Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 701925 * **Unique Patient ID:** 006-100175 * **Gender:** Female * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 18:29:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 20:26:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 19:47:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 17:08:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 59 kg * **Discharge Weight:** 66.7 kg * **Admission Height:** 165.1 cm * **APACHE Admission Diagnosis:** Sepsis, pulmonary

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis was sepsis (ICD-9 codes: 038.9, A41.9), which remained active upon discharge from the unit. Major diagnoses included acute respiratory failure (ICD-9 codes: 518.81, J96.00) and pulmonary aspiration (ICD-9 codes: 507.0, J69.0). These diagnoses were recorded at various time points throughout the ICU stay, indicating the evolving nature of her condition. The specific details of the patient's medical history leading to these diagnoses are not available in the provided data.

4. Treatments

The patient received several treatments during her ICU stay. These included mechanical ventilation, administered from 17 minutes and various times after unit admission, indicating respiratory support needs. Additionally, norepinephrine was administered at various times after unit admission, exceeding 0.1 micrograms/kg/min, indicating treatment for cardiovascular shock. The duration and specific details of these treatments, along with other potential treatments, are not fully described in the provided data.

5. Vital Trends

Physical exam data reveals trends in vital signs. Heart rate (HR) fluctuated between 65 and 87 bpm, with a current rate of 84 bpm at one point and 76 bpm at another. Systolic blood pressure (BP) ranged from 85 to 185 mmHg, with a current reading of 117 mmHg at one point and 106 mmHg at another. Diastolic BP ranged from 49 to 95 mmHg, with a current reading of 66 mmHg at one point and 64 mmHg at another. Respiratory rate (Resp) varied between 14 and 16 breaths per minute. Oxygen saturation (O2 Sat) ranged from 75% to 100%, with a current reading of 98% at one point and 97% at another. Central venous pressure (CVP) was recorded at 4 cm H2O at one point and 18 cm H2O at another. These variations suggest dynamic changes in the patient's hemodynamic and respiratory status.

6. Lab Trends

Laboratory results show fluctuations in various parameters over time. Hemoglobin (Hgb) levels decreased from 15.5 g/dL to 11.0 g/dL and 12.3 g/dL at different times, indicating potential blood loss or anemia. The patient's white blood cell count (WBC) increased from 7 K/mcL to 8.5 K/mcL at different times, indicating a possible infection. Electrolyte levels show changes over time. Potassium levels fluctuated between 3.6 and 4.5 mmol/L, while bicarbonate levels ranged from 24 to 26.1 mmol/L. Glucose levels varied widely, from 101 to 232 mg/dL, suggesting possible fluctuations in blood sugar control. Blood gas analysis shows changes in pH, partial pressure of oxygen (paO2), and partial pressure of carbon dioxide (paCO2). These lab results suggest ongoing physiological instability.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

Two physical examinations were performed, one at 1110 minutes and another at 10 minutes post-unit admission. Both exams recorded vital signs and included information on heart rate, blood pressure, respiratory rate, and oxygen saturation. The exams also included weight measurements (59 kg at admission, 66.7 kg at a later time) and fluid balance data. A GCS score was recorded as 'scored' in both exams. More detailed findings from the physical examinations are not available in the provided data. The weight gain and fluid balance data indicate potential fluid retention or edema.