Patient Information

Patient Unit Stay ID: 195105 Unique Patient ID: 002-11589 Gender: Male Age: 17 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 15:02:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2014-XX-XX 18:30:00 Hospital Discharge Location: Other Hospital Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2014-XX-XX 18:42:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2014-XX-XX 13:03:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 77.1 kg Discharge Weight: 77.1 kg Admission Height: 193 cm

History

The patient was admitted to the hospital via the Emergency Department following an antidepressant (cyclic, lithium) overdose. The specifics of the overdose, including the type and quantity of medication ingested, are not provided in this dataset. The patient presented with symptoms consistent with tricyclic antidepressant overdose, as indicated by the primary diagnosis of toxicology, drug overdose, and tricyclic overdose.

Diagnoses

Diagnosis ID: 3523597 Patient Unit Stay ID: 195105 Active Upon Discharge: True Diagnosis Offset (minutes from unit admit): 26 Diagnosis String: toxicology|drug overdose|tricyclic overdose ICD-9 Code: E980.3, 969.0, T43.01 Diagnosis Priority: Primary

Treatments

NULL (Treatment information is not available in the provided dataset.)

Vital Trends

NULL (Vital sign data is not available in the provided dataset.)

Lab Trends

The provided data includes several lab results taken both before (-205 minutes) and after (1286 minutes) unit admission. There are both chemistry and hematology panels. Several key observations:

* **Glucose:** Initial glucose level was 150 mg/dL, which subsequently decreased to 99 mg/dL. This suggests initial hyperglycemia that responded to treatment. * **Electrolytes:** Sodium levels were relatively stable (136 mmol/L initially, 137 mmol/L later) within the normal range. Potassium showed a slight decrease from 3.4 mmol/L to 4.2 mmol/L, which is still within the normal range. Chloride levels were slightly elevated (99 mmol/L initially, 101 mmol/L later) though the significance of this elevation without a broader context is unclear. Bicarbonate showed a slight increase from 28 mmol/L to 30 mmol/L, again suggesting possible metabolic compensation. * **Liver Function Tests (LFTs):** AST (SGOT) and ALT (SGPT) were elevated initially (17 Units/L and 46 Units/L respectively) and decreased somewhat after treatment (14 Units/L and 38 Units/L). This is indicative of liver injury, potentially related to the drug overdose. * **Kidney Function Tests:** Creatinine was mildly elevated at 0.9 mg/dL initially, increasing to 1.0 mg/dL later. BUN was also elevated initially (16 mg/dL) and decreased to 11 mg/dL later. This may indicate some degree of kidney involvement, which warrants further investigation. * **Total Bilirubin:** Mildly elevated initially (0.5 mg/dL) and further increased to 0.4 mg/dL. This could be a consequence of liver injury. * **Hematology:** The complete blood count (CBC) shows a normal white blood cell count (WBC), but other parameters like MCV, MCH, MCHC, and platelets require evaluation in relation to normal ranges. The patient's Hemoglobin shows a normal level. * **Other:** Alkaline phosphatase was moderately elevated in both samples (105 Units/L and 108 Units/L), and Total Protein was stable around 8.2 g/dL. Anion Gap was mildly elevated initially (12 mmol/L) and decreased to 10 mmol/L after treatment.

Microbiology Tests

NULL (Microbiology test results are not available in the provided dataset.)

Physical Examination Results

Physical Exam Performed: The physical exam was performed and documented. A Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6) was recorded. Admission and current weight were both measured as 77.1 kg. Weight change was recorded as 0 kg.