Medical Report for Patient 004-15269

1. Patient Information:

* **Patient Unit Stay ID:** 389703 * **Patient Health System Stay ID:** 333522 * **Unique Patient ID:** 004-15269 * **Gender:** Female * **Age:** 72 * **Ethnicity:** African American * **Hospital ID:** 131 * **Ward ID:** 227 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 21:44:00 (Assuming a date is available elsewhere in the full dataset.) * **Unit Admit Source:** Other Hospital * **Unit Discharge Time:** 2014-XX-XX 00:34:00 (Assuming a date is available elsewhere in the full dataset.) * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Hospital Admit Time:** 2014-XX-XX 21:44:00 (Assuming a date is available elsewhere in the full dataset.) * **Hospital Admit Source:** Other Hospital * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 00:34:00 (Assuming a date is available elsewhere in the full dataset.) * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height:** 165.1 cm * **Admission Weight:** 110.3 kg * **Discharge Weight:** NULL

2. History:

NULL (Insufficient information provided in the JSON to reconstruct a detailed patient history. This section would typically include information about presenting symptoms, duration of illness, and relevant past medical history.)

3. Diagnoses:

The patient presented with multiple diagnoses, several of which were active upon discharge. Key diagnoses included:

* **Primary:** Chronic respiratory failure (518.83, J96.10) * **Major:** Acute myocardial infarction (no ST elevation) (410.71, I21.4) * **Major:** Diabetes Mellitus * **Major:** DKA (250.13, E10.1) * **Major:** Respiratory failure (failure to wean) * **Major:** Sepsis (038.9, A41.9) * **Major:** Cellulitis (abdomen/pelvis) (682.2, L03.90) * **Major:** Hypoxemia (799.02, J96.91) * **Major:** Morbid Obesity (278.01, E66.01) * **Other:** Hypertension (401.9, I10) * **Other:** Hyperlipidemia (272.4, E78.5) * **Major:** Hypotension (458.9, I95.9)

Multiple entries for the same diagnosis indicate repeated diagnoses during the ICU stay, reflecting the dynamic nature of the patient's condition.

4. Treatments:

The patient received a comprehensive range of treatments, encompassing several medical specialties. Key treatments included:

* **Respiratory Support:** Mechanical ventilation (various modes), oxygen therapy (40-50%), CPAP/PEEP therapy (5-10 cm H2O), tracheal suctioning. * **Cardiovascular Management:** Atorvastatin (antihyperlipidemic), fluid bolus, phenylephrine (vasopressor). * **Endocrine Management:** Insulin (various routes and regimens), D50 glucose. * **Infectious Disease Management:** Antifungal therapy, drainage procedure, consultations. * **Renal Management:** Foley catheter, renal ultrasound. * **Other:** Nutritional support (enteral feeds), palliative care consultation, social work consult, acetaminophen (antipyretic), lorazepam (sedative), naloxone (narcotic antagonist), compression stockings/boots.

Many treatments were initiated early in the ICU stay and some continued until discharge, indicating persistent needs for these interventions. The multiple entries for the same treatment often reflect adjustments in dosage, route of administration, or the addition or removal of treatment based on clinical response.

5. Vital Trends:

NULL (Vital signs data is not included in the provided JSON. This section would typically include a time series of heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation.)

6. Lab Trends:

The provided lab data includes multiple bedside glucose measurements showing fluctuating levels (ranging from 73 mg/dL to 213 mg/dL) throughout the patient's stay. Additional lab data shows complete blood counts (CBC), with elevated WBCs (23.9 and 25.5 K/mcL) and reduced Hemoglobin (9.4 and 10.2 g/dL) and Hematocrit (29.2 and 30.6%). Liver function tests (ALT, AST) indicate liver damage (elevated ALT and AST levels), and total bilirubin is also elevated, indicative of possible liver dysfunction. Electrolytes (sodium, potassium, chloride, bicarbonate) show some abnormalities. The blood gas results (pH, PaO2, PaCO2, Base Deficit) are highly suggestive of metabolic acidosis and hypoxemia. The creatinine level indicates some level of renal dysfunction.

7. Microbiology Tests:

NULL (Microbiology data is not included in the provided JSON. This section would typically include results of blood cultures, urine cultures, and other relevant microbiology tests.)

8. Physical Examination Results:

Physical exam data includes a GCS score of 7 (2+1+4), suggesting impaired neurological function. Blood pressure was recorded as 92/61 mmHg. The patient was ventilated (Resp Rate 29; Vent Rate 20; FiO2 40%; PEEP 5 cm H2O) and the physical exam was performed in a structured manner.