

## **\*\*Medical Report for Patient 008-10102\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 1036408 \* \*\*Unique Patient ID:\*\* 008-10102 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 27 \* \*\*Ethnicity:\*\* African American \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 00:02:00 \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 22:04:00 \* \*\*Unit Admit Time:\*\* 2014-XX-XX 00:47:00 \* \*\*Unit Discharge Time:\*\* 2014-XX-XX 21:35:00 \* \*\*Admission Weight:\*\* 39 kg \* \*\*Discharge Weight:\*\* 39 kg \* \*\*Admission Height:\*\* 166.7 cm \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Hospital Discharge Location:\*\* Other \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU

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

The provided data does not include a detailed patient history. Further information is needed to complete this section. The admission diagnosis indicates seizures as the primary reason for admission. Additional information on the onset, frequency, and character of the seizures, as well as any pre-existing conditions or medications, is required for a comprehensive history. The patient's altered mental status and malnutrition are also noted diagnoses, suggesting a potential underlying condition contributing to the seizures. Information regarding family history of seizures or neurological disorders would also be beneficial. The patient's presentation in the emergency department and their response to initial treatment before ICU admission are also critical missing pieces of information. A full account of the patient's symptoms leading up to admission is needed to fully understand the context of their illness.

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

\* \*\*780.09, R41.82:\*\* Altered mental status / change in mental status (Other Priority) \* \*\*263.9, E46:\*\* Malnutrition / nutritional deficiency (Other Priority) \* \*\*345.10, R56.9:\*\* Generalized seizures (Other Priority) \* \*\*276.2, E87.2:\*\* Metabolic acidosis (Other Priority)

The diagnoses suggest a complex clinical picture. The altered mental status could be a consequence of the seizures or an independent issue. Malnutrition may be a contributing factor to the patient's overall condition and may impact seizure management or recovery. Metabolic acidosis requires further investigation to determine the underlying cause. The lack of a primary diagnosis raises concerns about the severity assessment and potential for a missed primary diagnosis. More information on the interrelationships between these diagnoses is crucial for a complete understanding of the patient's case.

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

\* \*\*Head CT scan:\*\* Imaging study to rule out structural brain abnormalities contributing to seizures. \* \*\*Lamotrigine:\*\* Anticonvulsant medication used to manage seizures. \* \*\*Levetiracetam:\*\* Another anticonvulsant medication for seizure control. \* \*\*Lactated Ringer's administration:\*\* Intravenous fluid therapy for hydration and electrolyte balance. \* \*\*Chest X-ray:\*\* To assess the respiratory system and rule out any pulmonary complications. \* \*\*Neurology Consultation:\*\* Specialist consultation for the management of the neurological issues.

The treatments received indicate a multidisciplinary approach to managing the patient's condition. The use of both lamotrigine and levetiracetam suggests a need for effective seizure control. The intravenous fluids and chest x-ray address potential complications associated with the patient's condition. The neurology consultation ensures specialized expertise in managing the seizures and altered mental status. Additional treatment information, including doses, frequency, and response to treatment, would be necessary for a more comprehensive assessment.

### **\*\*5. Vital Trends:\*\* NULL**

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

Hematological lab results are available at multiple time points. Initial results showed low WBC count (3.4 K/mcL), suggesting potential immune compromise. Subsequent results show elevated WBC (4.7 K/mcL). Hemoglobin (Hgb) and Hematocrit (Hct) levels fluctuated, with initial values of 12.7 g/dL and 37.5% respectively, then increasing to 14.1 g/dL and 41.4%. Platelet counts also varied (141 K/mcL initially, then 170 K/mcL). Chemistry results revealed electrolyte imbalances (chloride and bicarbonate) and elevated liver enzymes (AST, ALT), and elevated BUN (9 mg/dL) and creatinine (0.9 mg/dL). More detailed information and a visualization of these trends over time are necessary.

**\*\*7. Microbiology Tests:\*\*** NULL

**\*\*8. Physical Examination Results:\*\***

Initial physical exam showed a GCS score of 12 (Eyes 4, Verbal 2, Motor 6). Heart rate (HR) ranged from 83 to 85 bpm, and blood pressure (BP) from 100/81 to 128/62 mmHg. Respiratory rate was between 15 and 17 breaths per minute, and oxygen saturation was 100%. Weight was 39 kg. A subsequent exam, approximately 784 minutes later, showed HR 63-91 bpm, BP 91/61 to 112/89 mmHg, respiratory rate 9-17 breaths per minute, oxygen saturation 100%, and weight remained 39 kg. Fluid intake increased to 315 mL. More frequent and detailed physical exam findings are needed for a comprehensive evaluation. The initial GCS score indicates some level of neurological impairment, consistent with the altered mental status diagnosis. The vital signs suggest the patient's condition fluctuated during their stay.

**\*\*Note:\*\*** This report is based on the limited data provided. Missing data points, such as detailed history, vital signs trends, microbiology results, and more frequent lab values and physical exams, significantly limit the thoroughness and accuracy of the comprehensive medical report. A more complete dataset would allow for a far more detailed and insightful analysis.