Medical Report for Patient 007-10128

1. Patient Information

* **Patient Unit Stay ID:** 965856 * **Patient Health System Stay ID:** 711288 * **Unique Patient ID:** 007-10128 * **Gender:** Female * **Age:** 84 years * **Ethnicity:** African American * **Hospital ID:** 181 * **Ward ID:** 425 * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 20:59:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 21:44:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 00:10:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 02:50:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission Weight:** 62.8 kg * **Discharge Weight:** 55 kg * **Admission Height:** 162.56 cm * **APACHE Admission Dx:** Hemorrhage/hematoma, intracranial

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. These included:

* **Seizures:** Recorded at 370, 1125, 3809, and 4788 minutes post-unit admission. ICD-9 codes: 345.90, R56.9. Marked as 'Other' priority. The diagnosis of seizures remained active upon discharge from the unit. * **Hemorrhagic Stroke:** Diagnosed at 370, 1125, 3809, and 4788 minutes post-unit admission. ICD-9 codes: 432.9, I62.9. Marked as 'Other' priority. The diagnosis of hemorrhagic stroke remained active upon discharge from the unit. * **Acute Respiratory Failure:** Diagnosed at 1125, 3809, and 4788 minutes post-unit admission. ICD-9 codes: 518.81, J96.00. Marked as 'Other' priority. The diagnosis of acute respiratory failure remained active upon discharge from the unit.

Note that the `diagnosisPriority` field indicates that none of these diagnoses were considered primary or major. The multiple entries for each diagnosis suggest evolving assessments or new occurrences of the conditions over the course of the stay.

4. Treatments

The patient received various treatments throughout her stay, including:

* **Intravenous diuretic:** Administered at 1125 and 3809 minutes post-unit admission. Not active upon discharge. * **Anticonvulsants:** Initiated at 4788 minutes post-unit admission. Active upon discharge. * **Antihypertensives:** Initiated at 370 and 4788 minutes post-unit admission. Not active upon discharge. Nicardipine was specifically mentioned as an antihypertensive used at 1125 minutes post-unit admission and was not active upon discharge. * **Oxygen therapy (< 40%):** Administered at 4788 minutes post-unit admission. Not active upon discharge. * **Mechanical ventilation:** Administered at 370 minutes post-unit admission. Not active upon discharge. * **Ventilator weaning:** Initiated at 1125 and 3809 minutes post-unit admission. Not active upon discharge. * **CPAP/PEEP therapy:** Administered at 1125 and 3809 minutes post-unit admission. Not active upon discharge.

The timing of treatments relative to diagnoses suggests a reactive approach to managing the patient's conditions.

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

The provided lab data shows numerous blood tests performed over multiple time points during the patient's stay. Trends in various blood chemistries, including electrolytes (sodium, potassium, chloride, bicarbonate), indicators of liver function (ALT, AST), renal function (creatinine, BUN), and proteins (albumin, total protein) are available. Additionally, there are several blood gas results (pH, PaO2, PaCO2, O2 saturation, base excess), and complete blood count (CBC) results (Hgb, Hct, RBC, WBC, platelets, MCV, MCH, MCHC, RDW, % monos, % lymphs, % polys, % bands, % eos, % basos) and other miscellaneous tests (serum osmolality, bedside glucose, ammonia, BNP, ethanol). A detailed analysis of these trends requires further processing and visualization.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

The physical examination was documented as 'Not Performed' at 348, 1124, and 3806 minutes post-unit admission. This indicates a lack of recorded physical exam findings.