

****Patient Medical Report****

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

* **Patient Unit Stay ID:** 260468 * **Unique Patient ID:** 003-17645 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 22:38:00 (Hospital Admit Offset: -143 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 21:30:00 (Hospital Discharge Offset: 4109 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 01:01:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 51.2 kg * **Discharge Weight:** 52.5 kg * **Unit Discharge Time:** 2015-XX-XX 14:56:00 (Unit Discharge Offset: 2275 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height:** 157.5 cm

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses during her ICU stay. The diagnoses, listed in order of priority and time of entry (offset from unit admit time), are:

* **Primary Diagnoses:** * Acute Respiratory Distress (ICD-9: 518.82, Diagnosis Offset: 26 minutes): This was noted early in the ICU stay, suggesting it was a significant factor in admission. * Right Pleural Effusion (ICD-9: 511.9, J91.8, Diagnosis Offset: 46 minutes): This diagnosis indicates fluid accumulation in the right pleural space. * Left Pleural Effusion (ICD-9: 511.9, J91.8, Diagnosis Offset: 2119 minutes): This indicates fluid in the left pleural space, diagnosed later in the stay. * Left Pleural Effusion (ICD-9: 511.9, J91.8, Diagnosis Offset: 46 minutes): A second entry for left pleural effusion, perhaps representing a separate assessment. * Right Pleural Effusion (ICD-9: 511.9, J91.8, Diagnosis Offset: 2120 minutes): A second entry for right pleural effusion, likely a later assessment. * Left Pleural Effusion (ICD-9: 511.9, J91.8, Diagnosis Offset: 2120 minutes): Another entry for Left Pleural Effusion, diagnosed later in the stay. * Right Pleural Effusion (ICD-9: 511.9, J91.8, Diagnosis Offset: 2119 minutes): Another entry for Right Pleural Effusion, diagnosed later in the stay. * **Major Diagnoses:** * Acute Respiratory Failure due to Volume Overload without CHF (ICD-9: 518.81, J96.00, Diagnosis Offset: 988 minutes): This diagnosis indicates respiratory insufficiency caused by fluid overload. * Acute Respiratory Failure due to Volume Overload without CHF (ICD-9: 518.81, J96.00, Diagnosis Offset: 46 minutes): Another entry for this diagnosis. * Acute Respiratory Distress (ICD-9: 518.82, Diagnosis Offset: 46 minutes): This is a second entry for acute respiratory distress. * Acute Respiratory Distress (ICD-9: 518.82, Diagnosis Offset: 988 minutes): Another entry for acute respiratory distress. * Acute Respiratory Failure due to Volume Overload without CHF (ICD-9: 518.81, J96.00, Diagnosis Offset: 2119 minutes): Another entry for Acute Respiratory Failure due to Volume Overload without CHF. * Acute Respiratory Distress (ICD-9: 518.82, Diagnosis Offset: 2120 minutes): Another entry for Acute Respiratory Distress. * Acute Respiratory Failure due to Volume Overload without CHF (ICD-9: 518.81, J96.00, Diagnosis Offset: 2120 minutes): Another entry for Acute Respiratory Failure due to Volume Overload without CHF. * **Other Diagnoses:** * Hypotension (ICD-9: 458.9, I95.9, Diagnosis Offset: 2120 minutes): Low blood pressure, diagnosed later in the stay. * Hypoxemia (ICD-9: 799.02, J96.91, Diagnosis Offset: 988 minutes): Low blood oxygen levels. * Hypotension (ICD-9: 458.9, I95.9, Diagnosis Offset: 988 minutes): Another entry for hypotension. * Hypoxemia (ICD-9: 799.02, J96.91, Diagnosis Offset: 46 minutes): Another entry for Hypoxemia. * Hypotension (ICD-9: 458.9, I95.9, Diagnosis Offset: 2119 minutes): Another entry for hypotension. * Hypoxemia (ICD-9: 799.02, J96.91, Diagnosis Offset: 2119 minutes): Another entry for Hypoxemia. * Hypoxemia (ICD-9: 799.02, J96.91, Diagnosis Offset: 2120 minutes): Another entry for Hypoxemia.

