Patient Information

* **PatientUnitStayID:** 417577 * **PatientHealthSystemStayID:** 356310 * **Gender:** Female * **Age:** 53 * **Ethnicity:** Caucasian * **HospitalID:** 122 * **WardID:** 236 * **APACHEAdmissionDx:** Sepsis, other * **Admission Height:** 167.6 cm * **Hospital Admit Time:** 2015-XX-XX 18:26:00 (Hospital offset: -110 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 15:59:00 (Hospital offset: 11263 minutes from unit admit) * **Hospital Discharge Location:** Rehabilitation * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 20:16:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 56.5 kg * **Discharge Weight:** NULL * **Unit Discharge Time:** 2015-XX-XX 19:59:00 (Unit offset: 2863 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **UniquePID:** 004-10113

History

NULL (Insufficient information provided)

Diagnoses

The patient presented with multiple diagnoses, primarily categorized as cardiovascular, neurologic, and infectious diseases. The primary diagnosis upon admission was sepsis (ICD-9 codes: 038.9, A41.9). Other significant diagnoses included:

* **Cardiovascular:** Hypotension (ICD-9 codes: 458.9, I95.9; multiple entries), congestive heart failure (ICD-9 codes: 428.0, I50.9; multiple entries), hypertension (ICD-9 codes: 401.9, I10; multiple entries), myocardial ischemia (ICD-9 codes: 411.89, I24.8; multiple entries), acute myocardial infarction (no ST elevation) (ICD-9 codes: 410.71, I21.4). * **Neurologic:** Stroke (ICD-9 codes: 436, I67.8; multiple entries), ischemic stroke (ICD-9 codes: 434.91, I63.50), seizures (ICD-9 codes: 345.90, R56.9; multiple entries), bipolar disorder (ICD-9 codes: 296.80, F31.9; multiple entries), depression (moderate) (ICD-9 codes: 311, F32.9; multiple entries), altered mental status/pain (multiple entries). * **Hematology:** Leukocytosis (ICD-9 codes: 288.8, D72.829; multiple entries)

Note: Multiple entries for several diagnoses suggest ongoing monitoring and potential fluctuations in severity throughout the ICU stay. The `activeupondischarge` field indicates that none of these diagnoses were considered active upon discharge from the unit. The `diagnosisoffset` shows the diagnoses were made at various times during the stay.

Treatments

The patient received a wide range of treatments addressing her multiple diagnoses. These included:

* **Cardiovascular:** Administration of intravenous fluids (normal saline), use of vasopressors (phenylephrine), and clonidine for hypertension. Diagnostic procedures such as transthoracic echocardiography and left heart cardiac angiography were performed. Treatment for myocardial ischemia included aspirin and atorvastatin. * **Neurologic:** Head CT scans and MRI scans were conducted. Analgesics (both narcotic and non-narcotic such as acetaminophen) were administered for pain management. Aspirin was used as an antiplatelet agent. Consultations with neurology were also conducted. * **Infectious Diseases:** Treatment with therapeutic antibacterials (piperacillin/tazobactam and vancomycin). Blood and urine cultures were obtained. * **General Support Services:** The patient received consultations from physical therapy, occupational therapy, and discharge planning.

The `treatmentoffset` values indicate the timing of various treatments. The fact that `activeupondischarge` is `False` for all treatments implies successful management and resolution of acute issues during the ICU stay.

Vital Trends

NULL (Insufficient information provided)

Lab Trends

The lab results show several key trends. Hematological results demonstrate fluctuations in WBC count (leukocytosis), platelet count and other blood parameters (Hgb, Hct, MCV, MCH, MCHC, RDW, -lymphs, -monos, -polys, -eos, -basos) over time. Chemistry lab results reveal changes in BUN, creatinine, bicarbonate, calcium, ionized calcium, glucose, total cholesterol, HDL, LDL, triglycerides, lactate, cortisol, BNP levels. The provided data includes two sets of complete blood counts, one early in the stay and another later. These show changes in several blood parameters, suggesting a dynamic clinical picture.

Microbiology Tests

Urine and blood cultures were obtained. The results are not included in the provided data.

Physical Examination Results

A structured physical exam was performed at 1550 minutes post-admission and earlier at 43 minutes post-admission. The initial exam recorded vitals including heart rate (HR), blood pressure (BP, systolic and diastolic), respiratory rate (Resp), and oxygen saturation (O2 Sat). A later exam includes similar vitals, and also includes weight and intake/output data. The Glasgow Coma Scale (GCS) was assessed and scored. The heart rhythm was noted as sinus. The data is limited to vital signs and GCS scores, without detailed descriptions of other physical exam findings.