

Medical Report for Patient 004-10473

1. Patient Information:

***Patient Unit Stay ID:** 375725 ***Unique Patient ID:** 004-10473 ***Gender:** Female ***Age:** 18 ***Ethnicity:** Caucasian ***Hospital Admission Time:** 2015-XX-XX 10:27:00 ***Hospital Admission Source:** Emergency Department ***Hospital Discharge Time:** 2015-XX-XX 15:52:00 ***Hospital Discharge Location:** Home ***Hospital Discharge Status:** Alive ***Unit Type:** Med-Surg ICU ***Unit Admission Time:** 2015-XX-XX 12:35:00 ***Unit Admission Source:** Emergency Department ***Unit Discharge Time:** 2015-XX-XX 15:52:00 ***Unit Discharge Location:** Home ***Unit Discharge Status:** Alive ***Admission Weight:** 61.23 kg ***Admission Height:** 165.1 cm

2. History:

The patient was admitted to the hospital via the Emergency Department following an alcohol overdose. The exact circumstances surrounding the overdose are not detailed in the provided data. The patient's history of alcohol use and other potential contributing factors to the overdose remain unknown without further information. The timing of the alcohol overdose relative to hospital admission is not specified. Additional details regarding the patient's past medical history, family history, social history, and medication history are needed to complete a comprehensive history. This section requires additional information.

3. Diagnoses:

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis was alcohol withdrawal (ICD-9 codes 291.81, F10.239). Major diagnoses included altered mental status/depression (ICD-9 codes 311, F32.9) and asthma/bronchospasm (ICD-9 codes 493.90, J45). It is important to note that the alcohol withdrawal diagnosis was recorded multiple times, suggesting ongoing monitoring and management of this condition. The active diagnoses upon discharge were alcohol withdrawal, altered mental status/depression, and asthma/bronchospasm. The diagnosis codes suggest a complex clinical picture requiring multifaceted treatment. Further information about the severity and timeline of each diagnosis would be beneficial.

4. Treatments:

The patient received a variety of treatments during her ICU stay. These included medications for alcohol withdrawal, bronchodilators (albuterol and a combination beta-agonist/anticholinergic), antiemetics (ondansetron), analgesics (acetaminophen), and hypertension management (labetalol and clonidine). Nutritional support via oral feeds was also provided. Nicotine patches were used, suggesting a history of nicotine use. VTE prophylaxis with compression stockings was administered. Psychiatric consultation was obtained, likely to address the altered mental status and depression. The data indicates that several treatments were discontinued during the stay, suggesting improvement or changes in clinical status. Detailed dosage information and treatment response would enhance this section.

5. Vital Trends: NULL. No vital sign data is available in the provided dataset.

6. Lab Trends:

Laboratory results indicate the following:

***Hematology:** The complete blood count showed a platelet count of 263 K/mcL, Hct of 39.2%, Hgb of 12.2 g/dL, MCV of 81 fL, and MCHC of 31 g/dL. Differential counts indicated -basos of 0%, -polys of 48%, -monos of 5%, -eos of 1%, and -lymphs of 46%. The WBC count was 6.3 K/mcL and RDW was 15.5%. ***Chemistry:** The basic metabolic panel revealed a total bilirubin of 0.3 mg/dL, total protein of 8.4 g/dL, albumin of 4.1 g/dL, BUN of 7 mg/dL, creatinine of 0.55 mg/dL, sodium of 144 mmol/L, potassium of 5.1 mmol/L, chloride of 106 mmol/L, bicarbonate of 26.3 mmol/L, and glucose of 110 mg/dL. Alkaline phosphatase was 98 Units/L and ALT (SGPT) was 26 Units/L and AST (SGOT) was 40 Units/L. * **Other:** A urinary specific gravity of 1.010 was recorded. Serial ethanol levels were obtained, showing an initial level of 271 mg/dL, decreasing to 98 mg/dL, 184 mg/dL, and finally 0 mg/dL. The arterial blood gas showed a FiO2 of 21%.

The lab values suggest that the patient had some degree of dehydration and possibly liver dysfunction, in addition to the effects of alcohol withdrawal. More frequent lab data would be beneficial for a better understanding of trends over time.

****7. Microbiology Tests:**** NULL. No microbiology test data is included in the provided dataset.

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

Physical examination documented a GCS score of 15 (Eyes 4, Verbal 5, Motor 6), a heart rate ranging from 67 to 84 bpm, a systolic blood pressure between 101 and 114 mmHg, a diastolic blood pressure between 45 and 63 mmHg, and an oxygen saturation between 97 and 100%. The respiratory rate was 20 breaths per minute. The patient's admission weight was recorded as 61.23 kg. The physical exam findings are generally consistent with a patient recovering from an alcohol withdrawal episode. However, more comprehensive physical exam findings are required.