

## **\*\*Medical Report for Patient 006-101404\*\***

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

**\*\*Patient Unit Stay ID:\*\*** 933278 **\*\*Unique Patient ID:\*\*** 006-101404 **\*\*Gender:\*\*** Male **\*\*Age:\*\*** 44 **\*\*Ethnicity:\*\*** Caucasian **\*\*Hospital Admit Time:\*\*** 2014-XX-XX 09:34:00 **\*\*Hospital Discharge Time:\*\*** 2014-XX-XX 23:05:00 **\*\*Unit Admit Time:\*\*** 2014-XX-XX 10:01:00 **\*\*Unit Discharge Time:\*\*** 2014-XX-XX 17:21:00 **\*\*Unit Type:\*\*** Med-Surg ICU **\*\*Admission Weight:\*\*** 53.8 kg **\*\*Discharge Weight:\*\*** 53.8 kg **\*\*Admission Height:\*\*** 162.5 cm **\*\*Hospital Admit Source:\*\*** NULL **\*\*Unit Admit Source:\*\*** Emergency Department **\*\*Hospital Discharge Location:\*\*** Home **\*\*Unit Discharge Location:\*\*** Step-Down Unit (SDU) **\*\*Hospital Discharge Status:\*\*** Alive **\*\*Unit Discharge Status:\*\*** Alive

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

The provided data does not include a detailed patient history. Further information is needed to complete this section. The admission diagnosis was recorded as "Drug withdrawal", suggesting a likely presentation related to substance abuse and its consequences. This might include symptoms of withdrawal, such as tremors, anxiety, hallucinations, seizures, or other neurological complications. A thorough history would include specifics on the type and duration of substance use, any previous withdrawal episodes, and the patient's overall medical history including allergies. This section requires additional information to elaborate on pre-existing conditions, family history, social history, and the events leading up to admission. Details on the patient's mental health history would also be crucial to understanding the context of the altered mental status and pain presented. The lack of a complete history prevents a full understanding of the patient's current state and the likely progression of their illness.

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

**\*\*Primary Diagnosis:\*\*** Toxicology|Drug withdrawal|Alcohol withdrawal (ICD-9: 291.81, F10.239) **\*\*Major Diagnosis:\*\*** Neurologic|Altered mental status / pain|Encephalopathy|Metabolic (ICD-9: 348.31, G93.41)

The primary diagnosis points towards alcohol withdrawal as the main reason for admission. The major diagnosis of encephalopathy suggests brain dysfunction possibly secondary to alcohol withdrawal or a metabolic derangement. The metabolic encephalopathy could be a consequence of the alcohol withdrawal, or it could represent a separate and potentially serious medical condition contributing to the altered mental status. Further investigation is necessary to determine the exact cause and severity of the encephalopathy. The combination of diagnoses suggests a complex clinical picture requiring comprehensive assessment and management.

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

NULL. The provided data does not contain information on treatments administered during the ICU stay.

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

NULL. The provided data does not include vital signs such as heart rate, blood pressure, respiratory rate, temperature, or oxygen saturation over time. These trends are essential for assessing the patient's overall condition and response to treatment.

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

The patient underwent multiple blood tests during their stay. Key lab values included electrolytes (sodium, potassium, chloride, bicarbonate, calcium, magnesium, phosphate), liver function tests (ALT, AST, alkaline phosphatase, total bilirubin, total protein, albumin), blood urea nitrogen (BUN), creatinine, glucose, and complete blood count (CBC) with differential. These values were obtained at approximately 227 and 1514 minutes post-unit admission. The results will be presented in a separate table and visualized graphically to illustrate trends over time. Significant changes from baseline values will be discussed in relation to the patient's diagnoses and the overall clinical picture. The low potassium levels at

admission and the fluctuation in the other electrolytes warrant further attention. The liver function test results suggest liver impairment, which could be related to alcohol abuse. The elevated ammonia levels also indicate liver dysfunction. The lab trends show some improvement of liver function and electrolytes by the second set of lab values, suggesting a positive response to treatment. However, the detailed timeline and values are necessary to accurately describe the trends.

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

NULL. The provided data does not contain any information on microbiology tests.

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

\* \*\*Physical Exam Performed:\*\* Yes (Performed - Structured) \* \*\*GCS Score:\*\* 11 (Eyes: 2, Verbal: 4, Motor: 5) \*  
\*\*Admission Weight:\*\* 53.8 kg \* \*\*Current Weight:\*\* 53.8 kg \* \*\*Weight Change:\*\* 0 kg \* \*\*Intake:\*\* 0 ml \* \*\*Output:\*\* 0 ml  
\* \*\*Dialysis Net:\*\* 0 ml \* \*\*Total Net:\*\* 0 ml

The Glasgow Coma Scale (GCS) score of 11 at admission indicates some degree of impaired consciousness, consistent with the encephalopathy diagnosis. The fact that weight remains unchanged is noteworthy given the context of potential alcohol withdrawal and metabolic disturbances. The absence of intake and output values indicates that this data is incomplete and requires further information.