\*\*Medical Report: Patient 006-102131\*\*

#### \*\*1. Patient Information\*\*

\* \*\*Patient Unit Stay ID:\*\* 675037 \* \*\*Unique Patient ID:\*\* 006-102131 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 83 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admission Time:\*\* 2015-XX-XX 23:47:00 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 03:15:00 \* \*\*Unit Admission Time:\*\* 00:55:00 \* \*\*Unit Discharge Time:\*\* 18:59:00 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Admission Weight (kg):\*\* 65 \* \*\*Discharge Weight (kg):\*\* 51.5 \* \*\*Hospital Admission Source:\*\* NULL \* \*\*Unit Admission Source:\*\* Emergency Department \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Discharge Status:\*\* Alive

### \*\*2. History\*\*

Insufficient data provided to generate a detailed patient history. The report only includes admission and discharge times and locations, along with weight changes. Further information is needed regarding presenting symptoms, prior medical conditions, family history, social history, and medication history to construct a comprehensive history section. The admission diagnosis is listed as CHF (Congestive Heart Failure).

## \*\*3. Diagnoses\*\*

\* \*\*Primary Diagnosis:\*\* Cardiovascular|Ventricular Disorders|Congestive Heart Failure (ICD-9: 428.0, I50.9) - This diagnosis was recorded at 202 minutes from unit admit time and marked as primary. It was not active upon discharge. \* \*\*Major Diagnosis:\*\* Pulmonary|Pulmonary Infections|Pneumonia (ICD-9: 486, J18.9) - This diagnosis was recorded at 1010 minutes from unit admit time and marked as major. It was active upon discharge. \* \*\*Major Diagnosis:\*\* Cardiovascular|Ventricular Disorders|Congestive Heart Failure (ICD-9: 428.0, I50.9) - This diagnosis was recorded at 1010 minutes from unit admit time and marked as major. It was active upon discharge. \* \*\*Primary Diagnosis:\*\* Pulmonary|Respiratory Failure|Acute Respiratory Failure (ICD-9: 518.81, J96.00) - This diagnosis was recorded at 1010 minutes from unit admit time and marked as primary. It was active upon discharge. \* \*\*Major Diagnosis:\*\* Pulmonary|Pulmonary Infections|Pneumonia (ICD-9: 486, J18.9) - This diagnosis was recorded at 202 minutes from unit admit time and marked as major. It was not active upon discharge. \* \*\*Major Diagnosis:\*\* Cardiovascular|Ventricular Disorders|Congestive Heart Failure (ICD-9: 428.0, I50.9) - This diagnosis was recorded at 1010 minutes from unit admit time and marked as primary. It was not active upon discharge.

Note that multiple entries for the same diagnosis exist, indicating updates or revisions to the diagnosis over the course of the stay. The `activeupondischarge` flag differentiates active diagnoses at the time of discharge.

## \*\*4. Treatments\*\*

\* \*\*Mechanical Ventilation (Non-Invasive):\*\* This treatment, related to pulmonary ventilation and oxygenation, was initiated at 1010 minutes post-unit admission and was active upon discharge. A second entry indicates that this treatment was later discontinued, although the exact time of discontinuation is not specified.

# \*\*5. Vital Trends\*\*

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) are available in the physical exam section, but time series information is missing, preventing trend analysis.

#### \*\*6. Lab Trends\*\*

The provided lab data includes multiple blood tests (chemistry, hematology) performed at various times during the hospital stay. However, without timestamps in a consistent format, a trend analysis cannot be reliably generated. Specific lab values such as Troponin-I, BUN, Creatinine, Potassium, Sodium, Bicarbonate, and various hematological parameters were measured. There are multiple entries for some labs which may represent repeated measurements or corrections.

## \*\*7. Microbiology Tests\*\*

NULL. No microbiology test results are included in the provided data.

# \*\*8. Physical Examination Results\*\*

The physical exam was performed, as indicated by a structured entry. Specific measurements at or around the time of the initial exam include: Heart rate (current 97, lowest 91, highest 98), systolic blood pressure (current 109, lowest 92, highest 138), diastolic blood pressure (current 56, lowest 45, highest 97), respiratory rate (current 23, lowest 20, highest 29), and oxygen saturation (current 91, lowest 91, highest 97). The patient's admission weight was 65kg. Fluid balance showed a net positive balance of 450ml. A Glasgow Coma Scale (GCS) score of 15 (4+5+6) was recorded.