

****Medical Report - Patient 006-101311****

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

***Patient Unit Stay ID:** 869526 ***Patient Health System Stay ID:** 652238 ***Unique Patient ID:** 006-101311 *
Gender: Male ***Age:** 34 ***Ethnicity:** African American ***Hospital ID:** 148 ***Ward ID:** 347 ***Unit Type:**
MICU * **Unit Admit Time:** 23:45:00 ***Unit Admit Source:** Emergency Department ***Unit Discharge Time:**
19:06:00 * **Unit Discharge Location:** Step-Down Unit (SDU) ***Unit Discharge Status:** Alive ***Hospital Admit
Time:** 21:43:00 (Hospital Admit Offset: -122 minutes from unit admit) ***Hospital Admit Source:** Emergency
Department ***Hospital Discharge Year:** 2015 ***Hospital Discharge Time:** 02:30:00 (Hospital Discharge Offset: 7365
minutes from unit admit) ***Hospital Discharge Location:** Home ***Hospital Discharge Status:** Alive ***Admission
Weight:** 81.5 kg ***Discharge Weight:** 81.7 kg ***Admission Height:** 175 cm ***APACHE Admission Dx:**
Acid-base/electrolyte disturbance

****2. History****

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history.)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The diagnoses entered at 21 minutes from unit admit time were:

* **Toxicology|Drug overdose|ethanol overdose (ICD-9 Codes: 980.0, E980.2, T51.0):** This indicates an ethanol overdose, a significant finding requiring careful monitoring and management. This diagnosis was marked as Major and was not active upon discharge. * **Neurologic|altered mental status / pain|change in mental status (ICD-9 Codes: 780.09, R41.82):** This indicates altered mental status and pain, potentially related to the ethanol overdose. This diagnosis was marked as Major and was not active upon discharge. * **Neurologic|altered mental status / pain|encephalopathy|metabolic (ICD-9 Codes: 348.31, G93.41):** This suggests metabolic encephalopathy, a serious condition affecting brain function due to metabolic imbalances. This diagnosis was marked as Primary and was not active upon discharge.

Diagnoses entered at 330 minutes from unit admit time were:

* **Neurologic|altered mental status / pain|change in mental status (ICD-9 Codes: 780.09, R41.82):** This is a recurring entry of the altered mental status and pain diagnosis. This was marked as Major and was active upon discharge. *
Toxicology|drug overdose|ethanol overdose (ICD-9 Codes: 980.0, E980.2, T51.0): This is a recurring entry of the ethanol overdose diagnosis. This was marked as Major and was active upon discharge. * **Neurologic|altered mental status / pain|encephalopathy|metabolic (ICD-9 Codes: 348.31, G93.41):** This is a recurring entry of the metabolic encephalopathy diagnosis. This was marked as Primary and was active upon discharge.

The presence of both neurological and toxicological issues suggests a complex clinical picture requiring multidisciplinary management. The fact that some diagnoses were resolved during the stay while others persisted at discharge highlights the dynamic nature of the patient's condition.

****4. Treatments****

The patient received bicarbonate treatment (renal|medications|bicarbonate), which was initiated 21 minutes after unit admission but was not active upon discharge. This suggests that the treatment was successful in addressing a specific aspect of the patient's condition. Further details on the duration and dosage of this treatment are needed for a complete assessment.

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

NULL (No vital sign data was provided in the JSON.)

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

The provided lab data shows multiple chemistry and hematology tests performed at various time points. There is evidence of abnormalities including elevated liver enzymes (AST and ALT), and electrolyte imbalances potentially contributing to the metabolic encephalopathy diagnosis. Serial lab results reveal a trend of improvement in some parameters (e.g., Creatinine, bicarbonate, anion gap) over the course of the ICU stay. However, a more complete picture requires a time series analysis of the data.

****7. Microbiology Tests****

NULL (No microbiology test data was provided in the JSON.)

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

The physical exam was performed and documented. The patient's admission weight was recorded as 81.5 kg, and the current weight was also 81.5kg, indicating no change in weight during the ICU stay. The Glasgow Coma Scale (GCS) was documented; the eyes, verbal, and motor scores were 3, 4, and 5 respectively. This indicates a level of consciousness that needs further investigation. The I&O; (Intake and Output) balance showed a net negative balance of -190 ml.