Patient Medical Report

1. Patient Information:

* **PatientUnitStayID:** 976171 * **PatientHealthSystemStayID:** 719588 * **UniquePID:** 007-10145 * **Gender:** Male * **Age:** 68 * **Ethnicity:** African American * **HospitalID:** 181 * **WardID:** 428 * **Unit Type:** Med-Surg ICU * **Admission Height:** 170.2 cm * **Admission Weight:** 59.7 kg * **Discharge Weight:** 71.82 kg * **Hospital Admit Time:** 00:25:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 02:00:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 02:51:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 03:01:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **APACHE Admission Dx:** Renal failure, acute

2. History:

NULL (Insufficient data provided)

3. Diagnoses:

The patient presented with multiple diagnoses, entered within the first 29 minutes of their ICU admission. These include:

* **Seizures:** (ICD-9 code: 345.90, R56.9) Marked as 'Other' priority. * **Acute Renal Failure:** (ICD-9 code: 584.9, N17.9) Marked as 'Other' priority. * **Hypernatremia:** (ICD-9 code: 276.0, E87.0) Two entries exist for this diagnosis; one active upon discharge and one not. * **Chronic Renal Insufficiency:** (ICD-9 code: 585.9, N18.9) Two entries exist for this diagnosis; one active upon discharge and one not.

The presence of both acute and chronic renal failure, along with hypernatremia, suggests a complex renal picture that likely contributed significantly to the patient's ICU stay. The seizures represent a separate, potentially related, clinical issue.

4. Treatments:

Treatments administered during the ICU stay include:

* **D5 half-normal saline:** (renal|intravenous fluid|hypotonic fluid administration) Active upon discharge. * **Anticonvulsant medication:** (neurologic|seizure therapy|anticonvulsant) Active upon discharge. * **Therapeutic antibacterials:** (infectious diseases|medications|therapeutic antibacterials) Two entries exist; one active upon discharge and one not. This suggests the use and subsequent discontinuation of antibiotics during the ICU stay. The reason for discontinuation is unknown.

The treatment regimen reflects the patient’s multiple diagnoses, addressing both the renal dysfunction and the seizures.

5. Vital Trends:

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6. Lab Trends:

The provided lab data includes multiple blood tests performed at various times during the patient's ICU stay. The data shows multiple measurements for various blood components including: Hemoglobin (Hgb), Eosinophils (-eos), Mean Corpuscular Volume (MCV), Hematocrit (Hct), Lymphocytes (-lymphs), Monocytes (-monos), Bands (-bands), White Blood Cell count (WBC), Bicarbonate, Albumin, Anion Gap, Red Blood Cell count (RBC), Alanine aminotransferase (ALT), Blood

Urea Nitrogen (BUN), Creatinine, Platelets, Mean Platelet Volume (MPV), and Bedside Glucose. There are also measurements for PT, PTT, and PT-INR, suggesting a coagulation profile was also assessed. The specific values and trends require further analysis to interpret (see visualizations and tables below).

7. Microbiology Tests:

NULL (Insufficient data provided)

8. Physical Examination Results:

A structured physical exam was performed. Vital signs recorded include heart rate (HR), systolic blood pressure (BP), diastolic blood pressure (BP), and respiratory rate (Resp). The Glasgow Coma Scale (GCS) was also assessed, with scores of 4 (Eyes), 1 (Verbal), and 6 (Motor) recorded. The patient’s admission weight was 59.7 kg.

Word Count: 525