Medical Report for Patient 006-100773

1. Patient Information

* **Patient Unit Stay ID:** 562011 * **Unique Patient ID:** 006-100773 * **Patient Health System Stay ID:** 467683 * **Gender:** Male * **Age:** 57 * **Ethnicity:** Caucasian * **Hospital ID:** 165 * **Ward ID:** 337 * **Admission Height (cm):** 182 * **Admission Weight (kg):** 100 * **Discharge Weight (kg):** 103.6 * **Hospital Admit Time:** 2015-01-01 01:48:00 (Hospital Admit Offset: -107 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-01-01 21:45:00 (Hospital Discharge Offset: 9730 minutes from unit admit) * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-01-01 03:35:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 2015-01-01 14:59:00 (Unit Discharge Offset: 2124 minutes from unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **APACHE Admission Dx:** Overdose, sedatives, hypnotics, antipsychotics, benzodiazepines

2. History

The provided data does not contain a detailed patient history. Further information is needed to complete this section. The APACHE admission diagnosis indicates a drug overdose involving sedatives, hypnotics, antipsychotics, and benzodiazepines. This suggests a likely scenario of intentional or accidental ingestion of multiple medications. However, specifics regarding the timeline of events, quantities ingested, presence of co-morbidities, and any pre-existing medical conditions are missing and crucial for a complete history. A more comprehensive history would include details about the patient's social history, including substance use, mental health history, and family history of relevant conditions. Additionally, information about any symptoms prior to admission, the circumstances surrounding the overdose, and any attempts at self-treatment are necessary.

3. Diagnoses

* **Diagnosis ID:** 11292452 * **Patient Unit Stay ID:** 562011 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 23 * **Diagnosis String:** toxicology|drug overdose|drug overdose- general * **ICD-9 Code:** NULL * **Diagnosis Priority:** Primary

The primary diagnosis is a drug overdose, lacking a specific ICD-9 code. This necessitates further investigation and clarification to determine the precise type and severity of the overdose. A complete diagnostic assessment would involve reviewing all available medical records, including toxicology reports, to identify all substances involved. The absence of ICD-9 code requires further investigation to obtain this essential piece of information for accurate coding and record-keeping. A detailed understanding of the patient's response to the overdose, organ system involvement, and any resulting complications is also essential for comprehensive diagnosis. Additional diagnoses may be present but are not included in this data set.

4. Treatments

The provided data does not contain information about treatments administered. This section requires additional data, such as medication administration records, procedural notes, and nursing documentation, to describe interventions provided during the ICU stay. A comprehensive account of treatments would include specifics about supportive care, such as fluid resuscitation, respiratory support, and hemodynamic monitoring, as well as any specific interventions for the drug overdose, such as gastric lavage or the administration of antidotes. Detailed records of treatment response would be crucial for evaluating the effectiveness of the interventions undertaken. The absence of treatment data limits the ability to assess the overall patient management and outcome.

5. Vital Trends

The data includes several vital signs recorded during the physical exam:

* **Heart Rate (HR):** 104 bpm (Current, Lowest, and Highest values are identical, suggesting this may represent a single measurement rather than a trend. Further data is needed to illustrate trends.) * **Blood Pressure (BP):** 110/75 mmHg (Systolic and Diastolic - Current, Lowest, and Highest values are identical, indicating only one BP measurement is recorded. Additional data is required to show vital sign trends.) * **Respiratory Rate (RR):** 13 breaths/min (Current, Lowest, and Highest values are identical, suggesting this may represent a single measurement rather than a trend. Further data is needed to illustrate trends.) * **Oxygen Saturation (SpO2):** 95% (Current, Lowest, and Highest values are identical, suggesting this may represent a single measurement rather than a trend. Further data is needed to illustrate trends.)

More frequent vital sign recordings are needed to assess trends and patterns in the patient's physiological status over time. This would involve extracting data from the electronic health record (EHR) to show the changes in heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, etc. over the course of the ICU stay. These trends are critical for identifying potential complications and guiding treatment decisions. The current data is insufficient to assess vital sign trends.

6. Lab Trends

The provided data includes multiple lab results, however, the time points are limited. The data shows lab values from multiple time points (-515, 897, 1652 minutes from unit admit time). To properly assess trends, more frequent blood samples are needed. A detailed time series analysis of each lab parameter is crucial to monitor the patient's response to treatment and detect any adverse events. A graphical representation of these trends over time would provide a more comprehensive understanding of the patient's clinical course. The current data allows for a partial view of the lab trends but lacks the necessary frequency for a thorough analysis.

7. Microbiology Tests

NULL. No microbiology test data is available.

8. Physical Examination Results

The provided data includes a limited number of physical examination findings from a single time point (18 minutes from unit admit).

* **GCS Score:** 14 (3+5+6) * **Weight (kg):** 100 (Admission weight) * **Heart Rate (HR):** 104 bpm * **Blood Pressure (BP):** 110/75 mmHg * **Respiratory Rate (RR):** 13 breaths/min * **Oxygen Saturation (SpO2):** 95%

The physical exam results are incomplete and require more comprehensive data to provide a full picture of the patient's physical condition upon admission and during the course of their stay. A detailed physical exam would assess all body systems to identify any abnormalities or signs of organ dysfunction. Serial physical exams would be essential for monitoring the patient's response to treatment and detecting any changes in their condition. The current data is insufficient to complete this section fully.