Medical Report: Patient 002-10672

1. Patient Information

* **Patient Unit Stay ID:** 166864 * **Unique Patient ID:** 002-10672 * **Gender:** Male * **Age:** 51 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 19:05:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 16:05:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015, 19:38:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015, 20:06:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 68.8 kg * **Discharge Weight:** 70 kg * **Admission Height:** 172.7 cm * **Admission Diagnosis:** Drug withdrawal

2. History

NULL (Insufficient data provided)

3. Diagnoses

* **Primary Diagnosis:** Drug withdrawal (as per `apacheadmissiondx`)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The provided lab data includes multiple time points for various blood chemistry and hematology tests. Key observations are:

* **Electrolytes:** Sodium levels show some fluctuation, ranging from 138 mmol/L to 143 mmol/L initially, and 140 mmol/L at a later time point. Potassium levels also fluctuate, ranging from 3.1 mmol/L to 3.7 mmol/L at different times during the stay, indicating potential electrolyte imbalances requiring monitoring. Chloride levels are relatively stable around 103-105 mmol/L. * **Liver Function Tests (LFTs):** AST (SGOT) and ALT (SGPT) levels are significantly elevated initially (156 Units/L and 111 Units/L respectively), suggesting liver injury. These levels show some improvement later in the ICU stay (137 Units/L and 126 Units/L respectively, then 181 Units/L and 121 Units/L). This warrants further investigation into the cause of liver dysfunction, potentially related to the drug withdrawal. * **Kidney Function Tests (KFTs):** BUN and creatinine levels are relatively stable and within normal ranges throughout the stay (BUN: 4-8 mg/dL, Creatinine: 0.6-0.72 mg/dL), indicating normal kidney function. * **Complete Blood Count (CBC):** Hemoglobin (Hgb) and Hematocrit (Hct) levels show some variation (Hgb: 12.7-14.2 g/dL, Hct: 38.1-42.2%). White blood cell (WBC) count also fluctuates but remains within a normal range (4.5-6 K/mcL). Platelet count is low initially (70 K/mcL), but rises (86 K/mcL). The mean corpuscular volume (MCV) is low (92.7-94.3 fL) and the red cell distribution width (RDW) is high (12.5-12.9%), suggesting possible anemia which needs assessment. The lymphocyte and polymorphonuclear leukocyte percentages also vary considerably. * **Other:** Albumin levels are low (3.1-3.8 g/dL), suggesting potential protein deficiency or malnutrition. Total protein levels are also low (6.9-7 g/dL), further supporting this possibility. Total bilirubin is slightly elevated (0.5-1.2 mg/dL), though it does not reach significantly abnormal levels. Bicarbonate levels show minor fluctuations, possibly related to respiratory compensation. Anion gap is slightly elevated (11-14 mmol/L). Drug levels (Acetaminophen and Salicylate) are within therapeutic ranges or below the detectable level.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

* **Physical Exam Performed:** Yes (Performed - Structured) * **Admission Weight:** 68.8 kg * **Current Weight:** 68.9 kg * **Weight Change:** +0.1 kg * **Glasgow Coma Scale (GCS):** 14 (Eyes 4, Verbal 4, Motor 6) indicating an alert patient.