Patient Information

Patient Unit Stay ID: 223787 Patient Health System Stay ID: 193081 Gender: Male Age: 83 Ethnicity: Caucasian Hospital ID: 59 Ward ID: 91 Admission Diagnosis: Inflammatory bowel disease, surgery for Admission Height: 170.1 cm Hospital Admit Time: 05:37:00 Hospital Admit Source: Operating Room Hospital Discharge Year: 2014 Hospital Discharge Time: 03:00:00 Hospital Discharge Location: Other Hospital Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 20:53:00 Unit Admit Source: Operating Room Unit Visit Number: 1 Unit Stay Type: admit Admission Weight: NULL Discharge Weight: 83.7 kg Unit Discharge Time: 16:13:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Unique Patient ID: 002-11144

Medical History

NULL (Insufficient data provided)

Diagnoses

Diagnosis ID | Patient Unit Stay ID | Active Upon Discharge | Diagnosis Offset (minutes) | Diagnosis String | ICD-9 Code | Diagnosis Priority ---|---|---|---|---|---|--- 3443519 | 223787 | False | 26 | gastrointestinal|post-GI surgery|s/p exploratory laparoscopy | | Primary 3682667 | 223787 | True | 28 | pulmonary|disorders of the airways|COPD | 491.20, J44.9 | Other 3833774 | 223787 | True | 28 | gastrointestinal|post-GI surgery|s/p exploratory laparoscopy | | Primary 3394544 | 223787 | True | 28 | gastrointestinal|intestinal disease|inflammatory bowel disease|ulcerative colitis | 556.9, K51.9 | Major 4224739 | 223787 | False | 26 | pulmonary|disorders of the airways|COPD | 491.20, J44.9 | Other 3732052 | 223787 | False | 26 | gastrointestinal|intestinal disease|inflammatory bowel disease|ulcerative colitis | 556.9, K51.9 | Major 4239236 | 223787 | False | 26 | cardiovascular|vascular disorders|hypertension | 401.9, I10 | Other 3982442 | 223787 | True | 28 | cardiovascular|arrhythmias|atrial fibrillation|with rapid ventricular response | 427.31, I48.0 | Other 4275101 | 223787 | True | 28 | cardiovascular|vascular disorders|hypertension | 401.9, I10 | Other

The patient presented with multiple diagnoses, including primary diagnoses of post-surgical complications related to exploratory laparoscopy and inflammatory bowel disease. Secondary diagnoses included COPD and atrial fibrillation with rapid ventricular response. Hypertension was also noted but was not active upon discharge. The lack of ICD-9 codes for some diagnoses suggests potential incomplete documentation. The temporal proximity of diagnosis entries (within 2 minutes of each other) suggests they were likely entered in a batch.

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided)

Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's stay. There are both chemistry and hematology results. Note that there are multiple entries for some lab tests, likely reflecting repeated measurements over time. Analysis requires more detailed time-series data to identify trends. The presence of bedside glucose measurements suggests monitoring for hyperglycemia was an element of the patient's care. Several chemistry panels (sodium, potassium, chloride, bicarbonate, BUN, creatinine, ALT, AST, total protein, albumin, phosphate, magnesium, and lactate) and complete blood count components (Hgb, Hct, MCV, MCH, MCHC, RDW, WBC, platelets, and differential cell counts) were measured. To properly assess lab trends, a visualization is needed that accounts for the time element.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam indicates that a structured physical exam was performed. Specific details are lacking, but the Glasgow Coma Scale (GCS) was documented with scores of 15 (4 for Eyes, 5 for Verbal, 6 for Motor), suggesting normal neurological function at the time of the exam. The patient's weight at the time of the exam was 81.1 kg. Fluid balance (intake and output) showed a net negative balance of -2078 ml. The FiO2 (fraction of inspired oxygen) was recorded as 40%, indicating supplemental oxygen was administered.

The report highlights the patient's complex medical picture, necessitating further investigation to fully understand the patient's history, treatment course, and the evolution of their condition as demonstrated through vital signs and more complete lab data.