**Medical Report for Patient ICU Stay**

**1. Patient Information**

* **PatientUnitStayID:** 807440 * **PatientHealthSystemStayID:** 614990 * **Gender:** Female * **Age:** 85 * **Ethnicity:** Caucasian * **HospitalID:** 164 * **WardID:** 321 * **APACHE Admission Dx:** Pneumonia, bacterial * **Admission Height:** 167.6 cm * **Hospital Admit Time:** 00:35:00 * **Hospital Admit Offset (minutes from unit admit):** -2680 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 06:14:00 * **Hospital Discharge Offset (minutes from unit admit):** 4859 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 21:15:00 * **Unit Admit Source:** Floor * **Unit Visit Number:** 2 * **Unit Stay Type:** readmit * **Admission Weight:** 114.2 kg * **Discharge Weight:** 113.1 kg * **Unit Discharge Time:** 23:16:00 * **Unit Discharge Offset (minutes from unit admit):** 3001 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unique Patient ID:** 006-108606

**2. History**

NULL (Insufficient information provided)

**3. Diagnoses**

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis upon discharge was acute respiratory failure (ICD-9 codes: 518.81, J96.00). Other significant diagnoses included acute pulmonary edema (ICD-9 codes: 428.1, I50.1), pneumonia (ICD-9 codes: 486, J18.9), and cellulitis (ICD-9 codes: 682.9, L03.90). Rhabdomyolysis (ICD-9 code: 728.89) was also diagnosed, but was not active upon discharge. Multiple entries for each diagnosis suggest ongoing reassessment and potential fluctuations in severity. The timing of diagnosis entries, indicated by the `diagnosisoffset`, provides a chronological record of the diagnostic process. Note that some diagnoses were marked as 'Primary' while others were 'Major', reflecting the clinical team's assessment of their relative importance.

**4. Treatments**

The patient received non-invasive ventilation (NIV) for respiratory support. This treatment was not active upon discharge, suggesting improvement in the patient's respiratory status. Further details regarding the duration and response to this treatment are not available in the provided data.

**5. Vital Trends**

NULL (Insufficient information provided. Vital signs data is needed to generate this section.)

**6. Lab Trends**

The provided lab data includes several blood tests conducted at different time points during the patient's stay. These include blood gas analyses (pH, PaO2, PaCO2, Base Excess, O2 Sat), complete blood count (CBC) parameters (Hgb, Hct, MCV, MCH, MCHC, RDW, Platelets, WBC), and basic metabolic panel (BMP) components (sodium, potassium, chloride, bicarbonate, BUN, creatinine, glucose, calcium, anion gap, phosphate, magnesium). A notable finding is the elevated BNP (177 pg/mL) at 960 minutes post-admission, indicative of possible heart failure. Bedside glucose levels fluctuated, with values ranging from 81 mg/dL to 138 mg/dL. Serial blood gas measurements show variations in oxygen saturation, partial pressure of oxygen, and bicarbonate levels, reflecting the dynamic nature of the patient's respiratory and metabolic status. Further analysis is required to fully interpret trends in these lab values and correlate them with the patient's clinical course. The absence of timestamps beyond offset values limits the precision of trend analysis.

**7. Microbiology Tests**

NULL (Insufficient information provided)

**8. Physical Examination Results**

A structured physical exam was performed. The recorded values include systolic blood pressure (ranging from 132 to 142 mmHg), diastolic blood pressure (ranging from 60 to 114 mmHg), heart rate (ranging from 72 to 81 bpm), respiratory rate (ranging from 20 to 28 breaths per minute), and oxygen saturation (at 91%). The patient's weight remained stable at 114.2 kg. A Glasgow Coma Scale (GCS) score was documented as 13 (3+4+6), indicating mild impairment. Fluid balance data (intake and output) shows a positive net balance of +2172 ml. However, the lack of timestamps for these measurements restricts the scope of longitudinal assessment.