Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 467819 * **PatientHealthSystemStayID:** 397057 * **Gender:** Male * **Age:** 88 years * **Ethnicity:** Hispanic * **HospitalID:** 142 * **WardID:** 273 * **APACHEAdmissionDx:** Hemorrhage/hematoma, intracranial * **Admission Height:** 157.5 cm * **Hospital Admit Time:** 2015-XX-XX 23:02:00 (Hospital Admit Offset: -161 minutes) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 21:45:00 (Hospital Discharge Offset: 14162 minutes) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Neuro ICU * **Unit Admit Time:** 2015-XX-XX 01:43:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 55.3 kg * **Discharge Weight:** NULL * **Unit Discharge Time:** 2015-XX-XX 22:15:00 (Unit Discharge Offset: 4112 minutes) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **UniquePID:** 005-10204

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was hemorrhagic stroke (right-sided in some instances), with ICD-9 codes 432.9 and I62.9. Major diagnoses included ESRD (end-stage renal disease) with ICD-9 codes 585.6 and N18.6, chronic kidney disease stage 4 (GFR 15-29) with ICD-9 codes 585.4 and N18.4, hypertension (ICD-9 codes 401.9 and I10), and cerebral subdural hematoma (ICD-9 codes 432.9 and I62.9). An additional major diagnosis of suspected seizures was also noted. Other diagnoses included diverticulitis of the colon (ICD-9 codes 562.11 and K57) and polycythemia. The timing of diagnoses varied, with some recorded early in the stay and others later. It is important to note that the ‘activeupondischarge’ flag is false for all diagnoses, indicating resolution or transfer of care before discharge.

4. Treatments

The patient received a comprehensive range of treatments during their ICU stay. These included medications for hypertension (ACE inhibitors, angiotensin II receptor blockers, beta-blockers, vasodilating agents – IV nicardipine and hydralazine), pain management (acetaminophen and non-narcotic analgesics), antiemetics (serotonin antagonists), and electrolyte correction. Further treatments involved VTE prophylaxis with compression boots, and consultations with nephrology, neurology, physical therapy, and occupational therapy. Diagnostic procedures included head CT scans (with and without contrast) and EEG monitoring. The timing of treatments varied, reflecting the evolving clinical picture throughout the hospital stay.

5. Vital Trends

Vital signs were monitored throughout the patient's stay. Physical examinations at 778, 2251, and 3867 minutes post-unit admission recorded the following:

* **Heart Rate (HR):** Fluctuated between 54 and 71 bpm, with a current rate consistently around 55-58 bpm at each exam. * **Blood Pressure (BP):** Systolic pressure ranged from 107 to 162 mmHg, and diastolic pressure ranged from 41 to 133 mmHg. These readings reflect considerable variability. * **Respiratory Rate (Resp):** Respiratory rate ranged from 10 to 28 breaths per minute. * **Oxygen Saturation (O2 Sat):** ranged from 84% to 100%, with current values consistently in the high 90s at each exam.

6. Lab Trends

Multiple lab tests were performed. Hematological data showed fluctuations in Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell (WBC) count, and platelet counts. Chemistry panels revealed values for creatinine, BUN, electrolytes (sodium, potassium, chloride, bicarbonate, calcium, phosphate), glucose, albumin, total protein, total bilirubin, direct bilirubin, ALT, AST, alkaline phosphatase, total cholesterol, triglycerides, HDL, LDL, and Ferritin. Coagulation studies (PT, PTT, INR) also indicated variation. The provided data doesn't allow for a detailed trend analysis, as the lab results are not explicitly linked to specific time points beyond the offset from unit admit time. More detailed time-series data is needed for a thorough analysis.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

Physical examinations documented at multiple time points. Key findings included the patient appearing ill and cachectic and in acute distress. Pupils were equal and reactive to light; cranial nerves were normal. The neurological exam demonstrated decreased strength and reflexes, with the patient being partially oriented. Cardiovascular and pulmonary examinations were relatively unremarkable. Gastrointestinal palpation did not reveal masses or organomegaly. The patient was not intubated. Intake and output measurements were documented alongside weight, with variation in fluid balance. The exact nature of the acute distress and the specific reasons for the variations are not fully explained within the provided data. Further clinical context would be helpful for interpretation.