Patient Information

Patient Unit Stay ID: 443664 Unique Patient ID: 005-10324 Gender: Female Age: 43 Ethnicity: Hispanic Hospital Admission Time: 2015-XX-XX 22:38:00 Hospital Admission Source: Floor Hospital Discharge Time: 2015-XX-XX 01:45:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 16:17:00 Unit Admission Source: Floor Unit Discharge Time: 2015-XX-XX 19:19:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Height (cm): 165.1 Admission Weight (kg): 95.7 Discharge Weight (kg): NULL

Medical History

Insufficient information provided to elaborate on the patient's detailed medical history beyond the diagnoses and treatments listed below. A complete medical history would typically include information on past illnesses, surgeries, allergies, family history, social history (smoking, alcohol, drug use), and current medications. This information is crucial for a comprehensive understanding of the patient's condition and response to treatment. The available data only provides a snapshot of the diagnoses and treatments during this specific ICU stay.

Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The diagnoses, listed in order of priority (Primary, Major, Other) are:

* **Primary:** * Peri-partum Cardiomyopathy during pregnancy (ICD-9 code: 648.63, O90.3) * Peri-partum Cardiomyopathy during pregnancy (ICD-9 code: 648.63, O90.3) * **Major:** * Hypoxemia due to low V/Q (ICD-9 code: 799.02, J96.91) * Hypoxemia due to low V/Q (ICD-9 code: 799.02, J96.91) * Hypoxemia due to low V/Q (ICD-9 code: 799.02, J96.91) * Hypoxemia due to impaired diffusion (ICD-9 code: 799.02, J96.91) * Hypoxemia due to impaired diffusion (ICD-9 code: 799.02, J96.91) * Atelectasis/collapse (focal, mild) (ICD-9 code: 518.0, J98.11) * Atelectasis/collapse (focal, mild) (ICD-9 code: 518.0, J98.11) * Pregnancy (ICD-9 code: NULL) * Pregnancy (ICD-9 code: NULL) * Pregnancy (ICD-9 code: NULL) * **Other:** * Pneumonia (ICD-9 code: 486, J18.9) * Pneumonia (ICD-9 code: 486, J18.9) * Signs and symptoms of sepsis (SIRS) due to non-infectious process without organ dysfunction (ICD-9 code: 995.93, R65.10)

Note that some diagnoses were active upon discharge, indicating ongoing conditions requiring further management.

Treatments

The patient received various treatments during her ICU stay. These included:

* Intravenous conventional heparin therapy (discontinued) * Oxygen therapy (50-60% and reduced FIO2 as tolerated) * Transthoracic echocardiography * Spiral CT scan * Pneumococcal vaccine * Influenza vaccine * Pulmonary/CCM consultation * Social work consult * Non-invasive testing for DVT * Anticoagulant administration

Some treatments were ongoing at the time of discharge. Detailed parameters of these treatments (dosages, durations, responses) are not available in the provided data.

Vital Trends

NULL. Vital signs data (heart rate, blood pressure, respiratory rate, oxygen saturation, temperature) are not included in the provided dataset.

Lab Trends

The provided lab data shows multiple blood tests conducted at different time points. Trends in Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), and other blood parameters can be analyzed to monitor the patient's response to treatment and overall health status. However, the exact timing of these lab tests relative to each other and the patient's condition needs further clarification to establish a robust trend analysis. Specific values are listed in the CSV data section.

Microbiology Tests

NULL. No microbiology test results are included in the provided data.

Physical Examination Results

The physical examination documented findings at multiple time points, including vital signs (HR, BP, RR, O2 Sat), general appearance (healthy appearing, not in acute distress), neurological status (GCS score, normal LOC, oriented x3, calm/appropriate affect, normal motor and sensation), cardiovascular findings (S1, S2 normal; S3 present; no murmurs), pulmonary findings (focally decreased breath sounds in lower lung fields, no wheezing), gastrointestinal findings (decreased bowel sounds, no organomegaly), genitourinary findings (within normal limits, foley catheter present), and extremities (adequate perfusion, bilateral lower extremity edema). Detailed information is listed in the CSV data section.

Note that a complete physical examination would encompass a broader range of assessments. The available data is limited to specific parameters recorded.