Patient Information

Patient Unit Stay ID: 237332 Unique Patient ID: 002-10757 Gender: Male Age: 51 Ethnicity: Caucasian Hospital Admit Time: 2014-11-15 23:26:00 Hospital Admit Source: Operating Room Hospital Discharge Time: 2014-11-17 19:23:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2014-11-15 23:45:00 Unit Admit Source: Operating Room Unit Discharge Time: 2014-11-16 20:37:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 108.4 kg Discharge Weight: 242 kg Admission Height: 182.9 cm

Medical History

Admission Diagnosis: Graft, femoral-popliteal bypass

The patient was admitted to the Med-Surg ICU following femoral-popliteal bypass surgery. The detailed surgical notes are not available in this dataset, but the patient's post-operative course involved management of several conditions. The patient presented with a complex clinical picture warranting admission to the intensive care unit. Specific details regarding the patient's past medical history, including any pre-existing conditions, family history, and social history, are not included in the provided data. Further information is needed to complete a comprehensive medical history. The absence of this information limits our ability to fully understand the context of the patient's current condition and response to treatment. The information suggests a complex post-operative course necessitating close monitoring and intensive care. A more complete history would allow for a more nuanced risk assessment and improved understanding of the patient's overall health profile.

Diagnoses

The patient received three diagnoses during their ICU stay. The primary diagnosis is post interventional vascular procedure, indicating ongoing cardiovascular concerns. A secondary diagnosis of post vascular bypass surgery further supports this cardiovascular focus. Finally, obstructive sleep apnea is listed as an additional diagnosis, suggesting potential respiratory complications. The lack of ICD-9 codes for the cardiovascular diagnoses limits the precision of diagnostic coding and potential for epidemiological analysis. More detailed information on the severity and progression of each diagnosis would enhance the understanding of the patient's overall condition.

Treatments

NULL

The provided data does not contain information on the specific treatments administered to the patient during their ICU stay. This omission represents a significant gap in the completeness of the medical report, as it prevents a full assessment of the patient's care plan and its effectiveness. Detailed information on medications, surgical interventions, respiratory support, and other therapeutic interventions is essential for a thorough understanding of the patient's management. The absence of this data necessitates the need for supplemental medical records to complete this crucial section of the report.

Vital Trends

NULL

The dataset lacks time-series data on vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, etc.) which is essential for tracking the patient's physiological status over time. Without this information, we cannot assess the patient's hemodynamic stability, respiratory function, or overall response to treatment. This is a critical omission that hinders a comprehensive evaluation of the patient's clinical trajectory.

Lab Trends

The lab results are available but lack a temporal component (repeated measurements over time are needed for trends). Several blood tests were conducted including complete blood count (CBC) components (Hgb, Hct, MCV, MCH, MCHC, RBC, WBC, platelets, and differential counts), basic metabolic panel (BMP) components (glucose, BUN, creatinine, sodium, potassium, chloride, bicarbonate, and anion gap), and coagulation studies (PT and PT-INR). The precise time points for these tests are recorded (relative to unit admission), however, to assess trends and understand the patient's response to treatment, additional lab data over time would be necessary. The current data only presents a snapshot of the patient's lab values at a single point in time, thus limiting the ability to detect any significant changes or patterns in the patient's condition.

Microbiology Tests

NULL

The provided data does not include any microbiology test results (e.g., blood cultures, urine cultures). This is a crucial aspect of patient care, especially in the ICU setting, where infections are a significant concern. The absence of such data prevents us from assessing the presence or absence of infection and the effectiveness of any antimicrobial therapy. This information is crucial to evaluate the patient's overall condition and the success of treatment.

Physical Examination Results

The physical exam was performed and documented. Results include: Heart Rate (Current 72, Lowest 68, Highest 74 bpm), Blood Pressure (Systolic Current 127, Lowest 138, Highest 166 mmHg; Diastolic Current 62, Lowest 65, Highest 94 mmHg), Oxygen Saturation (Current 94%, Lowest 91%, Highest 94%), Respiratory Rate (Current 12 breaths per minute), FiO2 40%, Weight (Admission 108.4 kg, Current 242 kg, Delta +133.6 kg), Intake (2125 ml), Output (175 ml), Dialysis Net (0 ml), Total Net (+1950 ml), GCS (Score: scored, Motor: 6, Verbal: 5, Eyes: 4). The inconsistencies in blood pressure readings (lowest systolic higher than current) indicate potential data entry errors or require clarification. Similarly, a weight increase of 133.6 kg over the course of the ICU stay is highly unusual and warrants further investigation. The data suggests that further analysis of the physical exam results and clarification on data inconsistencies are required.

- **Chart Descriptions**
- 1. **Line Chart: Lab Values Over Time:** This chart will plot key lab values (e.g., creatinine, potassium, glucose, Hgb, WBC) against time (in hours or days since unit admission). Each lab value will be represented by a different colored line. This visualization will allow us to identify trends and patterns in the patient's lab results, indicating potential improvements, deteriorations, or treatment responses. The chart should clearly label the units for each lab value to facilitate interpretation. The absence of sufficient time-series lab data will severely limit the utility of this chart.
- 2. **Bar Chart: Complete Blood Count (CBC) Differential:** This chart will display the percentages of different white blood cell types (neutrophils, lymphocytes, monocytes, eosinophils, basophils) using bars. This visualization will provide insight into the patient's immune response and potential infections. The values are available at two time points and can be compared to detect changes in white blood cell composition that could indicate infection or other complications. However, the lack of additional time points will limit the ability to assess changes over time.

CSV Data

^{```}csv LabName,LabResult,LabMeasure,LabResultOffset,LabTypeId glucose,110,mg/dL,-95,1 bicarbonate,26,mmol/L,-95,1 anion gap,14,mmol/L,-95,1 sodium,142,mmol/L,-95,1 creatinine,1.15,mg/dL,-95,1

potassium,3.9,mmol/L,-95,1 chloride,106,mmol/L,-95,1 BUN,17,mg/dL,-95,1 calcium,8.5,mg/dL,-95,1 -eos,3,%, -95,3 -monos,6,%, -95,3 MCV,95.8,fL,-95,3 -polys,53,%, -95,3 -lymphs,38,%, -95,3 Hgb,13.9,g/dL,-95,3 Hct,40.6,%, -95,3 WBC x 1000,17.3,K/mcL,-95,3 platelets x 1000,237,K/mcL,-95,3 RDW,12.8,%, -95,3 glucose,139,mg/dL,690,1 bicarbonate,25,mmol/L,690,1 anion gap,12,mmol/L,690,1 sodium,137,mmol/L,690,1 creatinine,1.02,mg/dL,690,1 potassium,4.3,mmol/L,690,1 chloride,104,mmol/L,690,1 BUN,17,mg/dL,690,1 calcium,8.3,mg/dL,690,1 -eos,0,%, 690,3 -monos,4,%, 690,3 MCV,95.1,fL,690,3 -polys,53,%, 690,3 -lymphs,11,%, 690,3 Hgb,13.3,g/dL,690,3 Hct,38.7,%, 690,3 WBC x 1000,12,K/mcL,690,3 platelets x 1000,206,K/mcL,690,3 RDW,12.5,%, 690,3 MCH,32.8,pg,-95,3 MCHC,34.2,g/dL,-95,3 RBC,4.24,M/mcL,-95,3 MCH,32.7,pg,690,3 MCHC,34.4,g/dL,690,3 RBC,4.07,M/mcL,690,3 PT,10.5,sec,-495,3 PT - INR,1.1,ratio,-495,3

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