Medical Report - Patient 004-14083

1. Patient Information

* **Patient Unit Stay ID:** 402604 * **Unique Patient ID:** 004-14083 * **Gender:** Male * **Age:** 85 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014, 06:45:00 * **Hospital Discharge Time:** 2014, 19:20:00 * **Unit Admit Time:** 16:15:00 * **Unit Discharge Time:** 19:29:00 * **Unit Type:** Med-Surg ICU * **Admission Weight:** 60.46 kg * **Admission Height:** 188 cm * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Admit Source:** Direct Admit * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Sepsis, pulmonary

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. These included:

* **Primary Diagnoses:** * Aspiration Pneumonia (ICD-9: 507.0, J69.0) - This was the initial diagnosis. * Sepsis (ICD-9: 038.9, A41.9) - A systemic infection was identified as a primary concern.

* **Major Diagnoses:** * Dysphagia (ICD-9: 787.2, R13.10) - Difficulty swallowing was a significant finding. * Aspiration Pneumonia (ICD-9: 507.0, J69.0) - A secondary diagnosis of aspiration pneumonia was noted. * Stroke (ICD-9: 436, I67.8) - Evidence of a stroke was observed. * Alzheimer's Disease (ICD-9: 294.10, 331.0, F02.8, G30.9) - The patient presented with signs of Alzheimer's disease, impacting their cognitive function. * Anxiety (ICD-9: 300.00, F41.9) - The patient exhibited signs of anxiety during their stay.

The diagnoses highlight a complex clinical picture involving respiratory, neurological, and gastrointestinal systems. The presence of both primary and major diagnoses indicates the severity of the patient's condition. The temporal relationship between diagnoses (indicated by `diagnosisoffset`) would be beneficial to understand the progression of the illness.

4. Treatments

The patient received a range of treatments, including:

* **Respiratory:** Oxygen therapy (25-30%, nasal cannula), albuterol, levalbuterol, chest x-rays. These treatments suggest an approach to managing the aspiration pneumonia. * **Infectious Disease:** Piperacillin/tazobactam and vancomycin were administered, indicating treatment for bacterial infections, consistent with the sepsis and pneumonia diagnoses. * **Gastrointestinal:** A PEG tube was inserted to address dysphagia and nutritional needs. * **Neurological:** While no specific treatment for Alzheimer's is mentioned, supportive care was likely provided. * **Cardiovascular:** Enoxaparin was used for VTE prophylaxis, and normal saline was administered intravenously, indicating management of fluid balance and prevention of blood clots. * **Pain Management:** Analgesics were also administered, indicating attention to comfort.

The treatments received were multifaceted, aimed at addressing various aspects of the patient’s condition. The use of multiple antibiotics points to a severe infection. The 'activeupondischarge' flag allows for tracking of ongoing treatments.

5. Vital Trends

NULL (No vital sign data is available in the provided JSON.)

6. Lab Trends

The laboratory results show the following:

* **Hematology:** Complete blood counts (CBCs) were performed at 1134 minutes and 2557 minutes post-unit admission. The initial CBC shows elevated WBC (15.4 K/mcL), indicating infection. The later CBC shows improvement (10.6 K/mcL). Other hematological parameters (Hgb, Hct, MCV, MCH, MCHC, platelets, and differential counts) were also monitored, showing some variation. Initial values were higher. This warrants further investigation to determine the cause of the initial elevation. * **Chemistry:** Basic metabolic panels (BMPs) were performed, including creatinine, BUN, sodium, potassium, chloride, glucose, and bicarbonate. There were some fluctuations in these values, but they appear to be within a mostly normal range at discharge. Close monitoring of renal function (BUN and creatinine) was crucial due to the patient's age and overall condition. * **Urinalysis:** A urinary specific gravity of 1.015 was recorded (105 min offset), suggesting normal hydration status, but this is a single point, and further data would be needed for evaluation. * **Drug Levels:** Vancomycin trough level was 8.5 mcg/mL (4283 min offset), which will need to be evaluated against therapeutic ranges.

7. Microbiology Tests

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

8. Physical Examination Results

A structured physical exam was performed. The patient's weight at admission was recorded as 60.46 kg. Vital signs recorded included HR 73 bpm, BP 95/44 mmHg, respiratory rate 17 breaths/minute, O2 saturation 98%, and FiO2 of 28%. A GCS score of 15 (4+5+6) was documented, suggesting normal neurological function at that time.