

**\*\*Medical Report: Patient 002-11713\*\***

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

\*\*\*Patient Unit Stay ID:\*\* 161763 \*\*\*Unique Patient ID:\*\* 002-11713 \*\*\*Gender:\*\* Female \*\*\*Age:\*\* 18 years \*  
\*\*Ethnicity:\*\* Caucasian \*\*\*Hospital Admit Time:\*\* 2015-XX-XX 23:59:00 \*\*\*Hospital Admit Source:\*\* Emergency  
Department \*\*\*Hospital Discharge Time:\*\* 2015-XX-XX 19:28:00 \*\*\*Hospital Discharge Location:\*\* Other Hospital \*  
\*\*Hospital Discharge Status:\*\* Alive \*\*\*Unit Type:\*\* Med-Surg ICU \*\*\*Unit Admit Time:\*\* 2015-XX-XX 00:08:00 \*\*\*Unit  
Admit Source:\*\* Emergency Department \*\*\*Unit Discharge Time:\*\* 2015-XX-XX 17:23:00 \*\*\*Unit Discharge Location:\*\*  
Floor \*\*\*Unit Discharge Status:\*\* Alive \*\*\*Admission Weight:\*\* 55.8 kg \*\*\*Discharge Weight:\*\* 56 kg \*\*\*Admission  
Height:\*\* 162.6 cm

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

The patient was admitted to the hospital via the Emergency Department following an analgesic overdose (aspirin, acetaminophen) as per the admission diagnosis. Further details regarding the circumstances of the overdose, such as the quantity of drugs ingested, time of ingestion, and any pre-existing medical conditions that may have contributed to the event, are not available in this dataset. The patient was transferred to the Med-Surg ICU for ongoing care and monitoring. The lack of detailed history information limits the comprehensive analysis of the patient's condition.

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

\*\*\*Primary:\*\* Toxicology, Drug overdose, Drug overdose - general \*\*\*Major:\*\* Toxicology, Drug overdose,  
Acetaminophen overdose \*\*\*Other:\*\* Toxicology, Drug overdose, Narcotic overdose

ICD-9 codes are provided for Acetaminophen and Narcotic overdoses (E980.0, 965.4, T39.1X and E980.2, 965.00, T40.60 respectively). No ICD-9 code is available for the primary diagnosis. This information suggests a complex presentation involving multiple drug classes. The absence of some ICD-9 codes might indicate incomplete documentation.

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

NULL. Treatment details are not included in the provided dataset.

**\*\*5. Vital Trends:\*\***

NULL. Vital sign data is not available in the provided dataset.

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

The provided lab data shows multiple blood chemistry and hematology tests performed at approximately -197 and +627 minutes from unit admission. There are two sets of complete blood counts (CBCs), indicating monitoring of the patient's hematological status over the course of the ICU stay. Chemistry panels show some fluctuation in electrolytes and liver function tests (LFTs) between the two time points. Specifically, there is a slight increase in ALT (SGPT) and AST (SGOT) from 28 and 17 Units/L to 29 and 19 Units/L respectively, suggesting possible liver involvement, although further assessment is required. Acetaminophen levels were monitored with levels of 114 mcg/mL at -197 minutes, decreasing to 81 mcg/mL at -17 minutes, and further decreasing to 27 mcg/mL at 221 minutes, demonstrating a decline in the concentration of this drug in the bloodstream. Salicylate levels were below the detection limit (<1.7 mg/dL). A trend analysis of these lab values could provide insights into the patient's response to treatment and overall recovery.

**\*\*7. Microbiology Tests:\*\***

NULL. Microbiology test results are not available in the provided dataset.

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

**\* \*\*Physical Exam Performed:\*\* Yes (Structured) \* \*\*Admission Weight:\*\* 55.8 kg \* \*\*Current Weight:\*\* 56 kg \* \*\*Weight Change:\*\* +0.2 kg \* \*\*Glasgow Coma Scale (GCS) Score:\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6)**

The GCS score of 15 indicates that the patient was alert and oriented at the time of the examination. The weight gain of 0.2 kg suggests fluid retention, which could be a result of the patient's condition or treatment. Further details about the physical exam are necessary for a complete clinical picture.