

## **\*\*Medical Report: Patient 004-10473\*\***

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

**\*\*Patient Unit Stay ID:\*\* 375725 \* \*\*Unique Patient ID:\*\* 004-10473 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 18 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 10:27:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 15:52:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX 12:35:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 15:52:00 \* \*\*Unit Discharge Location:\*\* Home \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 61.23 kg \* \*\*Admission Height:\*\* 165.1 cm**

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

The patient was admitted to the hospital via the Emergency Department following an alcohol overdose. The exact circumstances surrounding the overdose are not detailed in the provided data. The patient presented with symptoms consistent with alcohol withdrawal and altered mental status, in addition to depression. Respiratory symptoms suggestive of asthma or bronchospasm were also noted. The timeline of symptom onset is unclear from this data alone. Additional details regarding the patient's past medical history, family history, social history, and current medications are needed to complete a comprehensive medical history. The data suggests an acute presentation requiring intensive care management.

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

The patient's primary diagnosis was alcohol withdrawal (ICD-9 codes: 291.81, F10.239). Major diagnoses included altered mental status/depression (ICD-9 codes: 311, F32.9) and asthma/bronchospasm (ICD-9 codes: 493.90, J45). Alcohol withdrawal diagnoses were recorded at multiple time points during the ICU stay, indicating ongoing monitoring and management of this condition. Note that the ICD-9 codes provided are not fully standardized; further clarification may be required. Some of these diagnoses may be related to the alcohol withdrawal.

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

The patient received a range of treatments during their ICU stay. These included: Psychiatry consultations (at multiple time points), oral feeds, labetalol (a vasodilating agent) intravenously, a combination beta-agonist/anticholinergic bronchodilator, ondansetron (a serotonin antagonist antiemetic), clonidine, a nicotine patch, and acetaminophen. Compression stockings were used for VTE prophylaxis. Some treatments were discontinued before discharge while others were active upon discharge. The specific dosages, administration routes, and responses to these treatments are absent from this data set. More information is needed to properly assess treatment effectiveness.

### **\*\*5. Vital Trends:\*\* NULL (Insufficient data provided)**

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

The provided lab data shows a single set of blood tests taken approximately 100 minutes before unit admission. Hematological values included platelets (263 K/mcL), basophils (0%), MCHC (31 g/dL), polys (48%), monos (5%), eosinophils (1%), Hct (39.2%), WBC (6.3 K/mcL), and RDW (15.5%). Chemistry values included total bilirubin (0.3 mg/dL), chloride (106 mmol/L), potassium (5.1 mmol/L), alkaline phosphatase (98 Units/L), total protein (8.4 g/dL), glucose (110 mg/dL), and creatinine (0.55 mg/dL). Later lab results include an ethanol level of 0 mg/dL at 1300 minutes post-admission, 184 mg/dL at 175 minutes post-admission, 98 mg/dL at 425 minutes post-admission, and 271 mg/dL at -100 minutes post-admission (likely a pre-admission value). The data is incomplete, lacking a time series to assess lab trends effectively. A urinalysis revealing a specific gravity of 1.010 is also included.

### **\*\*7. Microbiology Tests:\*\* NULL (Insufficient data provided)**

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

A structured physical exam was performed 95 minutes after unit admission. Vital signs recorded included a heart rate ranging from 67 to 84 bpm (current rate: 69 bpm), systolic blood pressure ranging from 101 to 114 mmHg (current systolic: 101 mmHg), diastolic blood pressure of 45 mmHg, and oxygen saturation of 97-100% (current saturation: 97%). The Glasgow Coma Scale (GCS) score was 15 (Eyes: 4, Verbal: 5, Motor: 6) suggesting normal neurological function. The patient's admission weight was 61.23 kg. Further details concerning the physical examination are needed for a more comprehensive assessment. The respiratory rate at the time of physical exam was 20 breaths per minute.