Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 490454 * **Patient Health System Stay ID:** 415452 * **Unique Patient ID:** 005-10528 * **Gender:** Male * **Age:** 89 years * **Ethnicity:** Hispanic * **Hospital ID:** 143 * **Ward ID:** 259 * **Unit Type:** Med-Surg ICU * **Unit Admit Source:** Emergency Department * **Unit Admit Time:** 23:35:00 * **Unit Discharge Time:** 05:36:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 21:49:00 * **Hospital Admit Source:** NULL * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 23:58:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 80 kg * **Discharge Weight:** NULL * **Admission Height:** 170.18 cm * **Admission Diagnosis:** Emphysema/bronchitis

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was acute COPD exacerbation (ICD-9 codes 491.21, J44.1). Major secondary diagnoses included acute renal failure (ICD-9 codes 584.9, N17.9), atrial fibrillation (ICD-9 codes 427.31, I48.0), congestive heart failure (ICD-9 codes 428.0, I50.9), pleural effusion (left) (ICD-9 codes 511.9, J91.8), acute respiratory failure (ICD-9 codes 518.81, J96.00), and hypoxemia (ICD-9 codes 799.02, J96.91). Other diagnoses included leukocytosis (ICD-9 codes 288.8, D72.829) and coagulopathy (ICD-9 codes 286.9, D68.9). Note that some ICD-9 codes are missing, indicating incomplete data entry. The active diagnoses upon discharge were congestive heart failure, pleural effusion (left), acute respiratory failure, and hypoxemia. The timing of diagnosis entries relative to unit admission time varied, suggesting a complex and evolving clinical picture.

4. Treatments

The patient received a variety of treatments. These included medications such as bronchodilators (nebulized), parenteral and inhaled glucocorticoids, albuterol, ipratropium, calcium channel blockers, and IV furosemide. Respiratory support consisted of oxygen therapy (>60%), CPAP/PEEP therapy (5-10 cm H2O), and mechanical ventilation (assist-controlled). VTE prophylaxis was implemented using compression stockings. A pulmonary medicine consultation was also documented. Several treatments were active upon discharge, including bronchodilator (nebulized), parenteral glucocorticoids, and compression stockings.

5. Vital Trends

NULL (Insufficient data provided to generate trends)

6. Lab Trends

The provided lab data includes several hematological parameters. There are multiple measurements of Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Platelets, White Blood Cell count (WBC), and Red Blood Cell count (RBC) at different time points during the patient's stay. Additionally, blood gas analysis (ABG) results are included (pH, PaO2, PaCO2, O2 Sat, Base Excess), along with creatinine, BUN, albumin, total protein, total bilirubin, direct bilirubin, anion gap, uric acid, and bedside glucose. Trends in these values will be analyzed in the visualization section.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Physical examinations were conducted multiple times during the ICU stay. The patient was consistently noted as ill-appearing and well-developed, not in acute distress. Cardiovascular and Head and Neck exams were consistently within normal limits. Pulmonary exams consistently revealed scattered rhonchi and bibasilar rales. Extremity exams revealed 1+ bilateral lower extremity edema and adequate perfusion. The patient's heart rhythm was irregular, except at discharge where it was sinus rhythm. The patient was intubated and ventilated initially, with subsequent physical exams showing spontaneous respiration at discharge. The neurological exam including GCS, mental status and cranial nerves was consistent with normal LOC and orientation x3. The data shows multiple physical exams were performed throughout the stay.