL), BUN (16-11 mg/dL), and CPK (191-202 U/L). Hematology results included WBC (5.9 K/mcL), monos (8%), lymphs (21%), polys (70%), eos (1%), MCH (30.8 pg), MCV (84.8 fL), MCHC (36.3 g/dL), Hgb (15.4 g/dL), Hct (42.4%), platelets (237 K/mcL), and

RBC (5.00 M/mcL). Drug levels for acetaminophen and salicylate were below the detection limit. A full interpretation of these lab values requires additional clinical context, including the patient’s symptoms and overall clinical picture.

Microbiology Tests

NULL. The dataset does not include any information on microbiology tests, such as blood cultures or urine cultures, which would be relevant in assessing the presence of infection.

Physical Examination Results

Physical Exam performed: True Admission Weight: 77.1 kg Current Weight: 77.1 kg Weight Change: 0 kg GCS Score: 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam indicates a GCS score of 15, suggesting normal neurological function upon admission. The weight remained stable during the ICU stay. However, this is only a limited snapshot of the physical assessment, and a more detailed description of the complete physical examination is needed for a thorough medical evaluation. The nature of the physical exam is limited due to the absence of more comprehensive physical examination data.