Medical Report: Patient 004-12030

1. Patient Information

* **Patient Unit Stay ID:** 384485 * **Patient Health System Stay ID:** 329249 * **Unique Patient ID:** 004-12030 * **Gender:** Female * **Age:** 82 years * **Ethnicity:** Caucasian * **Hospital ID:** 131 * **Ward ID:** 227 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 23:12:00 * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 2014-XX-XX 16:16:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 23:08:00 * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 22:17:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission Weight:** 98.4 kg * **Admission Height:** 170.2 cm

2. History

Insufficient data provided. NULL

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis upon admission was pulmonary respiratory failure and failure to wean. Major diagnoses included metabolic encephalopathy, altered mental status/pain, known coronary artery disease (CAD), post-CABG CAD, hypertension, and chronic respiratory failure. Several of these diagnoses were active upon discharge from the unit, indicating ongoing health concerns.

* **Primary Diagnosis:** Pulmonary respiratory failure, failure to wean * **Major Diagnoses:** Metabolic encephalopathy (348.31, G93.41), Altered mental status / pain (348.31, G93.41), Coronary artery disease (414.00, I25.10), Post-CABG Coronary artery disease (414.00, I25.10), Hypertension (401.9, I10), Chronic respiratory failure (518.83, J96.10)

4. Treatments

The patient received a wide range of treatments during her ICU stay. These included: oxygen therapy, central venous catheter placement, chest x-rays, VTE prophylaxis (compression boots), ventilator weaning, laxatives (docusate sodium), aspirin, nasogastric tube insertion, levothyroxine (T4), vancomycin, nebulized bronchodilators, and cefepime. Upon discharge, she continued treatment with aspirin, nebulized bronchodilators, metoprolol, and a Foley catheter. The multifaceted treatment approach reflects the complexity of the patient's conditions. The administration of multiple medications, including antibiotics (vancomycin and cefepime), highlights the potential for infection. The use of insulin and thyroid hormone shows the management of endocrine imbalances. The use of both compression boots and stockings indicates a focus on VTE prophylaxis. Physical therapy consultation was also provided.

5. Vital Trends

Insufficient data provided. NULL

6. Lab Trends

The lab results show multiple tests over the course of the ICU stay, primarily focused on blood work and bedside glucose monitoring. There are fluctuations in several key values, including glucose, which demonstrates the ongoing need for insulin management. Hemoglobin and hematocrit levels show some variability, suggesting potential blood loss or changes in hydration status. The electrolyte values (sodium, potassium, chloride, calcium, magnesium, bicarbonate, phosphate) show some variation from normal ranges, indicating the need for careful monitoring and adjustment of fluid and electrolyte balance. The repeated bedside glucose readings underscore the importance of blood glucose control. The presence of BNP indicates potential cardiac dysfunction. CRP levels were monitored which indicates management of inflammation. The multiple tests of complete blood count with differential also show the complexity of the patient's clinical course.

7. Microbiology Tests

Urine and sputum cultures were performed. Results are not provided. NULL

8. Physical Examination Results

The physical exam recorded a Glasgow Coma Scale (GCS) score of 14, with individual scores of 4 for eyes, 4 for verbal response, and 6 for motor response. Heart rate varied between 80 and 90 bpm, with a current rate of 90 bpm. Systolic blood pressure ranged from 114 to 131 mmHg, with a current reading of 128 mmHg. Diastolic blood pressure ranged from 74 to 89 mmHg, with a current reading of 80 mmHg. Oxygen saturation remained consistently at 100%. The patient's admission weight was recorded as 98.38 kg. The FiO2 was 35% and PEEP was 10 cm H2O.