Medical Report for Patient 009-10027

1. Patient Information:

* **Patient Unit Stay ID:** 1056912 * **Unique Patient ID:** 009-10027 * **Gender:** Female * **Age:** 76 * **Ethnicity:** African American * **Hospital Admission Time:** 2015, 20:05:00 * **Unit Admission Time:** 14:18:00 * **Unit Admission Source:** Floor * **Unit Discharge Time:** 23:40:00 * **Hospital Discharge Time:** 2015, 20:10:00 * **Admission Weight:** 55.5 kg * **Admission Height:** 162.6 cm * **Unit Type:** SICU

2. History:

Admission history indicates the patient was admitted from the floor to the SICU with a primary diagnosis of acute respiratory failure due to volume overload without CHF (ICD-9 code: 518.81, J96.00) and a major diagnosis of hypertension (ICD-9 code: 401.9, I10). The patient's admission diagnosis from the hospital perspective was CHF, congestive heart failure. Further details regarding the patient's medical history prior to admission are not available in the provided data. More information is needed to complete a comprehensive history section. The timeline suggests a relatively rapid progression from floor admission to SICU admission, implying a potentially urgent situation.

3. Diagnoses:

* **Primary Diagnosis:** Acute respiratory failure due to volume overload without CHF (ICD-9: 518.81, J96.00) * **Major Diagnosis:** Hypertension (ICD-9: 401.9, I10)

The diagnoses suggest a clinical picture of acute respiratory distress potentially exacerbated by pre-existing hypertension. The presence of both cardiovascular and pulmonary issues indicates the complexity of the patient's condition. The temporal relationship between the diagnoses (both entered at 82 minutes post-unit admission) requires further investigation. It's unclear if the hypertension is directly contributing to the respiratory failure, or if it's a separate, co-morbid condition.

4. Treatments:

* **IV Furosemide:** Administered for ventricular dysfunction. This diuretic is commonly used to manage fluid overload, suggesting a direct attempt to address the cause of the respiratory failure. * **Metoprolol:** A Class II antiarrhythmic, prescribed for arrhythmias. This suggests the presence of cardiac complications, possibly related to or exacerbated by hypertension.

Both treatments are active upon discharge, indicating the ongoing nature of the patient's conditions and the need for continuous management. The treatment plan is consistent with the diagnoses, targeting both the respiratory and cardiovascular aspects of the patient's illness. Further details on dosage, frequency, and response to treatment are needed for a more complete assessment.

5. Vital Trends: NULL (Insufficient data provided)

6. Lab Trends:

Multiple lab tests were performed both before and after unit admission. Significant variations in sodium levels (ranging from 116 to 127 mmol/L) are observed across multiple tests. Glucose levels also show considerable fluctuations (from 90 to 352 mg/dL), suggesting potential challenges in glucose control. The troponin-I levels indicate some cardiac muscle damage (ranging from 0.18 to 1.04 ng/mL), supporting the diagnosis of cardiac complications. Hematological parameters also show some variations. A more detailed analysis requires charting of the lab values over time to ascertain trends.

7. Microbiology Tests: NULL (Insufficient data provided)

8. Physical Examination Results:

* **Physical Exam Performed:** The record indicates a structured physical exam was performed. * **Heart Rate (HR):** Current 69 bpm, lowest 68 bpm, highest 69 bpm. * **Blood Pressure (BP):** Systolic current 92 mmHg, systolic lowest 92 mmHg, systolic highest 144 mmHg; Diastolic current 54 mmHg, diastolic lowest 51 mmHg, diastolic highest 87 mmHg. * **Respiratory Rate (RR):** Current 16 breaths/min, lowest 16 breaths/min, highest 26 breaths/min. * **Oxygen Saturation (SpO2):** Current 99%, lowest 99%, highest 100%. * **Weight:** 55.5 kg (admission). * **Glasgow Coma Scale (GCS):** Total score of 15 (Eyes 4, Verbal 5, Motor 6).

The physical exam shows vital signs within normal limits for some parameters (HR, SpO2) but substantial variability in others (BP, RR), potentially reflecting the patient's unstable condition. The GCS score of 15 suggests normal neurological function. The absence of other physical exam findings limits the understanding of the patient's overall clinical picture. A detailed narrative description of the physical exam is needed to provide a comprehensive picture.

Additional Notes: The report lacks crucial information, such as a detailed timeline of events, medications administered beyond those listed, and specific treatment responses. A complete picture of the patient's medical history and ICU stay requires additional data.