Medical Report: Patient 006-101404

1. Patient Information:

* **Patient Unit Stay ID:** 933278 * **Unique Patient ID:** 006-101404 * **Gender:** Male * **Age:** 44 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 09:34:00 * **Hospital Discharge Time:** 2014-XX-XX 23:05:00 * **Unit Admission 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 * **Unit Admission Source:** Emergency Department * **Unit Discharge Location:** Step-Down Unit (SDU) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

2. History:

Insufficient data provided to generate a detailed patient history. The report only includes admission and discharge information, and diagnoses. A complete history would require additional information about the patient's presenting symptoms, prior medical conditions, family history, social history, and medication history. The admission diagnosis was listed as Drug Withdrawal. Further details regarding the specific drug and the patient's history of substance use are needed to fully assess the situation.

3. Diagnoses:

* **Primary Diagnosis:** Toxicology|Drug withdrawal|alcohol withdrawal (ICD-9 code: 291.81, F10.239) * **Major Diagnosis:** Neurologic|altered mental status / pain|encephalopathy|metabolic (ICD-9 code: 348.31, G93.41)

The primary diagnosis indicates alcohol withdrawal, a serious condition requiring careful monitoring and management. The major diagnosis suggests encephalopathy, possibly related to the metabolic consequences of alcohol withdrawal or an underlying condition. More information is needed to determine the precise relationship between these diagnoses and the patient's overall clinical picture.

4. Treatments:

NULL. No treatment information is available in the provided data.

5. Vital Trends:

NULL. No vital sign data is provided.

6. Lab Trends:

The provided lab data shows multiple chemistry and hematology tests performed at approximately 227 minutes and 1514 minutes after unit admission. Key findings include:

* **Electrolyte Imbalances:** Initial potassium levels were low (2.7 mmol/L), and later improved to 3.4 mmol/L. Sodium levels were within normal limits initially (140 mmol/L) and slightly decreased to 136 mmol/L later. These electrolyte abnormalities are often associated with alcohol withdrawal and can contribute to the altered mental status. * **Liver Function:** Elevated liver enzymes (ALT and AST), indicating possible liver damage, potentially related to alcohol abuse. These levels showed improvement between the initial and follow up labs. * **Kidney Function:** Creatinine levels were initially normal (0.8 mg/dL) and decreased slightly to 0.68 mg/dL, suggesting normal kidney function. BUN levels were elevated (10 mg/dL initially) and improved to 6 mg/dL. * **Other Labs:** Total bilirubin was elevated (1.1 mg/dL) initially and decreased to 1.0 mg/dL. Albumin levels were low (3.2 g/dL initially) and further decreased to 3.0 g/dL. These findings suggest possible liver dysfunction. Hematological results showed that the patient's blood counts were somewhat low, but within a range that was not immediately life-threatening. Ammonia levels were elevated, likely indicating the severity of the hepatic dysfunction.

7. Microbiology Tests:

NULL. No microbiology test data is available.

8. Physical Examination Results:

* **GCS Score:** 11 at the time of the exam (Eyes: 2, Verbal: 4, Motor: 5) suggesting mild impairment of consciousness. * **Weight:** 53.8 kg (both admission and current weight). * **I&O;:** 0 ml for intake and output, dialysis and total net.

The initial GCS score indicates a moderate level of impairment of consciousness. The weight remained consistent throughout the stay. The reported I&O; data is incomplete and requires further clarification.

Note: This report is based solely on the limited data provided. A complete and accurate medical assessment requires a comprehensive review of the patient's complete medical record including all relevant clinical notes and findings.

Chart Description:

1. Time-Series Line Chart for Lab Values:

* **X-axis:** Time since unit admission (in minutes) * **Y-axis:** Lab result values (with appropriate units for each lab) * **Grouping/Color-coding:** Separate lines for each lab test (e.g., potassium, sodium, ALT, AST, bilirubin, albumin, creatinine, BUN).

This chart would clearly illustrate the trends of different lab values over time, allowing for the visualization of the patient's physiological changes during the ICU stay. This would allow for a better understanding of the progression of the patient's condition and the effectiveness of any interventions. For example, a downward trend in potassium levels would be immediately apparent, highlighting the need for intervention. Similarly, any improvements in liver function tests (ALT and AST) would be easily observable. The changes in electrolytes and liver function tests would be particularly important to monitor, given the primary and secondary diagnosis.

2. Bar Chart for Complete Blood Count (CBC) Results:

* **X-axis:** Different CBC parameters (e.g., WBC, RBC, Hgb, Hct, Platelets, MCV, MCH, MCHC, RDW, Lymphocytes, Monocytes, Polymorphonuclear leukocytes, Basophils, Eosinophils) * **Y-axis:** Lab result values (with appropriate units) * **Grouping/Color-coding:** Bars representing the initial and follow-up CBC results could be different colors.

This chart would provide a clear visual representation of the patient's blood counts and indices at different time points. This would help identify any abnormalities or significant changes in blood parameters. Changes in the absolute counts of the different white blood cell subsets would be useful in determining the presence of infection. The bar chart would offer a quick and comprehensive overview of the CBC data, which could be compared with the patient's other clinical observations.

CSV Data:

```csv Time (minutes),Potassium (mmol/L),Sodium (mmol/L),ALT (IU/L),AST (IU/L),Total Bilirubin (mg/dL),Albumin (g/dL),Creatinine (mg/dL),BUN (mg/dL),Ammonia (mcg/dL),Platelets (K/mcL),WBC (K/mcL),Hgb (g/dL),Hct (%) ,MCV (fL),MCH (pg),MCHC (g/dL),RDW (%),Lymphocytes (%),Monocytes (%),Polymorphonuclear leukocytes (%),Basophils (%),Eosinophils (%) 227,2.7,140,61,56,1.1,3.2,0.8,10,26,88,6.7,12.7,37.7,95,31.9,33.7,14,22,8,68,0,2 1514,3.4,136,53,45,1.0,3.0,0.68,6,15,97,8.5,12.3,36.2,94,32,34,13.6,17,10,70,1,2

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