

****Patient Information****

Patient Unit Stay ID: 852423 Unique Patient ID: 006-10118 Gender: Female Age: 79 Ethnicity: Caucasian Admission Height (cm): 156 Admission Weight (kg): 66.5 Discharge Weight (kg): 65.1 Hospital Admission Time: 05:55:00 Hospital Discharge Time: 22:57:00 Unit Admission Time: 22:25:00 Unit Discharge Time: 22:51:00 Unit Admission Source: Floor Unit Discharge Location: Step-Down Unit (SDU) Hospital Admission Source: Floor Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Discharge Status: Alive Unit Type: Med-Surg ICU APACHE Admission Diagnosis: Cardiomyopathy

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

The patient presented with multiple diagnoses during her ICU stay. These were recorded at various times following unit admission:

* **Primary Diagnosis (Diagnosis ID: 11885121, ICD-9 code: I42.0, entered at 9 minutes post-admission):** Cardiovascular | Ventricular Disorders | Cardiomyopathy | Dilated * **Primary Diagnosis (Diagnosis ID: 10845351, ICD-9 code: 425.8, I25.5, entered at 525 minutes post-admission):** Cardiovascular | Ventricular Disorders | Cardiomyopathy | Dilated | Ischemic * **Major Diagnosis (Diagnosis ID: 12157457, ICD-9 code: 428.0, I50.9, entered at 9 minutes post-admission):** Cardiovascular | Ventricular Disorders | Congestive Heart Failure * **Major Diagnosis (Diagnosis ID: 11489012, ICD-9 code: 428.0, I50.9, entered at 96 minutes post-admission):** Cardiovascular | Ventricular Disorders | Congestive Heart Failure * **Major Diagnosis (Diagnosis ID: 11290852, ICD-9 code: 785.51, R57.0, entered at 525 minutes post-admission):** Cardiovascular | Shock / Hypotension | Cardiogenic Shock * **Major Diagnosis (Diagnosis ID: 10279371, ICD-9 code: 458.9, I95.9, entered at 9 minutes post-admission):** Cardiovascular | Shock / Hypotension | Hypotension * **Major Diagnosis (Diagnosis ID: 10475964, ICD-9 code: 458.9, I95.9, entered at 96 minutes post-admission):** Cardiovascular | Shock / Hypotension | Hypotension * **Major Diagnosis (Diagnosis ID: 11348326, ICD-9 code: 458.9, I95.9, entered at 525 minutes post-admission):** Cardiovascular | Shock / Hypotension | Hypotension * **Major Diagnosis (Diagnosis ID: 10808532, ICD-9 code: 348.30, G93.40, entered at 96 minutes post-admission):** Neurologic | Altered Mental Status / Pain | Encephalopathy * **Major Diagnosis (Diagnosis ID: 11146937, ICD-9 code: 348.30, G93.40, entered at 9 minutes post-admission):** Neurologic | Altered Mental Status / Pain | Encephalopathy * **Major Diagnosis (Diagnosis ID: 10760160, ICD-9 code: 348.30, G93.40, entered at 525 minutes post-admission):** Neurologic | Altered Mental Status / Pain | Encephalopathy * **Major Diagnosis (Diagnosis ID: 12193659, ICD-9 code: 573.9, K76.9, entered at 525 minutes post-admission):** Gastrointestinal | Hepatic Disease | Hepatic Dysfunction | Acute * **Major Diagnosis (Diagnosis ID: 11907619, ICD-9 code: 584.9, N17.9, entered at 525 minutes post-admission):** Renal | Disorder of Kidney | Acute Renal Failure

Note that multiple diagnoses of hypotension and encephalopathy were recorded at different times. The `activeupondischarge` flag for all diagnoses is False.

****Treatments****

The patient received the following treatments during her ICU stay:

* **Cardiovascular | Shock | Vasopressors | Norepinephrine > 0.1 micrograms/kg/min:** Administered at 96 and 525 minutes post-admission. Not active on discharge. * **Cardiovascular | Ventricular Dysfunction | Inotropic Agent | Dobutamine:** Administered at 96 and 525 minutes post-admission. Not active on discharge.

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The patient underwent extensive laboratory testing. Significant findings include:

* **Elevated Liver Enzymes:** AST (SGOT) and ALT (SGPT) levels were markedly elevated, indicating significant liver injury. Specific values and time points are listed in the Lab Trends table below. * **Elevated Creatinine:** Creatinine levels were consistently elevated throughout the stay, suggesting impaired kidney function. See Lab Trends table for details. * **Hematological Abnormalities:** The complete blood count (CBC) showed abnormalities. The RDW (red blood cell distribution width), MCV (mean corpuscular volume), MCH (mean corpuscular hemoglobin), and MCHC (mean corpuscular hemoglobin concentration) values and time points are listed in the Lab Trends table below. * **Electrolyte Imbalances:** Some electrolyte abnormalities were observed. Potassium and Bicarbonate levels and time points are listed in the Lab Trends table below. * **Elevated BUN:** Blood urea nitrogen (BUN) levels were elevated, consistent with kidney dysfunction. See Lab Trends table for details. * **Elevated Lactate:** Lactate levels were elevated. See Lab Trends table for details. * **Elevated BNP:** Brain natriuretic peptide (BNP) was elevated at -6895 minutes. This is indicative of heart failure. * **Bedside glucose:** Multiple bedside glucose measurements were taken throughout the stay. Values varied and are listed in the Lab Trends table below. * **ABG Values:** Arterial blood gas (ABG) values, including FiO2, PaO2, PaCO2, O2 Sat (%), pH and Base Excess were recorded. See Lab Trends table for details.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

A structured physical exam was performed. The Glasgow Coma Scale (GCS) was scored with the following results: Eyes 3, Verbal 4, Motor 5. The patient's admission weight was 66.5kg.