Patient Information

Patient Unit Stay ID: 756295 Unique Patient ID: 006-115509 Gender: Female Age: 63 Ethnicity: Caucasian Hospital Admit Time: 2015-XX-XX 22:52:00 Hospital Discharge Time: 2015-XX-XX 06:11:00 Hospital Discharge Status: Expired Unit Type: Med-Surg ICU Unit Admit Time: 2015-XX-XX 23:16:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2015-XX-XX 20:02:00 Unit Discharge Status: Alive Admission Weight: 54.5 kg Discharge Weight: 58 kg Admission Height: 157.4 cm

History

NULL (Insufficient data provided)

Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The diagnoses, listed in order of priority, were:

* **Primary:** * Acute Myocardial Infarction (no ST elevation): ICD-9 codes 410.71, I21.4. This diagnosis was recorded at 5536 minutes post-unit admission and was not active upon discharge. It was also recorded again at 4591 minutes post-unit admission. * Altered Mental Status/Pain (Obtundation): ICD-9 codes 780.09, R40.0. Recorded at 1224 minutes and 16 minutes post-unit admission, and again at 1425 minutes post-unit admission. This diagnosis was also primary at the time of discharge. * **Major:** * Encephalopathy: ICD-9 codes 348.30, G93.40. Recorded at 5536 minutes and 3818 minutes post-unit admission. This diagnosis was not active upon discharge. * Seizures (Primary Seizure Disorder): ICD-9 codes 345.90, G40.9. This was a recurring diagnosis, recorded at 1224, 1425, 3818, 1106, and 4591 minutes post-unit admission. It remained active upon discharge. * Acute Renal Failure: ICD-9 codes 584.9, N17.9. This was a recurring diagnosis, recorded at 1224, 5536, 3818, 1425, and 4591 minutes post-unit admission. * Acute Respiratory Failure: ICD-9 codes 518.81, J96.00. Recorded at 5536 minutes and 3818 minutes post-unit admission. * Rhabdomyolysis: ICD-9 codes 359.89, G72.89. Recorded at 1106 and 1425 minutes post-unit admission. * **Other:** * Altered Mental Status/Pain (Encephalopathy): ICD-9 codes 348.30, G93.40. Recorded at 3818 minutes post-unit admission. This diagnosis was not active upon discharge. * **Additional Note:** One acute coronary syndrome diagnosis (ICD-9 code missing) was also recorded at 3818 minutes post-unit admission and was listed as primary.

Treatments

The patient received the following treatments:

* Mechanical ventilation: Administered at 16, 1224, 3818, and 4591 minutes post-unit admission. Not active upon discharge. * Bicarbonate medication: Administered at 1425 and 3818 minutes post-unit admission. Not active upon discharge. * Dobutamine (inotropic agent): Administered at 1425, 3818, and 1106 minutes post-unit admission. Not active upon discharge.

Vital Trends

NULL (Insufficient data provided)

Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's stay. Significant fluctuations are observed in several parameters, including:

* **Blood Gas Analysis (ABG):** The ABG results reveal significant acidosis (low pH) and abnormal oxygen levels (paO2) at various time points. For example, at -160 minutes, pH was 7.33, paO2 was 143 mmHg, and Base Excess was -9.3 mEq/L. This improved to a pH of 7.41, paO2 of 39.9 mmHg, and Base Excess of 2.2 mEq/L at 1561 minutes, but later worsened again. These fluctuations suggest ongoing respiratory and metabolic complications. * **Liver Function Tests

