Medical Report for Patient 003-19181

1. Patient Information:

* **PatientUnitStayID:** 289640 * **UniquePID:** 003-19181 * **Gender:** Female * **Age:** 19 * **Ethnicity:** Native American * **HospitalID:** 83 * **WardID:** 160 * **Unit Type:** Med-Surg ICU * **Hospital Admit Time:** 2014-XX-XX 22:06:00 * **Unit Admit Time:** 2014-XX-XX 22:17:00 * **Hospital Discharge Time:** 2014-XX-XX 00:59:00 * **Unit Discharge Time:** 2014-XX-XX 01:08:00 * **Hospital Admit Source:** Emergency Department * **Unit Admit Source:** Emergency Department * **Hospital Discharge Location:** Other Hospital * **Unit Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive * **Admission Weight:** 61.23 kg * **Admission Height:** 165.1 cm * **APACHE Admission Dx:** Overdose, analgesic (aspirin, acetaminophen)

2. History:

NULL (Insufficient information provided)

3. Diagnoses:

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnoses upon admission were acetaminophen overdose (with both known and unknown dosage), indicated by ICD-9 codes 965.4, E980.0, and T39.1X. Other diagnoses included depressed level of consciousness (ICD-9 codes 780.09, R40.1), severe hypokalemia (ICD-9 codes 276.8, E87.6), and sinus tachycardia (ICD-9 codes 785.0, R00.0). It's important to note that the hypokalemia and sinus tachycardia were active upon discharge, suggesting ongoing management was required. The specific circumstances leading to the acetaminophen overdose are not detailed in the provided data.

4. Treatments:

The patient received various treatments related to the diagnoses. These included managing drug overdose through drug removal measures, administration of N-acetylcysteine (a treatment for acetaminophen overdose), and monitoring of serum and urinary drug levels. The efficacy of these treatments is not explicitly stated, necessitating further review of the patient's chart for detailed treatment response.

5. Vital Trends:

NULL (Insufficient information provided. Vital signs data would be needed to generate trends.)

6. Lab Trends:

Laboratory results reveal several key findings. The patient presented with severe hypokalemia (potassium 2.6 mmol/L), indicating a critical electrolyte imbalance. Other notable lab results include a slightly elevated BUN (11 mg/dL), AST (30 U/L), and ALT (13 U/L), potentially suggesting liver involvement. The complete blood count (CBC) showed a decreased MCV (90.2 fL) which is also suggestive of potential liver dysfunction. Further analysis is required to determine the clinical significance of these abnormalities in the context of the acetaminophen overdose. Additional lab results are available, but their trends require a time series for proper interpretation. The ABG results show a pH of 7.42, paO2 of 224 mm Hg, paCO2 of 29 mm Hg, HCO3 of 21 mmol/L, and Base Excess of -5 mEq/L. These are indicative of respiratory alkalosis. The FiO2 was 21%, indicating room air breathing. The detailed interpretation of these trends will require a longitudinal view of the data.

7. Microbiology Tests:

NULL (No microbiology data is present in the provided JSON)

8. Physical Examination Results:

The physical examination documented the patient as 'ill-appearing.' Vital signs at the time of the exam include a heart rate of 128 bpm, a respiratory rate of 27 breaths per minute, blood pressure 117/82 mmHg, and oxygen saturation of 97%. A Glasgow Coma Scale (GCS) score of 14 (3+5+6) indicates some level of neurological impairment. The patient's weight at admission was 61.23 kg and the respiratory mode was spontaneous with a sinus rhythm.