

****Patient Medical Report****

****1. Patient Information****

* **PatientUnitStayID:** 258915 * **PatientHealthSystemStayID:** 222386 * **Age:** 82 years * **Admission Height:** 175 cm * **Admission Weight:** 99.5 kg * **Hospital Admit Time:** 2014-XX-XX 06:00:00 (Hospital Admit Offset: -142 minutes from unit admit time) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 17:43:00 (Hospital Discharge Offset: 561 minutes from unit admit time) * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 08:22:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2014-XX-XX 17:43:00 (Unit Discharge Offset: 561 minutes from unit admit time) * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Unique Patient ID:** 003-14605 *
Gender, Ethnicity: NULL (Insufficient data)

****2. History****

NULL (Insufficient data provided. A detailed patient history is needed, including presenting complaints, relevant past medical history, family history, social history, and medication history.)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis was change in mental status (780.09, R41.82). Other significant diagnoses included:

* **Primary:** Change in mental status (780.09, R41.82) * **Major:** Altered mental status / pain/agitation/severe (308.2, F43.0) * **Other:** Alcohol withdrawal (291.81, F10.239), Leukocytosis (288.8, D72.829), Obesity (278.00, E66.9), Lower urinary tract infection (595.9, N30.9). Multiple instances of Anemia and Hypotension/pressor dependent were also listed, but lacked ICD-9 codes.

The temporal relationship between diagnoses (diagnosisoffset) suggests that many diagnoses were made concurrently during the later stages of the ICU stay.

****4. Treatments****

The patient received various treatments, some ongoing at discharge, others discontinued. Significant treatments included:

* **Active upon discharge:** Normal saline administration, Lorazepam, Ibuprofen, Ciprofloxacin, Mechanical ventilation, CPAP/PEEP therapy, Atorvastatin, Aspirin, Potassium supplementation. * **Inactive upon discharge:** A wide array of medications and treatments were administered, but were not active upon discharge. These included various antibiotics, vasopressors, and other supportive measures.

****5. Vital Trends****

NULL (Insufficient data. Vital signs such as heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time are needed to assess vital trends.)

****6. Lab Trends****

The available lab data includes both chemistry and blood gas panels. The chemistry panel, obtained at 183 minutes post-admission, revealed:

* Total bilirubin: 1 mg/dL * Sodium: 135 mmol/L * AST (SGOT): 32 Units/L * BUN: 29 mg/dL * Creatinine: 1.23 mg/dL * Alkaline phosphatase: 87 Units/L * Potassium: 3.1 mmol/L * Total protein: 5.4 g/dL * ALT (SGPT): 29 Units/L * Chloride: 97 mmol/L * Glucose: 90 mg/dL * Albumin: 2.5 g/dL * Calcium: 8.4 mg/dL * Anion gap: 10.5 mmol/L * Troponin-I: <0.012 ng/mL (pre-admission) * CPK: 32 Units/L (pre-admission) * CPK-MB Index: 0.61% (pre-admission) * Hgb: 9.1 g/dL * Hct: 27.4% * MCV: 87 fL * MCH: 29 pg * MCHC: 33.2 g/dL * WBC x 1000: 13.4 K/mcL * Platelets x 1000: 190 K/mcL

The ABG panels (obtained at 366 and 438 minutes post-admission) show evidence of respiratory acidosis with hypoxemia, improving over time.

****7. Microbiology Tests****

NULL (Insufficient data. Results of any microbiology cultures or sensitivity testing are needed.)

****8. Physical Examination Results****

The physical exam, performed at 20 minutes post-admission, described the patient as ill-appearing, but not in acute distress. The patient was noted to have an irregular heart rhythm and spontaneous respirations. The GCS score was 14 (Eyes: 4, Verbal: 4, Motor: 6), indicating mild impairment of consciousness. The patient's mental status was described as partially oriented and very agitated/combatative. The patient's admission weight was 99.54 kg.

****Further analysis is required to interpret the complete clinical picture.**** Additional data, including detailed history, vital signs, and more complete lab results over time is needed for a comprehensive assessment.