

****Patient Information****

Patient Unit Stay ID: 426976 Unique Patient ID: 005-10003 Gender: Male Age: 69 Ethnicity: Hispanic Admission Height: 177.8 cm Admission Weight: 86.1 kg Hospital Admit Time: 2014-XX-XX 18:49:00 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2014 Hospital Discharge Time: 2014-XX-XX 13:44:00 Hospital Discharge Location: Death Hospital Discharge Status: Expired Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 03:03:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Unit Discharge Time: 2014-XX-XX 20:43:00 Unit Discharge Location: Other ICU Unit Discharge Status: Alive

****Medical History****

Insufficient data provided. NULL

****Diagnoses****

Primary Diagnosis: - Pulmonary|pulmonary infections|pneumonia (ICD-9 code: 486, J18.9)

Major Diagnoses: - Cardiovascular|cardiac surgery|valve repair >= 7 days|aortic / mitral (ICD-9 code:) - Hematology|bleeding and red blood cell disorders|anemia|anemia of critical illness (ICD-9 code: 285.9, D64.9) - Pulmonary|pulmonary infections|pneumonia (ICD-9 code: 486, J18.9) - Endocrine|glucose metabolism|diabetes mellitus|Type II|controlled (ICD-9 code: 250.00, E11.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- acute renal failure (ICD-9 code: 038.9, 584.9, R65.20, N17) - Hematology|bleeding and red blood cell disorders|anemia|anemia of critical illness (ICD-9 code: 285.9, D64.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- circulatory system failure (ICD-9 code: 038.9, 785.52, R65.21) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- acute respiratory failure (ICD-9 code: 038.9, 518.81, R65.20, J96.0) - Cardiovascular|shock / hypotension|septic shock (ICD-9 code: 785.52, R65.21) - Hematology|white blood cell disorders|leukocytosis (ICD-9 code: 288.8, D72.829) - Pulmonary|respiratory failure|acute respiratory failure (ICD-9 code: 518.81, J96.00) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- acute respiratory failure (ICD-9 code: 038.9, 518.81, R65.20, J96.0) - Neurologic|altered mental status / pain|encephalopathy (ICD-9 code: 348.30, G93.40) - Cardiovascular|chest pain / ASHD|coronary artery disease (ICD-9 code:) - Renal|disorder of kidney|acute renal failure|due to hypovolemia/decreased circulating volume (ICD-9 code: 584.9, N17.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- acute renal failure (ICD-9 code: 038.9, 584.9, R65.20, N17) - Hematology|white blood cell disorders|leukocytosis (ICD-9 code: 288.8, D72.829) - Pulmonary|respiratory failure|acute respiratory failure (ICD-9 code: 518.81, J96.00) - Renal|disorder of kidney|acute renal failure|due to sepsis (ICD-9 code: 584.9, N17.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- circulatory system failure (ICD-9 code: 038.9, 785.52, R65.21) - Endocrine|glucose metabolism|diabetes mellitus|Type II|controlled (ICD-9 code: 250.00, E11.9) - Neurologic|altered mental status / pain|encephalopathy (ICD-9 code: 348.30, G93.40) - Cardiovascular|chest pain / ASHD|coronary artery disease (ICD-9 code:) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- acute respiratory failure (ICD-9 code: 038.9, 518.81, R65.20, J96.0) - Hematology|bleeding and red blood cell disorders|anemia (ICD-9 code:) - Pulmonary|disorders of the airways|COPD (ICD-9 code: 491.20, J44.9) - Renal|disorder of kidney|acute renal failure|due to hypovolemia/decreased circulating volume (ICD-9 code: 584.9, N17.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- circulatory system failure (ICD-9 code: 038.9, 785.52, R65.21) - Endocrine|glucose metabolism|diabetes mellitus|Type II|controlled (ICD-9 code: 250.00, E11.9) - Neurologic|altered mental status / pain|encephalopathy (ICD-9 code: 348.30, G93.40) - Cardiovascular|chest pain / ASHD|coronary artery disease (ICD-9 code:) - Renal|disorder of kidney|acute renal failure|due to sepsis (ICD-9 code: 584.9, N17.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- circulatory system failure (ICD-9 code: 038.9, 785.52, R65.21) - Endocrine|glucose metabolism|diabetes mellitus|Type II|controlled (ICD-9 code: 250.00, E11.9) - Hematology|white blood cell disorders|leukocytosis (ICD-9 code: 288.8, D72.829) - Pulmonary|pulmonary infections|pneumonia (ICD-9 code: 486, J18.9) - Cardiovascular|shock / hypotension|hypotension / pressor dependent (ICD-9 code:) - Hematology|white blood cell disorders|leukocytosis (ICD-9 code: 288.8, D72.829) - Pulmonary|disorders of the airways|COPD (ICD-9 code: 491.20, J44.9) - Hematology|bleeding and red blood cell disorders|anemia|anemia of critical illness (ICD-9 code: 285.9, D64.9) - Cardiovascular|cardiac surgery|valve repair >= 7 days|aortic / mitral (ICD-9 code:) - Pulmonary|respiratory failure|acute respiratory failure (ICD-9 code: 518.81, J96.00) - Hematology|white blood cell disorders|leukocytosis (ICD-9 code: 288.8, D72.829) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ dysfunction- acute respiratory failure (ICD-9 code: 038.9, 518.81, R65.20, J96.0) - Renal|disorder of kidney|acute renal failure|due to hypovolemia/decreased circulating volume (ICD-9 code: 584.9, N17.9) - Cardiovascular|shock / hypotension|sepsis|sepsis with single organ

