

****Medical Report for Patient 004-15620****

****1. Patient Information****

* **Patient Unit Stay ID:** 346753 * **Unique Patient ID:** 004-15620 * **Gender:** Female * **Age:** 32 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 14:13:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 17:36:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 17:40:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 16:46:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 73.9 kg * **Discharge Weight:** NULL * **Admission Height:** 177.8 cm * **APACHE Admission Diagnosis:** Overdose, alcohols (bethanol, methanol, ethylene glycol)

****2. History****

The patient, a 32-year-old Caucasian female, was admitted to the hospital via the Emergency Department following an alcohol overdose. The exact details surrounding the overdose, including the type and amount of alcohol consumed, are not provided in the available data. Upon arrival at the hospital, she presented with altered mental status and suicidal ideation, requiring immediate admission to the Med-Surg ICU.

****3. Diagnoses****

* **Primary Diagnosis:** Neurologic: Altered mental status/pain/suicidal ideation (ICD-9 codes: V62.84, R45.851) *
* **Secondary Diagnosis:** Toxicology: Drug overdose/ethanol overdose (ICD-9 codes: 980.0, E980.2, T51.0)

The diagnoses were recorded 105 minutes after unit admission. The secondary diagnosis of ethanol overdose reflects the primary reason for admission, while the primary diagnosis captures the patient's neurological presentation, including altered mental status, pain, and suicidal ideation.

****4. Treatments****

* **Intravenous fluids (Normal Saline):** Administered to maintain hydration and electrolyte balance. The treatment was active upon discharge. * **Lorazepam:** A sedative agent administered to manage pain, agitation, and altered mental status associated with the alcohol overdose. This treatment was also active upon discharge.

Both treatments were initiated 105 minutes after unit admission and continued throughout the ICU stay.

****5. Vital Trends****

A complete picture of vital signs trends is unavailable due to insufficient data. However, the available physical exam data shows the following: * **Heart Rate (HR):** Current HR was 95 bpm, with a lowest recorded HR of 89 bpm and a highest of 101 bpm. * **Blood Pressure (BP):** Current systolic BP was 118 mmHg, with a lowest and highest recorded systolic BP of 118 mmHg. Current diastolic BP was 80 mmHg, with a lowest and highest recorded diastolic BP of 80 mmHg. * **Respiratory Rate (RR):** Current RR was 15 breaths per minute, with a lowest of 14 and a highest of 15 breaths per minute. * **Glasgow Coma Scale (GCS):** Total GCS score was 15 (Eyes: 4, Verbal: 5, Motor: 6), suggesting intact neurological function at the time of the exam.

****6. Lab Trends****

Only one lab result is available in the provided data: FiO2 (fraction of inspired oxygen) was 21% at 130 minutes post-unit admission. Additional lab data is needed to assess trends in other vital parameters.

****7. Microbiology Tests****

NULL. No microbiology test results are provided.

****8. Physical Examination Results****

A structured physical exam was performed 66 minutes post unit admission. Vital signs at this time were as described in the Vital Trends section. The neurological exam revealed a GCS score of 15, indicating normal neurological function. Additional details regarding the remainder of the physical examination are lacking.