

****Patient Medical Report****

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

***PatientUnitStayID:** 268932 ***PatientHealthSystemStayID:** 231354 ***Gender:** Male ***Age:** 52 ***Ethnicity:** Caucasian ***HospitalID:** 79 ***WardID:** 133 ***Admission Diagnosis:** Emphysema/bronchitis ***Admission Height:** 177.8 cm ***Hospital Admit Time:** 2015-11-38 11:38:00 ***Hospital Discharge Time:** 2015-11-38 18:13:00 ***Hospital Discharge Location:** Other Hospital ***Hospital Discharge Status:** Alive ***Unit Type:** Med-Surg ICU ***Unit Admit Time:** 2015-11-38 11:38:00 ***Unit Admit Source:** Direct Admit ***Unit Visit Number:** 1 ***Unit Stay Type:** admit ***Admission Weight:** 73.6 kg ***Discharge Weight:** 73.6 kg ***Unit Discharge Time:** 2015-11-38 03:48:00 ***Unit Discharge Location:** Floor ***Unit Discharge Status:** Alive ***Unique Patient ID:** 003-1035

****2. History****

NULL (Insufficient data provided to generate a detailed patient history.)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. These included:

***COPD (Chronic Obstructive Pulmonary Disease):** ICD-9 codes 491.20, J44.9. This diagnosis was active upon admission but marked as 'Other' priority and was not active upon discharge. It was recorded 81 minutes after unit admission and again 528 minutes after unit admission. ***Pneumonia:** ICD-9 codes 486, J18.9. This diagnosis was also recorded at 81 minutes and again at 528 minutes post-unit admission. It was listed as 'Other' priority at the first recording and was active upon discharge from the unit on the second recording.

The presence of both COPD and pneumonia suggests a potentially complex respiratory illness requiring significant medical intervention.

****4. Treatments****

The patient received the following treatments:

***Mechanical Ventilation:** This treatment for pulmonary issues was initiated 81 minutes after unit admission and was not active upon discharge. ***Therapeutic Antibacterials:** Prescribed 81 minutes and again 528 minutes post unit admission to address the pneumonia infection. The treatment was active on discharge from the unit at the second recording. ***Oxygen Therapy (>60%):** Administered 81 minutes post unit admission, but not active upon discharge. ***Oxygen Therapy (<40%) via Nasal Cannula:** This treatment was initiated 528 minutes after unit admission and remained active until the patient's discharge from the unit.

The combination of mechanical ventilation and antibiotic treatment indicates a serious respiratory infection requiring aggressive management.

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

Based on the physical exam, the patient's vital signs included:

***Heart Rate (HR):** Current: 103 bpm, Lowest: 102 bpm, Highest: 107 bpm. ***Blood Pressure (BP):** Systolic Current: 154 mmHg, Systolic Lowest: 100 mmHg, Systolic Highest: 154 mmHg; Diastolic Current: 103 mmHg, Diastolic Lowest: 68 mmHg, Diastolic Highest: 103 mmHg. ***Respiratory Rate (RR):** Current: 28 breaths/min, Lowest: 28 breaths/min, Highest: 28 breaths/min. ***Oxygen Saturation (SpO2):** Current: 100%, Lowest: 98%, Highest: 100%. ***FiO2:** 40% ***PEEP:** 5 cm H2O ***Vent Rate:** 29 breaths/min ***Heart Rhythm:** Sinus

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

The provided lab data includes numerous chemistry, hematology and ABG results taken at various times during the ICU stay. A detailed time-series analysis of these values would be necessary to determine trends. However, it is noted that bedside glucose levels showed considerable variation, ranging from 89 mg/dL to 164 mg/dL during the stay. Hemoglobin and hematocrit levels were also measured at multiple timepoints, and there is a noticeable trend of low hemoglobin (9.0 to 9.5 g/dL) and hematocrit levels (28.4% to 30.5%) at later timepoints, suggesting potential anemia. The PT and INR values also varied significantly, reflecting changes in the patient's coagulation status throughout their ICU stay.

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

NULL (No microbiology test data was provided.)

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

The patient was described as ill-appearing but well-developed and not in acute distress upon initial physical examination. Neurological assessment revealed a GCS score estimated at 8 due to medication effects, with the patient being partially oriented and agitated at times. The patient was also noted to be ventilated.