Medical Report for Patient ICU Stay

1. Patient Information

* **PatientUnitStayID:** 568432 * **PatientHealthSystemStayID:** 471519 * **UniquePID:** 006-106334 * **Gender:** Female * **Age:** 62 * **Ethnicity:** Caucasian * **HospitalID:** 175 * **WardID:** 417 * **Unit Type:** Med-Surg ICU * **Admission Height (cm):** 149 * **Admission Weight (kg):** 39.8 * **Discharge Weight (kg):** 42.3 * **Hospital Admit Time:** 2015-XX-XX 20:54:00 (Hospital Admit Offset: -106 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 23:59:00 (Hospital Discharge Offset: 1519 minutes from unit admit) * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 22:40:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2015-XX-XX 23:59:00 (Unit Discharge Offset: 1519 minutes from unit admit) * **Unit Discharge Location:** Other External * **Unit Discharge Status:** Alive * **APACHE Admission Dx:** Pneumonia, other

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others resolved during the ICU stay. The primary diagnosis was acute COPD exacerbation (ICD-9 codes 491.21, J44.1). Major diagnoses included acute respiratory failure (ICD-9 codes 518.81, J96.00) and pneumonia (ICD-9 codes 486, J18.9). All of these diagnoses are related to the pulmonary system. The timing of diagnosis entries is indicated by the 'diagnosisoffset' field, showing that some diagnoses were identified shortly after unit admission (47 minutes), while others were documented later (1438 minutes). Note that multiple entries for the same diagnosis string and ICD-9 code exist, possibly reflecting updates or revisions to the diagnosis over time. The 'activeupondischarge' field indicates which diagnoses were still active at the time of discharge.

4. Treatments

The patient received treatment for respiratory issues. Specifically, non-invasive ventilation was administered. This treatment was active at the time of discharge. The treatment entries indicate that non-invasive ventilation was initiated early in the ICU stay (47 minutes) and continued throughout the patient's stay (1438 minutes). The 'activeupondischarge' flag confirms that this treatment was still ongoing when the patient left the unit.

5. Vital Trends

NULL (Insufficient information provided to display vital trends. Requires a time-series of vital signs such as heart rate, blood pressure, respiratory rate, and oxygen saturation).

6. Lab Trends

The laboratory results reveal several key findings. There are two sets of blood chemistry and complete blood count results, taken at approximately -180 and 680 minutes from unit admission. The initial results showed elevated glucose (277 mg/dL), BUN (26 mg/dL), and slightly low sodium (139 mmol/L). The second set of results showed improvement in glucose (196 mg/dL) and BUN (15 mg/dL), but sodium remained slightly low (141 mmol/L). Troponin-I levels were elevated initially (0.03 ng/mL) and decreased over time (0.02 ng/mL and 0.01 ng/mL). The complete blood count showed elevated white blood cells (WBC) (16.4 K/mcL) initially which decreased to 19.2 K/mcL. The hemoglobin and hematocrit also decreased. Additional bedside glucose measurements are available throughout the stay. Art blood gas results are also included, reflecting the patient's respiratory status. These trends require visual representation for a comprehensive understanding.

7. Microbiology Tests

NULL (No microbiology test data provided.)

8. Physical Examination Results

A structured physical exam was performed. The recorded vital signs at the time of the exam include a heart rate of 94 bpm, systolic blood pressure of 109 mmHg, diastolic blood pressure of 80 mmHg, respiratory rate of 16 breaths/minute, and oxygen saturation of 98%. The patient's admission weight was 39.8 kg. The Glasgow Coma Scale (GCS) was estimated as 15 (E4V5M6), though the verbal score was estimated due to medication effects. The patient's intake was 1520ml, with a net positive fluid balance of 1520ml.