Medical Report for Patient ICU Stay

1. Patient Information

***Patient Unit Stay ID:** 344379 * **Patient Health System Stay ID:** 296292 * **Hospital ID:** 123 * **Ward ID:** 175 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 15:53:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 15:24:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Hospital Admit Time:** 2014-XX-XX 15:53:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 15:24:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Weight (kg):** 91 * **Admission Height (cm):** 173 * **Unique Patient ID:** 004-10807 * **Admission Diagnosis:** Cardiac arrest (with or without respiratory arrest; for respiratory arrest see Respiratory System)

Gender, Age, and Ethnicity are missing from the provided data.

2. History

The patient's history is not explicitly detailed in the provided data. The admission diagnosis indicates a cardiac arrest. Further details regarding the patient's medical history prior to admission are needed to complete this section. NULL

3. Diagnoses

The patient received multiple diagnoses during their ICU stay. The diagnoses, their ICD-9 codes (where available), and their priority are listed below:

* **Primary Diagnosis (Cardiac Arrest):* * Diagnosis String: cardiovascular|cardiac arrest|cardiac arrest * ICD-9 Code: 427.5, I46.9 * Active Upon Discharge: True * **Major Diagnosis (Hypotension):* * Diagnosis String: cardiovascular|shock / hypotension|hypotension * ICD-9 Code: 458.9, I95.9 * Active Upon Discharge: True * **Major Diagnosis (Chronic Renal Insufficiency):* * Diagnosis String: renal|disorder of kidney|chronic renal insufficiency * ICD-9 Code: 585.9, N18.9 * Active Upon Discharge: True * **Major Diagnosis (Diabetes Mellitus):* * Diagnosis String: endocrine|glucose metabolism|diabetes mellitus * ICD-9 Code: * Active Upon Discharge: True

Several diagnoses were also listed as inactive upon discharge, suggesting these conditions were resolved or managed during the stay. These include additional instances of cardiac arrest, hypotension, chronic renal insufficiency, and diabetes mellitus. The timing of diagnosis entries (diagnosisoffset) might reveal the progression of the patient's condition, but further analysis is needed.

4. Treatments

The patient received various treatments, including:

* **Pulmonary:** Bronchodilators, antibacterials, chest x-rays, endotracheal tube insertion, oxygen therapy (>60%), and sedatives. * **Cardiovascular:** Analgesics, norepinephrine > 0.1 micrograms/kg/min, and intravenous conventional heparin therapy. * **Endocrine:** Sliding scale insulin administration.

Several treatments were active upon discharge, indicating ongoing management of the patient's conditions. Others were discontinued during the stay. The timing of treatment initiation (treatmentoffset) and their duration could be further analyzed to understand the treatment strategy and its effectiveness.

5. Vital Trends

NULL. No vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) is available in the provided dataset. To complete this section, time-series data on these parameters is required.

6. Lab Trends

NULL. No laboratory test results are included in the provided data. This section requires time-series data on relevant blood tests.

7. Microbiology Tests

NULL. No microbiology test results are available in the provided data. This section requires data on cultures, sensitivities, etc.

8. Physical Examination Results

The physical exam notes indicate a structured physical exam was performed. The admission weight was recorded as 91 kg. Initial vital signs at the time of the exam were: Heart rate 90 bpm, systolic blood pressure 137 mmHg, diastolic blood pressure 74 mmHg, respiratory rate 18 breaths/minute, and oxygen saturation 100% on 100% FiO2. A Glasgow Coma Scale (GCS) score was unable to be obtained due to medication. More comprehensive physical exam findings are needed to fully describe the patient's condition.