The multiplicity of diagnoses, particularly the repeated entries for pleural effusions and respiratory issues, suggests a complex and potentially unstable clinical picture. The temporal distribution of diagnoses indicates that some conditions developed or worsened during the ICU stay.

****4. Treatments****

The patient received a variety of treatments, including:

* Respiratory support: CPAP/PEEP therapy and non-invasive ventilation were administered. * Cardiovascular management: The patient received albumin and IV furosemide (a diuretic) to manage fluid overload. Losartan and carvedilol, medications for hypertension, were also administered. Enoxaparin, a blood thinner, was used for VTE prophylaxis. * Diagnostic procedures: A transthoracic echocardiography was performed. * Medications: Simvastatin was used as an antihyperlipidemic agent. Aspirin was given as an antiplatelet agent. Omeprazole was used as a stress ulcer treatment.

The treatments suggest a focus on managing the patient's respiratory and cardiovascular issues. The use of multiple medications indicates a multi-faceted approach to addressing her complex medical condition.

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

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

The available lab results show some key trends:

* **Initial Chemistry Panel:** The initial panel (offset -186 minutes) revealed elevated calcium (8.9 mg/dL), slightly elevated total protein (7.6 g/dL), normal bicarbonate (25 mmol/L), elevated CPK (78 U/L), low albumin (3.6 g/dL), low magnesium (2.1 mg/dL), elevated alkaline phosphatase (99 U/L), elevated AST (19 U/L), normal sodium (133 mmol/L), low troponin-I (0.01 ng/mL), elevated BUN (16 mg/dL), and normal potassium (3.7 mmol/L). A later chemistry panel (offset 429 minutes) indicated improvement in some values (BUN 21mg/dL, troponin I 0.03 ng/mL). Another panel (offset 2046 minutes) shows creatinine 1.6 mg/dL, sodium 130 mmol/L, potassium 3.6 mmol/L, and bicarbonate 26 mmol/L. A final panel (offset 3524 minutes) shows BUN 25 mg/dL, creatinine 1.0 mg/dL, and potassium 3.7 mmol/L. * **Hematology:** Initial tests (offset -186 minutes) showed MCH 30.4 pg, MCHC 33 g/dL, platelets 424 K/mcL, Hct 37%, RDW 12.3%, -monos 5.7%, -eos 1.8%, -polys 78.1%, -basos 0.5%, Hgb 12.2 g/dL, and WBC 10.6 K/mcL. A later hematology test (offset 429 minutes) revealed MCHC 33.5 g/dL, platelets 397 K/mcL, Hgb 10.7 g/dL, WBC 9.2 K/mcL, -lymphs 10.6%, -eos 0.2%, -polys 82%, and MCV 92.2 fL. * **Arterial Blood Gas (ABG):** ABG tests (offset -126 minutes) revealed O2 sat 94%, Base Excess -1 mEq/L, paO2 76 mm Hg, paCO2 37 mm Hg, pH 7.41, HCO3 24 mmol/L, and FiO2 50%. * **Cardiac Biomarkers:** BNP levels were initially elevated (536 pg/mL at offset -186 minutes) and remained elevated (406 pg/mL at offset 429 minutes and 417 pg/mL at offset 2046 minutes), suggesting possible cardiac strain. A later BNP level is 530 pg/mL (offset 3524 minutes). * **Inflammation:** CRP was elevated (7.7 mg/dL at offset -186 minutes), indicating inflammation.

The lab results demonstrate a picture of significant metabolic and possibly cardiac involvement, which requires close monitoring and appropriate medical management.

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

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

A structured physical exam was performed at 30 minutes post unit admission. The exam revealed:

* Heart rate (HR): 80-81 bpm (current, lowest, and highest). * Blood pressure (BP): 125/62 - 147/78 mmHg (lowest/highest systolic, lowest/highest diastolic). * Respiratory rate: 19 breaths per minute (current, lowest, and highest). * O2 saturation: 99% (current, lowest, and highest). * Weight: 51.2 kg (admission weight). * Glasgow Coma Scale (GCS): 15 (total score), with verbal score 5, motor score 6, and eyes score 4.

The physical exam findings at admission show no gross abnormalities, but the later lab results suggest underlying metabolic and cardiac issues.

