Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 295916 * **Unique Patient ID:** 003-19375 * **Gender:** Female * **Age:** > 89 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 23:05:00 * **Hospital Admission Source:** Floor * **Hospital Discharge Time:** 2014-XX-XX 17:00:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 17:55:00 * **Unit Admission Source:** Floor * **Unit Discharge Time:** 2014-XX-XX 15:40:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 62.6 kg * **Discharge Weight:** 63 kg * **Admission Height:** 154.9 cm

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis upon discharge was acute pulmonary edema (ICD-9 code: 428.1, I50.1). Other significant diagnoses included:

* Congestive heart failure (ICD-9 code: 428.0, I50.9) – This diagnosis was both active and inactive at different points during the stay, suggesting fluctuating condition severity. * Controlled hypertension (ICD-9 code: 401.9, I10) – Indicates a pre-existing condition that was managed during the hospitalization. * Known coronary artery disease (ICD-9 code: 414.00, I25.10) – A pre-existing cardiovascular condition which likely contributed to the other diagnoses. * Closed pubis bone fracture(s) (ICD-9 code: 808.2, S32.59) – A significant trauma-related diagnosis. * Pneumonia (ICD-9 code: 486, J18.9) – A secondary infection that developed during the hospital stay.

The diagnosis priority varied, indicating the relative importance of each diagnosis at different stages of care. The temporal aspect of diagnosis entry (diagnosisoffset) would be useful for understanding the progression of the illness.

4. Treatments

The patient received a comprehensive range of treatments. Treatments active upon discharge included:

* Oxygen therapy via nasal cannula * Chest x-ray * Clindamycin (antibacterial) * Coumadin (anticoagulant) * Occupational therapy consult * Ipratropium (bronchodilator) * Aspirin (antiplatelet agent) * Metoprolol (beta-blocker) * Digoxin (inotropic agent) * Blood cultures * Sputum cultures * Acetaminophen (non-narcotic analgesic) * Parenteral glucocorticoid administration * Albuterol (bronchodilator) * Inhaled bronchodilator * Atorvastatin (antihyperlipidemic agent) * Narcotic analgesic

Numerous other treatments were administered at various times during the stay, but were not active at discharge. The timing of these interventions (treatmentoffset) is also crucial for interpreting the patient's clinical course.

5. Vital Trends

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6. Lab Trends

The laboratory results show several key trends. There were two sets of complete blood counts (CBCs) and chemistry panels performed, one before admission and one during the hospital stay. The initial CBC showed elevated WBC count (13.3 K/mcL) and slightly low Hemoglobin (12.4 g/dL) and Hematocrit (39.3%). The later CBC revealed a drop in WBC

count (7.6 K/mcL), with Hemoglobin (10.1 g/dL) and Hematocrit (32.5%) remaining low. These fluctuations may indicate an infectious process initially followed by a decline in blood components.

Chemistry panels show elevated troponin-I (0.329 ng/mL) initially, suggesting cardiac damage. This level decreased to 0.046 ng/mL on a later test. Also notable is a rise in anion gap (from 16.3 mmol/L to 13.8 mmol/L), and an elevated BUN (23 mg/dL) and Creatinine (1.09 mg/dL) levels, which indicate renal impairment. The initial lactate was elevated at 1.8 mmol/L, indicating metabolic acidosis, which later decreased. There is a rise in glucose, from 188 mg/dL to 160 mg/dL.

Custom labs show a decrease in Neuts % from 91.5% to 91.5%. Creatinine w GFR varied from 45 to 46, and Globulin was at 3.6 g/dL.

7. Microbiology Tests

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8. Physical Examination Results

Two physical exams were performed. The first, at 22 minutes post-unit admission, showed a heart rate of 76 bpm (ranging from 75 to 77 bpm), a blood pressure of 99/79 mmHg (with no reported highest systolic or diastolic values), a respiratory rate of 15 breaths per minute (ranging from 15 to 18 breaths per minute), and an oxygen saturation of 94% (ranging from 94% to 98%). A GCS score of 15 (4/5/6) also suggests normal neurological function. A subsequent physical exam at 2314 minutes post-unit admission was not performed.

The information is insufficient to fully document vital trends or changes in clinical status over time. The lack of detailed physical exam findings limits the assessment of the patient's overall condition.