

****Medical Report for Patient 004-13512****

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

* **Patient Unit Stay ID:** 364998 * **Unique Patient ID:** 004-13512 * **Gender:** Male * **Age:** 34 * **Ethnicity:** African American * **Hospital Admit Time:** 2015-XX-XX 07:19:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 23:28:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 09:33:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 23:28:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 74.84 kg * **Discharge Weight:** NULL

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

Admission diagnosis was 'Overdose, other toxin, poison or drug' from the Emergency Department. Further details regarding the patient's history prior to admission are not available in the provided data. The data suggests a complex medical picture involving multiple diagnoses and treatments.

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

The patient presented with several diagnoses, listed here with their ICD-9 codes and active status upon discharge:

* **COPD:** 491.20, J44.9 (Active upon discharge) * **Chronic Renal Insufficiency:** 585.9, N18.9 (Active upon discharge) * **Hypertension:** 401.9, I10 (Active upon discharge) * **Drug Overdose - General:** (Not active upon discharge)

Note: Multiple entries exist for COPD and Hypertension indicating either reassessment or different manifestations of the conditions over the course of the hospital stay. The drug overdose diagnosis was not active upon discharge, suggesting successful treatment or resolution. The priority of the diagnoses is not well defined in the data; all diagnoses were marked as 'Other'.

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

The patient received the following treatments during their ICU stay:

* **Compression Boots (VTE prophylaxis):** (Active upon discharge) * **Lorazepam (sedative agent):** (Active upon discharge) * **Psychiatry Consultation:** (Active upon discharge) * **Ondansetron (antiemetic):** (Active upon discharge)

The data shows that compression boots and lorazepam were also administered at an earlier point in the ICU stay, but were not active at the time of discharge. This might indicate a change in treatment strategy or the completion of a therapeutic course. The psychiatry consultation likely relates to the drug overdose.

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

NULL (Insufficient data to generate vital trends)

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

The following lab values were recorded (Note: Exact timing information is given as offset minutes from unit admission time. Times are approximate and not explicitly stated):

* **Ethanol:** 0 mg/dL * **Acetaminophen:** 0 mcg/mL * **Albumin:** 2.9 g/dL * **Bicarbonate:** 29 mmol/L * **Urinary Specific Gravity:** 1.02 * **FiO2:** 21 % * **Total Protein:** 6.5 g/dL * **paCO2:** 35.7 mm Hg * **Lymphocytes:** 33 % *

Potassium: 3.9 mmol/L * **Platelets:** 106 K/mcL * **Base Excess:** 0.8 mEq/L * **Monocytes:** 13 % *
Creatinine: 1.1 mg/dL * **MCHC:** 35 g/dL * **Oxyhemoglobin:** 90.9 % * **RDW:** 11.9 % * **Alkaline
Phosphatase:** 45 Units/L * **MCH:** 34 pg * **pH:** 7.453 * **RBC:** 3.47 M/mcL * **Salicylate:** 7 mg/dL * **MCV:** 99
fL * **Hgb:** 11.9 g/dL * **Total Bilirubin:** 0.3 mg/dL * **Methemoglobin:** 0.4 % * **ALT (SGPT):** 13 Units/L *
Polymorphonuclear Leukocytes: 53 % * **AST (SGOT):** 9 Units/L * **Glucose:** 82 mg/dL * **Hct:** 34.4 % *
paO2: 82 mm Hg * **Chloride:** 107 mmol/L * **WBC:** 5.1 K/mcL * **Sodium:** 142 mmol/L * **Calcium:** 8.3 mg/dL
* **Basophils:** 0 % * **Carboxyhemoglobin:** 4.6 % * **BUN:** 11 mg/dL * **Eosinophils:** 1 %

7. Microbiology Tests:

NULL (Insufficient data)

8. Physical Examination Results:

* **Weight (kg):** 74.84 kg (Admission) * **Heart Rate:** 79 bpm * **Systolic Blood Pressure:** 106 mmHg * **Diastolic
Blood Pressure:** 70 mmHg * **Respiratory Rate:** 19 breaths/min * **Oxygen Saturation:** 98 % * **Glasgow Coma
Scale (GCS):** 14 (Eyes 4, Verbal 4, Motor 6)

The physical examination results provide a snapshot of the patient's vital signs upon admission to the ICU.