

****Patient Information****

Patient Unit Stay ID: 301185 Patient Health System Stay ID: 260300 Gender: Female Age: 87 Ethnicity: NULL Hospital ID: 93 Ward ID: 170 Admission Diagnosis: Sepsis, pulmonary Admission Height (cm): 157.4 Admission Weight (kg): 59 Discharge Weight (kg): 60.8 Hospital Admit Time: 2015-XX-XX 19:56:00 Hospital Discharge Time: 2015-XX-XX 18:40:00 Hospital Discharge Location: Skilled Nursing Facility Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 04:52:00 Unit Admit Source: Direct Admit Unit Visit Number: 1 Unit Stay Type: admit Unit Discharge Time: 06:43:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Unique Patient ID: 003-16257

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

The patient presented with multiple diagnoses during her ICU stay. The primary diagnoses, both marked as 'Primary' and active upon discharge, were sepsis (ICD-9 codes: 038.9, A41.9) and community-acquired pneumonia (ICD-9 codes: 486, J18.9). Major diagnoses included hypotension (ICD-9 codes: 458.9, I95.9) and community-acquired pneumonia (ICD-9 codes: 486, J18.9). Other diagnoses included:

* Atrial fibrillation with controlled ventricular response (ICD-9 codes: 427.31, I48.0) * Fever (ICD-9 codes: 780.6, R50.9) * Hematological effect of infection (leukocytosis) (ICD-9 codes: 288.8, D72.829) * Change in mental status (ICD-9 codes: 780.09, R41.82) * Lactic acidosis (ICD-9 codes: 276.2, E87.2) * Acute respiratory distress (ICD-9 code: 518.82) * Sinus tachycardia (ICD-9 codes: 785.0, R00.0)

The timing of diagnosis entries varied, ranging from 225 minutes to 1257 minutes post-unit admission. Note that multiple instances of the same diagnosis appear, possibly reflecting updates or revisions to the patient's condition.

****Treatments****

The patient received a range of treatments during her ICU stay. Treatments active upon discharge included:

* Non-invasive ventilation * Therapeutic antibacterials * Transthoracic echocardiography * Aggressive volume resuscitation (>250 mls/hr) with normal saline * CPAP/PEEP therapy * IV furosemide * Diltiazem * Cultures * Oxygen therapy (<40%)

Other treatments administered included cultures and aggressive volume resuscitation with normal saline. The initiation of treatments varied, reflecting the evolving nature of the patient's condition.

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The provided lab data includes multiple chemistry, hematology, and blood gas tests performed at various time points. Key findings include:

* Elevated troponin-I levels (0.201 ng/mL initially, decreasing to 0.091 ng/mL later), suggesting potential cardiac injury. * Elevated BUN (up to 34 mg/dL), creatinine (up to 1.2 mg/dL), and anion gap (9.9 mmol/L) levels, indicating impaired renal function and possible metabolic acidosis. * Low albumin (2.6 g/dL) and elevated alkaline phosphatase (66 Units/L), suggesting possible liver involvement. * Elevated white blood cell count (13.1 K/mcL), consistent with the diagnosis of leukocytosis. * Blood gas analysis revealed a PaO2 of 67 mm Hg and a PaCO2 of 43 mm Hg initially, with an initial pH of

7.38, indicating respiratory compromise. A later ABG showed improvement in oxygenation (PaO₂ of 88 mmHg) and decreased PaCO₂ (41 mmHg). Base excess was -1.1 mEq/L initially. * High glucose (146 mg/dL) was noted. * BNP was elevated at 226 pg/mL

The lab values suggest a complex clinical picture involving multiple organ systems. Serial monitoring of these values would be crucial in assessing treatment efficacy and identifying any further complications.

****Microbiology Tests****

Tests for influenza A and B were performed and returned negative. Blood cultures were taken as part of the sepsis work-up, but results are not provided in this dataset.

****Physical Examination Results****

The physical exam documented at 279 minutes post-unit admission indicated the following:

* Heart Rate: Current 84, Lowest 84, Highest 94 bpm * Blood Pressure (systolic): Current 97, Lowest 90, Highest 117 mmHg * Blood Pressure (diastolic): Current 47, Lowest 43, Highest 47 mmHg * Respiratory Rate: Current 28, Lowest 28, Highest 31 breaths/min * Oxygen Saturation: Current 95%, Lowest 93%, Highest 95% * Glasgow Coma Scale: Total score of 14 (Eyes 4, Verbal 4, Motor 6)

The physical exam findings, combined with the lab results and diagnoses, support a picture of a critically ill patient with sepsis, respiratory failure, and potential multi-organ dysfunction.