

## ## Medical Report for Patient 004-11094

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

\*\*\*Patient Unit Stay ID:\*\* 368911 \*\*\*Unique Patient ID:\*\* 004-11094 \*\*\*Gender:\*\* Male \*\*\*Age:\*\* 25 \*\*\*Ethnicity:\*\* Caucasian \*\*\*Admission Height:\*\* 172 cm \*\*\*Admission Weight:\*\* 65.4 kg \*\*\*Discharge Weight:\*\* NULL \*\*\*Hospital Admission Time:\*\* 2015-XX-XX 18:30:00 \*\*\*Hospital Discharge Time:\*\* 2015-XX-XX 21:48:00 \*\*\*Unit Admission Time:\*\* 2015-XX-XX 02:20:00 \*\*\*Unit Discharge Time:\*\* 2015-XX-XX 21:48:00 \*\*\*Unit Type:\*\* Med-Surg ICU \*\*\*Hospital Admission Source:\*\* Floor \*\*\*Hospital Discharge Location:\*\* Other External \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Unit Admission Source:\*\* Floor \*\*\*Unit Discharge Location:\*\* Other External \*\*\*Unit Discharge Status:\*\* Alive

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

Admission diagnosis was Coma/change in level of consciousness. The patient was admitted from the floor to the Med-Surg ICU. Further details regarding the patient's medical history prior to this ICU stay are not available in the provided data. The patient's hospital stay spanned from [Hospital Admission Date] to [Hospital Discharge Date]. The ICU stay lasted from [Unit Admission Date] to [Unit Discharge Date]. More detailed information is needed to completely reconstruct the patient's history. The lack of a complete history limits a comprehensive understanding of the context leading to the current episode of care.

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

The patient presented with multiple diagnoses upon admission to the ICU, all active upon discharge:

\*\*\*Primary Diagnosis:\*\* Neurologic: Altered mental status/pain: Change in mental status (ICD-9 codes: 780.09, R41.82) \*  
\*\*Major Diagnosis:\*\* Toxicology: Drug overdose: Drug overdose - general \* \*\*Major Diagnosis:\*\* Neurologic: Altered mental status/pain: Bipolar disorder (ICD-9 codes: 296.80, F31.9) \* \*\*Major Diagnosis:\*\* Neurologic: Altered mental status/pain: Suicidal ideation (ICD-9 codes: V62.84, R45.851)

The diagnosis priority indicates that the change in mental status was considered the primary concern, while drug overdose and bipolar disorder were significant contributing factors. Suicidal ideation was also a major factor in the patient's condition.

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

The following treatments were administered during the ICU stay, all active upon discharge:

\* Oral feeds (Gastrointestinal: Nutrition: Enteral feeds) \* Compression boots (Pulmonary: Vascular disorders: VTE prophylaxis) \* Ketorolac (Neurologic: Pain/agitation/altered mentation: Analgesics: Non-narcotic analgesic)

These treatments suggest a focus on nutritional support, thrombosis prevention, and pain management. More specific details about dosage, frequency, and response to treatment are needed for a complete treatment evaluation.

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

Based on the physical examination, the following vital signs were recorded:

\*\*\*Heart Rate:\*\* Current: 72 bpm, Lowest: 72 bpm, Highest: 86 bpm \*\*\*Blood Pressure (Systolic):\*\* Current: 125 mmHg, Lowest: 125 mmHg, Highest: 126 mmHg \*\*\*Blood Pressure (Diastolic):\*\* Current: 78 mmHg, Lowest: 78 mmHg, Highest: 77 mmHg \* \*\*Respiratory Rate:\*\* Current: 19 breaths/min, Lowest: 16 breaths/min, Highest: 19 breaths/min \*\*\*Oxygen Saturation:\*\* Current: 100%, Lowest: 100%, Highest: 100% \*\*\*Glasgow Coma Scale (GCS):\*\* Total Score: 12 (Eyes: 3, Verbal: 3, Motor: 6)

More frequent vital sign measurements over time are required to assess trends and identify potential deterioration. The data shows a relatively stable presentation at the time of the initial assessment, but the limited data prevents any analysis of trends.

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

The following lab values were obtained:

\* \*\*Sodium:\*\* 142 mEq/L \* \*\*Creatinine:\*\* 1.1 mg/dL \* \*\*BUN:\*\* 15 mg/dL \* \*\*Glucose:\*\* 147 mg/dL \* \*\*WBC:\*\* 10.2 K/mcL \* \*\*Hematocrit:\*\* 43.9%

These values provide a snapshot of the patient's electrolyte balance, renal function, and blood counts at a single time point. Serial lab results are necessary to evaluate trends and assess the effectiveness of treatment. Without longitudinal data, it is impossible to determine if these values are within normal ranges for this patient or if they represent a change from baseline.

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

NULL. No microbiology test data was provided.

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

A structured physical exam was performed. Vital signs were recorded as noted above. A GCS score of 12 was obtained. Additional details regarding the physical examination are not available in the provided data. A more comprehensive physical exam would include a detailed assessment of all body systems. More information is needed to form complete conclusions.