Patient Information

Patient Unit Stay ID: 447543 Unique Patient ID: 005-10606 Gender: Male Age: 80 Ethnicity: Hispanic Hospital Admission Time: 2015-XX-XX 10:12:00 Hospital Admission Source: Emergency Department Hospital Discharge Year: 2015 Hospital Discharge Time: 2015-XX-XX 06:45:00 Hospital Discharge Status: Expired Hospital Discharge Location: Death Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 11:06:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2015-XX-XX 21:00:00 Unit Discharge Status: Alive Unit Discharge Location: Floor Admission Height: 167.6 cm Admission Weight: 61.2 kg

Medical History

NULL (Insufficient data provided)

Diagnoses

The patient presented with multiple diagnoses, all marked as Major except for the primary diagnosis.

* **Primary Diagnosis:** Sepsis with multi-organ dysfunction (ICD-9 codes: 995.92, R65.20) * **Major Diagnoses:** * Congestive heart failure (ICD-9 codes: 428.0, I50.9) * Hypochloremia (ICD-9 codes: 276.9, E87.8) * Acute pulmonary edema (ICD-9 codes: 428.1, I50.1) * Enteritis/colitis, presumed infectious (ICD-9 codes: 009.1, A09) * Acute renal failure (ICD-9 codes: 584.9, N17.9) * Hypercoagulable state (ICD-9 codes: 286.9, D68.69) * Acute respiratory failure (ICD-9 codes: 518.81, J96.00) * Acute respiratory distress (ICD-9 code: 518.82) * Hyponatremia (ICD-9 codes: 276.1, E87.0, E87.1) * Change in mental status (ICD-9 codes: 780.09, R41.82) * Hypoxemia (ICD-9 codes: 799.02, J96.91) * Malignant hyperthermia (ICD-9 codes: 359.89, G72.89) * Hyperglycemia (ICD-9 codes: 790.6, R73.9)

The diagnoses indicate a complex clinical picture involving multiple organ systems.

Treatments

The patient received a variety of treatments during their ICU stay. These included consultations with Cardiology, Infectious Disease, and Nephrology. Radiological procedures such as chest x-rays, CT scans, and a pulmonary ventilation perfusion study were also performed. The patient received various medications, including therapeutic antibacterials (penicillins, metronidazole, levofloxacin, vancomycin), aspirin, acetaminophen, bronchodilators, and sedatives. Other treatments included oxygen therapy, mechanical ventilation, a foley catheter, and non-invasive testing for DVT.

Vital Trends

NULL (Insufficient data provided)

Lab Trends

The provided lab data shows multiple blood tests performed at different time points during the patient's stay. These include complete blood counts (CBC) with differentials, basic metabolic panels (BMP), and liver function tests (LFT). Noteworthy trends will require further analysis and visualization but some preliminary observations include:

* Hemoglobin (Hgb) levels fluctuated, suggesting potential blood loss or anemia. Further analysis is needed to determine the exact trend and its clinical significance. * The patient exhibited elevated creatinine and BUN levels, indicating impaired kidney function. This is consistent with the diagnosis of acute renal failure. * Liver function tests (AST and ALT) were markedly elevated, suggesting liver damage. The cause of this needs to be further investigated. * Electrolyte imbalances were observed with hyponatremia and hypochloremia. * The patient's WBC count initially was high (12.8 K/mcL) and then decreased (6.6 K/mcL) before rising again (9.0 K/mcL), suggesting an ongoing inflammatory process. * Platelet counts were low, indicating potential bleeding issues. * ABG results show evidence of respiratory acidosis.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

Physical exam data indicated that a structured physical exam was performed. Vital signs recorded at one point included a heart rate of 66 bpm (with a range of 66-85 bpm), a systolic blood pressure of 67 mmHg (with a range of 62-152 mmHg), a diastolic blood pressure of 48 mmHg (with a range of 42-112 mmHg), a respiratory rate of 30 breaths per minute (with a range of 28-34 bpm), and an oxygen saturation of 79% (with a range of 72-100%). FiO2 was 50% and PEEP was 8 cm H2O. The patient's GCS was unable to be scored due to medication. Weight was 61.2 kg at admission. Additional physical exam data would be needed to provide a more complete assessment.