(LFTs):** Elevated levels of AST (SGOT) and ALT (SGPT) were observed at multiple time points. For example, at -321 minutes, AST was 188 U/L and ALT was 82 U/L. At 2110 minutes, AST was 1055 U/L and ALT was 180 U/L, indicating significant liver injury. The high levels suggest severe liver damage. * **Renal Function Tests (RFTs):** Creatinine and BUN levels fluctuated during the stay, indicating renal dysfunction. At -321 minutes, creatinine was 1.18 mg/dL and BUN was 8 mg/dL. At 2110 minutes, creatinine was 1.14 mg/dL and BUN was 16 mg/dL. These values suggest renal impairment that worsened over the course of her ICU stay. * **Coagulation Studies:** PT and PTT showed prolonged clotting times at various points, indicating a potential bleeding disorder. For example, PT was 16.6 seconds and PT-INR was 1.4 at 84 minutes; at 959 minutes, PT was 30.9 seconds and PT-INR was 3.1. This suggests a coagulation abnormality that required monitoring and management. * **Electrolytes:** Potassium levels show significant variability, ranging from 2.5 mmol/L to 4.2 mmol/L, indicating electrolyte imbalance. This is of concern as both hypokalemia and hyperkalemia can be life-threatening. * **Blood Glucose:** Frequent bedside glucose measurements were taken, indicating hyperglycemia, with values ranging from 98 mg/dL to 167 mg/dL. This suggests potential diabetes or stress hyperglycemia requiring management.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam documented a GCS (Glasgow Coma Scale) score of 6 (Eyes 2, Verbal 2, Motor 3) at 11 minutes after unit admission. Blood pressure was recorded at 131/105 mmHg. Admission weight was 54.5 kg. A structured physical exam was performed.

Chart Description

1. **Line graph showing lab values over time:** This graph would plot time (in minutes from unit admission) on the x-axis and various lab values (pH, paO2, paCO2, Base Excess, Creatinine, BUN, Potassium, Glucose, AST, ALT, PT, PTT, PT-INR) on the y-axis. Each lab value would be represented by a different colored line. This visualization would clearly show the trends of each lab parameter over the patient's ICU stay, highlighting any significant changes or fluctuations that might indicate worsening or improvement of the patient's condition and the effectiveness of treatments. The time series would be crucial in understanding the progression of the illness and response to interventions.

2. **Scatter plot showing the relationship between AST and ALT:** This plot would have AST on the x-axis and ALT on the y-axis. Each point would represent a single lab result, allowing for a visual assessment of the correlation between these two liver enzymes, providing insight into the nature and severity of liver injury. This type of plot can be helpful in identifying patterns of liver dysfunction.

3. **Bar chart showing the distribution of diagnoses:** This chart would have the diagnosis string on the x-axis and the diagnosis priority (Primary, Major, Other) as color-coded bars. The height of the bar would represent the number of times each diagnosis was recorded. This would provide a clear summary of the patient's diagnoses and their relative importance.

CSV Data

```csv Time (minutes from admit),pH,paO2 (mmHg),paCO2 (mmHg),Base Excess (mEq/L),Creatinine (mg/dL),BUN (mg/dL),Potassium (mmol/L),Glucose (mg/dL),AST (IU/L),ALT (IU/L),PT (seconds),PTT (seconds),PT-INR (ratio)
-321,NULL,NULL,NULL,NULL,1.18,8,2.5,134,188,82,13.9,NULL,1.1
-160,7.33,143,30,-9.3,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL
84,NULL,NULL,NULL,NULL,NULL,NULL,NULL,105,NULL,NULL,16.6,NULL,1.4
611,NULL,NULL,NULL,NULL,1.22,12,3.7,32,451,85,NULL,NULL,NULL
959,NULL,NULL,NULL,NULL,1.34,15,4.2,167,801,124,30.9,>220,3.1
1526,NULL,NULL,NULL,NULL,1.19,16,3.1,167,NULL,NULL,NULL,125.5,NULL
1561,7.41,39.9,43.8,2.2,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL
2110,NULL,NULL,NULL,NULL,1.14,16,3.8,1055,180,NULL,NULL,NULL
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2793,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,18.3,NULL,1.6
3581,NULL,NULL,NULL,NULL,0.86,17,3.4,657,176,NULL,NULL,NULL,1.2
3586,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,39.4,NULL
3631,7.44,90,36,0.5,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL
4019,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,37.5,NULL
4040,NULL,NULL,NULL,NULL,NULL,NULL,4.2,NULL,NULL,NULL,NULL,NULL,NULL
4401,NULL,NULL,NULL,NULL,NULL,NULL,NULL,134,NULL,NULL,NULL,NULL,NULL
4591,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL
4916,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,14.4,52.9,1.1
5107,7.42,88,40,0.5,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL
5234,NULL,NULL,NULL,NULL,0.78,14,3.9,329,144,NULL,NULL,NULL,NULL
5536,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL,NULL ```
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