Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 454240 * **PatientHealthSystemStayID:** 386159 * **Gender:** Female * **Age:** 58 * **Ethnicity:** Hispanic * **HospitalID:** 140 * **WardID:** 261 * **APACHEAdmissionDx:** Effusions, pleural * **Admission Height:** 170.2 cm * **Hospital Admit Time:** 2014-XX-XX 17:45:00 (Hospital Admit Offset: -342 minutes) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 19:17:00 (Hospital Discharge Offset: 6950 minutes) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 23:27:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 64.4 kg * **Discharge Weight:** NULL * **Unit Discharge Time:** 2014-XX-XX 23:42:00 (Unit Discharge Offset: 1455 minutes) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **UniquePID:** 005-12359

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, some resolved upon discharge and others persisting. The primary diagnoses upon admission were pleural effusion (large, right-sided, and malignant) and hypoxemia. Major diagnoses included breast cancer (female), hypomagnesemia, hypokalemia (moderate), Type II diabetes mellitus (controlled), and hypertension (controlled). Additionally, the patient experienced hypovolemic shock and acute respiratory distress, both of which resolved during the ICU stay. The patient also experienced pain, likely related to her cancer. The hypokalemia and hypomagnesemia were recurrent issues. Note that some diagnoses shared the same ICD-9 codes, reflecting overlapping clinical conditions.

* **Primary Diagnoses (upon admission):** Pleural effusion (511.9, J91.8) - large, right-sided, malignant (197.2, J91.0); Hypoxemia (799.02, J96.91) * **Major Diagnoses:** Breast cancer (174.9, C50.919); Hypomagnesemia (275.2, E83.42); Hypokalemia (276.8, E87.6) - moderate; Type II Diabetes Mellitus (250.00, E11.9) - controlled; Hypertension (401.9, I10) - controlled; Pain; Hypovolemic shock (785.59, R57.1); Acute respiratory distress (518.82); Neutropenia (288.0, D70.9) - from chemotherapy.

4. Treatments

The patient received a comprehensive range of treatments. These included oxygen therapy (initially by face mask, later at 30-40%), consultations with thoracic surgery, oncology, and pulmonary/CCM, medications such as vancomycin, cefepime, and azithromycin to address infections, albumin administration for fluid management, enoxaparin for VTE prophylaxis, and pantoprazole for stress ulcer prophylaxis. Insulin management was implemented using both sliding scale administration and subcutaneous regular insulin injections. The patient also utilized compression boots for VTE prophylaxis. Note that some treatments were initiated and subsequently discontinued during the stay. The final treatment plan included a continued course of vancomycin, cefepime, and subcutaneous regular insulin, along with pantoprazole and compression boots.

5. Vital Trends

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6. Lab Trends

The provided laboratory data shows several key trends. Hematological labs were monitored closely. There was a significant decrease in WBCs from 1.7 K/mcL to 20.8 K/mcL over the course of the ICU stay. The patient presented with

low platelets (211 K/mcL) and the value increased to 247 K/mcL during the ICU stay. The red blood cell count (RBC), Hemoglobin (Hgb), and Hematocrit (Hct) values showed fluctuations, indicating the need for continued monitoring. Electrolyte imbalances were also noted, with potassium levels recovering (3.0 mmol/L to 3.9 mmol/L), and magnesium levels fluctuating (1.5 to 2.1 mg/dL). Glucose levels were maintained within a relatively stable range through the use of insulin therapy. Creatinine levels also showed a notable fluctuation.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Physical examinations were performed at multiple time points during the patient's ICU stay. The patient was consistently noted as ill-appearing. Early examinations revealed heart rate fluctuations between 96-111 bpm, and blood pressure between 108/62 and 117/66 mmHg. Respiratory rate also fluctuated. Repeated examinations indicated focally decreased breath sounds in the right lung fields (mid and lower). A chest tube was in place on the right side. Later examinations showed an improvement in some vital signs but continued to show some respiratory compromise. A GCS score was documented as 15 at multiple time points. The patient's neurologic examination was otherwise unremarkable, with normal cranial nerves, motor function, and a calm and appropriate affect.