**Patient Medical Report**

**1. Patient Information:**

* **PatientUnitStayID:** 341322 * **UniquePID:** 004-10383 * **Gender:** Female * **Age:** 73 * **Ethnicity:** Caucasian * **HospitalID:** 110 * **WardID:** 185 * **Unit Type:** CCU-CTICU * **Admission Height (cm):** 170.2 * **Admission Weight (kg):** 72.57 * **Discharge Weight (kg):** NULL * **Hospital Admit Time:** 2015-XX-XX 20:08:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 22:06:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 00:01:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 22:06:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Pneumonia, bacterial

**2. History:** NULL (Insufficient data provided)

**3. Diagnoses:**

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis upon admission (diagnosisOffset: 14 minutes) was COPD (491.20, J44.9). Other significant diagnoses included acute respiratory failure (518.81, J96.00), hypoxemia (799.02, J96.91), pneumonia (486, J18.9), and agitation (308.2, F43.0). It's noteworthy that COPD and pneumonia were both listed as both primary and major diagnoses, active at different points in the stay, suggesting a complex clinical picture with exacerbations. The agitation diagnosis was also present both on admission and at discharge (2453 minutes), which may indicate ongoing neurological concerns. Hypoxemia was listed as a major diagnosis at both admission and discharge. The active status of diagnoses upon discharge indicates ongoing conditions needing management after the ICU stay.

**4. Treatments:**

The patient received a variety of treatments during her ICU stay. These included chest x-rays (radiologic procedures), antibacterials, bronchodilators, and non-invasive ventilation. Antibacterials and bronchodilators were administered both early in the stay and later, suggesting a need for ongoing management of respiratory infections and airway obstruction. Non-invasive ventilation was used both early and late in the stay, highlighting the severity of respiratory compromise. Anticoagulant administration (low molecular weight heparin/enoxaparin) was administered, likely in response to a cardiovascular concern or as a prophylactic measure.

**5. Vital Trends:** NULL (Insufficient data provided. Vital signs would typically be included as time series data.)

**6. Lab Trends:**

The following laboratory results are available:

* Hematology: * MCV (Mean Corpuscular Volume): 96 fL * Monocytes: 7 % * RDW (Red Blood Cell Distribution Width): 16.1 % * Band neutrophils: 5 % * Basophils: 1 % * Lymphocytes: 6 % * Hematocrit (Hct): 37.2 % * Polymorphonuclear leukocytes: 81 % * White Blood Cell count (WBC): 9.3 K/mcL * Mean Corpuscular Hemoglobin (MCH): 30 pg * Hemoglobin (Hgb): 11.8 g/dL * Platelets: 166 K/mcL * Red Blood Cell count (RBC): 3.9 M/mcL * MCHC (Mean Corpuscular Hemoglobin Concentration): 32 g/dL * Chemistry: * Sodium: 137 mmol/L * Potassium: 4 mmol/L * Bicarbonate: 28 mmol/L * Chloride: 97 mmol/L * Creatinine: 0.74 mg/dL * Glucose: 119 mg/dL * BUN (Blood Urea Nitrogen): 9 mg/dL * CPK (Creatine Phosphokinase): 453 Units/L (Initial), 450 Units/L (Later) * Troponin-I: 0.037 ng/mL (Initial), 0.010 ng/mL (Later) * Magnesium: 1.5 mg/dL * Arterial Blood Gas (ABG): * pH: 7.254 * PaO2 (Partial Pressure of Oxygen): 60.1 mm Hg * PaCO2 (Partial Pressure of Carbon Dioxide): 83.6 mm Hg * HCO3 (Bicarbonate): 36.2 mmol/L * Base Excess: -6.1 mEq/L * FiO2 (Fraction of Inspired Oxygen): 40 % * Miscellaneous: * BNP (B-type Natriuretic Peptide): 108.1 pg/mL * Urinary specific gravity: >1.030

Trends in these lab values would require a time series analysis (not available in this limited dataset). However, the initial CPK and Troponin-I levels suggest possible myocardial damage. The ABG results reveal a significant respiratory acidosis,

consistent with the patient’s respiratory diagnoses.

**7. Microbiology Tests:** NULL (Insufficient data provided)

**8. Physical Examination Results:**

A structured physical exam was performed. The Glasgow Coma Scale (GCS) was scored, with Motor and Verbal scores of 5 and 4 respectively. The patient’s weight was recorded at 72.57 kg. Vital signs included a heart rate of 92 bpm, blood pressure of 100/56 mmHg, respiratory rate of 28 breaths/minute, and oxygen saturation of 96% on a FiO2 of 40%. This initial assessment reflects the severity of the patient’s condition, particularly her respiratory distress.