

****Patient Information****

Patient Unit Stay ID: 223303 Unique Patient ID: 002-10804 Gender: Male Age: 32 Ethnicity: Caucasian Hospital ID: 59 Ward ID: 91 Unit Type: Med-Surg ICU Admission Height (cm): 172.7 Admission Weight (kg): 63.5 Discharge Weight (kg): 56 Hospital Admit Time: 2014-XX-XX 14:33:00 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2014 Hospital Discharge Time: 2014-XX-XX 16:21:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Admit Time: 2014-XX-XX 14:38:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Unit Discharge Time: 2014-XX-XX 23:54:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Diagnosis: Overdose, street drugs (opiates, cocaine, amphetamine)

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

The patient presented with multiple diagnoses, primarily related to drug overdose and its complications. The primary diagnoses included:

* ****Toxicology | Drug overdose | Drug overdose- general**** (Diagnosis ID: 4270612, 4017871; Active upon discharge: True, False respectively; Priority: Primary) * ****Toxicology | Drug overdose | Narcotic overdose**** (Diagnosis ID: 3420887, 4230255; Active upon discharge: True, False respectively; Priority: Other) Secondary diagnoses included:

* ****Renal | Disorder of kidney | Acute renal failure**** (Diagnosis ID: 3951442; Active upon discharge: False; Priority: Major) ICD-9 Codes: 584.9, N17.9 * ****Cardiovascular | Shock / hypotension | Hypotension**** (Diagnosis ID: 4024076, 3467644; Active upon discharge: True, False respectively; Priority: Major) ICD-9 Codes: 458.9, I95.9 * ****Cardiovascular | Chest pain / ASHD | Acute coronary syndrome**** (Diagnosis ID: 4160826, 3682280; Active upon discharge: False, True respectively; Priority: Major)

The temporal relationship between diagnoses is noteworthy. Some diagnoses (e.g., acute renal failure) were noted early in the stay, while others (e.g., hypotension) developed later. This suggests a progression of complications from the initial drug overdose.

****Treatments****

NULL (Insufficient data provided)

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The provided lab data shows multiple blood tests performed at different time points during the patient's stay. Initial tests (-150 minutes offset) revealed elevated potassium (5.0 mmol/L), creatinine (2.25 mg/dL), and a high white blood cell count (15.8 K/mcL), indicative of potential organ damage and systemic inflammation. Later tests (1182 and 2627 minutes offset) showed improvement in some parameters, including potassium (3.9 mmol/L and 3.8 mmol/L) and creatinine (0.94 mg/dL and 0.91 mg/dL), but persistently elevated troponin levels (0.08 ng/mL) indicating ongoing cardiac stress. The complete blood count (CBC) revealed anemia (low Hemoglobin and Hematocrit), and abnormalities in other parameters such as MCV and RDW. These trends suggest the initial response to treatment and ongoing monitoring of the patient's condition.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

The physical exam documented a GCS score of 14 (Eyes: 4, Verbal: 4, Motor: 6) at admission, suggesting some level of neurological impairment. A structured physical exam was performed. The admission and current weight of the patient was recorded as 63.5 kg. The weight delta and I&O; values were recorded as 0, indicating no significant change in weight or fluid balance during the early stages of the stay. This suggests a baseline assessment of the patient's condition upon arrival.