

****Medical Report for Patient 004-10577****

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

****Patient Unit Stay ID:**** 350263 ****Unique Patient ID:**** 004-10577 ****Gender:**** Male ****Age:**** 58 ****Ethnicity:**** Caucasian ****Hospital Admit Time:**** 2015-02-58:00 ****Hospital Discharge Time:**** 2015-20:45:00 ****Unit Admit Time:**** 2015-02-58:00 ****Unit Discharge Time:**** 2015-20:45:00 ****Admission Weight:**** 74.4 kg ****Admission Height:**** 180.3 cm ****Unit Type:**** Med-Surg ICU ****Hospital Admission Diagnosis:**** Emphysema/bronchitis ****Hospital Discharge Location:**** Other Hospital ****Unit Discharge Location:**** Other Hospital

****2. History****

NULL (Insufficient information provided in the JSON data.)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon discharge was community-acquired bacterial pneumonia (ICD-9 code: 486, J18.9). Other major diagnoses active upon discharge included congestive heart failure (428.0, I50.9), acute COPD exacerbation (491.21, J44.1), suicidal ideation (V62.84, R45.851), bipolar disorder (296.80, F31.9), depression (311, F32.9), hypertension (401.9, I10), and regurgitant esophagitis (530.11, K21.0). Several other diagnoses, including chest pain and additional instances of acute COPD exacerbation, anxiety, and depression were noted during the stay but were not active upon discharge. The temporal relationship between the diagnoses and their evolution during the hospital stay is unclear due to a lack of detailed medical history.

****4. Treatments****

The patient received a wide range of treatments, many of which were discontinued before discharge. Active treatments upon discharge included oxygen therapy via nasal cannula, levofloxacin (a quinolone antibacterial), piperacillin/tazobactam (a penicillin antibacterial), vancomycin (an antibacterial), sucralfate (for stress ulcer prophylaxis), citalopram (an SSRI), diltiazem (a calcium channel blocker), and compression stockings for VTE prophylaxis. The rationale for prescribing specific medications and the effectiveness of the treatment plan are not fully detailed in the available data. Numerous other treatments, including other antibiotics (azithromycin, and others), bronchodilators (albuterol, ipratropium), and antiemetics (ondansetron, metoclopramide) were administered during the hospital stay but were not active at discharge. The precise timing and sequencing of these treatments is also unclear. The detailed efficacy of treatment protocols is not available in the data set.

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

NULL (Insufficient information provided in the JSON data. While some vital signs are present in the Physical Exam section, there is no time series data to show trends.)

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

The following laboratory values were recorded:

****BUN:**** 10 mg/dL ****Bicarbonate:**** 26.7 mmol/L ****Potassium:**** 3.9 mmol/L ****AST (SGOT):**** 29 IU/L ****Total Bilirubin:**** 0.4 mg/dL ****CPK-MB:**** 2 ng/mL ****Creatinine:**** 0.9 mg/dL ****Magnesium:**** 2 mg/dL ****Albumin:**** 3 g/dL ****Chloride:**** 100 mmol/L ****CPK:**** 108 IU/L ****Troponin-I:**** 0.02 ng/mL ****Calcium:**** 9.5 mg/dL ****WBC x 1000:**** 17.4 K/mcL ****Glucose:**** 91 mg/dL ****Hct:**** 41.7 % ****Sodium:**** 137 mmol/L

(Note: There is no time-series data to show trends. The values shown represent single measurements at a single, unspecified point in time.)

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

NULL (Insufficient information provided in the JSON data.)

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

A physical exam was performed. The recorded data include a GCS score of 14 (Eyes: 3, Verbal: 5, Motor: 6), heart rate ranging from 87 to 120 bpm (current rate 100 bpm), respiratory rate ranging from 14 to 30 breaths per minute (current rate 16 bpm), and oxygen saturation ranging from 91% to 100% (current saturation 97%). The patient's admission weight was 74.39 kg. Blood pressure was recorded as 120/72 mmHg. The FiO2 was 28%. This section lacks context and any interpretation of the findings. The meaning of 'scored' in the physical exam is unclear. More information is needed for a complete assessment.