

****Patient Information****

Patient Unit Stay ID: 758325 Patient Health System Stay ID: 585352 Gender: Male Age: 64 Ethnicity: Other/Unknown
Hospital ID: 148 Ward ID: 347 Unique Patient ID: 006-100338 Hospital Admit Time: 2014-XX-XX 14:15:00 Hospital Admit
Source: Emergency Department Hospital Discharge Year: 2014 Hospital Discharge Time: 2014-XX-XX 22:34:00 Hospital
Discharge Location: Other External Hospital Discharge Status: Alive Unit Type: MICU Unit Admit Time: 2014-XX-XX
16:29:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Admission Weight: 63 kg
Discharge Weight: 58.6 kg Unit Discharge Time: 2014-XX-XX 20:21:00 Unit Discharge Location: Step-Down Unit (SDU)
Unit Discharge Status: Alive Admission Height: 183 cm Admission Diagnosis: Pneumonia, aspiration

****Medical History****

Insufficient data provided. NULL

****Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their ICD-9 codes, and priority are listed below. Note that the `activeupondischarge` flag indicates whether the diagnosis was still active at the time of unit discharge.

* **Primary Diagnoses:** * Severe Sepsis and Hypotension (995.92, R65.2): `activeupondischarge`: False * Pulmonary Aspiration (507.0, J69.0): `activeupondischarge`: False * Severe Sepsis and Hypotension (995.92, R65.2): `activeupondischarge`: False * Pulmonary Aspiration (507.0, J69.0): `activeupondischarge`: False * Severe Sepsis and Hypotension (995.92, R65.2): `activeupondischarge`: False * Severe Sepsis and Hypotension (995.92, R65.2): `activeupondischarge`: False

* **Major Diagnoses:** * Aspiration Pneumonia (507.0, J69.0): `activeupondischarge`: False (multiple entries) * Hypoxemia (799.02, J96.91): `activeupondischarge`: False (multiple entries) * Acute Respiratory Failure (518.81, J96.00): `activeupondischarge`: False (multiple entries) * Acute Respiratory Distress (518.82): `activeupondischarge`: False (multiple entries) * Septic Shock (785.52, R65.21): `activeupondischarge`: False * Hypotension (458.9, I95.9): `activeupondischarge`: False (multiple entries) * Sepsis (038.9, A41.9): `activeupondischarge`: False (multiple entries) * Hypotension / Pressor Dependent: `activeupondischarge`: False, ICD-9 code missing

The redundancy in diagnoses suggests potential issues with data entry or reporting. Further investigation is recommended to clarify the exact sequence and nature of the diagnoses.

****Treatments****

The patient received the following treatments during their ICU stay. The `activeupondischarge` flag indicates whether the treatment was still active at the time of unit discharge.

* Mechanical Ventilation: `activeupondischarge`: False (multiple entries) * Albumin Administration: `activeupondischarge`: False (multiple entries) * Norepinephrine (≤ 0.1 micrograms/kg/min): `activeupondischarge`: False * Non-invasive Ventilation: `activeupondischarge`: False

The multiple entries for mechanical ventilation and albumin administration require clarification.

****Vital Trends****

Insufficient data provided. NULL

****Lab Trends****

The provided lab data includes multiple time points for various blood tests and bedside glucose measurements. A detailed analysis would require plotting these values against time to identify trends. Some notable lab values include:

* **Hemoglobin (Hgb):** Fluctuated between 8.5 g/dL and 13.3 g/dL during the stay, suggesting potential blood loss or anemia. Further evaluation of the trend is needed. * **White Blood Cell Count (WBC):** Showed a significant drop from 7.8 K/mcL to 1.2 K/mcL, indicating a possible immunosuppression. This needs further investigation. * **Platelets:** Varied between 58 K/mcL and 130 K/mcL, indicative of thrombocytopenia at certain points, requiring further analysis. * **Bedside Glucose:** Demonstrated wide fluctuations throughout the stay, ranging from 66 mg/dL to 161 mg/dL. These variations require correlation with other data and clinical events. * **Electrolytes (Sodium, Potassium, Chloride, Bicarbonate):** Showed some inconsistencies, requiring trend analysis to determine if these were clinically significant. * **Liver Function Tests (ALT, AST):** Elevated at certain time points, indicating possible liver damage and warranting further review. * **Kidney Function Test (BUN, Creatinine):** Showed some variation, potentially indicating kidney function impairment. Trend analysis is necessary.

Microbiology Tests

Insufficient data provided. NULL

Physical Examination Results

The physical exam shows that a structured physical exam was performed at multiple timepoints. Specific values are recorded for weight, GCS scores, heart rate, blood pressure, respiratory rate, O2 saturation, CVP, FiO2, PEEP, and ventilator rate. However, without the actual values, a comprehensive assessment cannot be made. The GCS score indicates a deterioration in neurological status at one point (from 13 to 7), followed by improvement (14).

The weight of the patient decreased from 63kg to 59.9kg during the ICU stay. The fluid balance shows that the patient had a net positive fluid balance of +236ml at one point and a net negative fluid balance of -3193ml at another point. This requires further investigation and correlation with the fluid management.