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****Treatments****

The patient received numerous treatments during their ICU stay. These included but were not limited to:

- Cardiovascular treatments: Intravenous fluid (normal saline administration), antiplatelet agents (clopidogrel), Cardiology consultations. - Pulmonary treatments: Oxygen therapy (40% to 60%), mechanical ventilation (assist controlled, tidal volume 6-10 ml/kg), bronchodilators (albuterol, ipratropium, nebulized), analgesics (bolus parenteral analgesics, narcotic analgesic). - Endocrine treatments: Insulin (sliding scale administration, subcutaneous dose of regular insulin, subcutaneous dose of longer-acting insulin preparations), glucocorticoids (hydrocortisone). - Gastrointestinal treatments: Stress ulcer prophylaxis (pantoprazole, IV), CT scans (abdomen, pelvis, without IV contrast). - Infectious Disease consultations. - Pulmonary medicine consultations. - Pulmonary/CCM consultations. - VTE prophylaxis (compression boots, compression stockings, conventional heparin therapy, subcutaneous).

Note: The exact timing and duration of these treatments is not fully specified in the provided data.

****Vital Trends****

Insufficient data provided. NULL

****Lab Trends****

The provided lab data includes multiple blood gas analyses and other blood tests performed at various times during the patient's stay. There is a significant amount of bedside glucose measurements reflecting blood glucose levels ranging from 52 mg/dL to 295 mg/dL. Hematological parameters such as Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Platelets, Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), and Mean Corpuscular Hemoglobin Concentration (MCHC) were also measured multiple times. Chemistry panel values, including BUN, Creatinine, Albumin, Sodium, Chloride, Anion Gap, Calcium, AST, ALT, Phosphate, Ammonia, total protein, total bilirubin, direct bilirubin, Vitamin B12 and T4 were also obtained. These measurements are useful for monitoring the patient's overall health and response to treatment, specifically for assessing the severity of anemia, leukocytosis, and renal function. However, without specific time-series data, a detailed analysis of trends is not possible.

****Microbiology Tests****

Insufficient data provided. NULL

****Physical Examination Results****

The patient underwent multiple physical examinations during their ICU stay. These examinations consistently showed the patient to be critically ill-appearing and obese. The patient was intubated and mechanically ventilated throughout the stay and consistently displayed a paced heart rhythm. Vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation) were frequently monitored. Neurological exams revealed obtunded mental status and an inability to assess orientation due to medications, though the patient did consistently withdraw to pain. The patient had a foley catheter and NG tube. The cardiovascular and pulmonary examination results are not consistently documented.