Medical Report: Patient 006-103396

1. Patient Information

* **Patient Unit Stay ID:** 564216 * **Patient Health System Stay ID:** 469029 * **Unique Patient ID:** 006-103396 * **Gender:** Male * **Age:** 54 years * **Ethnicity:** Caucasian * **Hospital ID:** 157 * **Ward ID:** 369 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 17:50:00 * **Unit Admit Source:** Acute Care/Floor * **Hospital Admit Time:** 04:55:00 (Hospital admit offset from unit admit: -775 minutes) * **Hospital Admit Source:** Acute Care/Floor * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 22:50:00 (Hospital discharge offset from unit admit: 14700 minutes) * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Unit Discharge Time:** 22:50:00 * **Unit Discharge Location:** Other External * **Unit Discharge Status:** Alive * **Admission Weight:** 172.7 kg * **Discharge Weight:** 161.2 kg * **Admission Height:** 193 cm * **APACHE Admission Diagnosis:** CHF, congestive heart failure

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was acute respiratory failure (ICD-9 codes 518.81, J96.00), with major diagnoses including acute pulmonary edema (ICD-9 codes 428.1, I50.1), hyponatremia (ICD-9 codes 276.1, E87.0, E87.1), hypervolemia (ICD-9 codes 276.6, E87.70), change in mental status (ICD-9 codes 780.09, R41.82), and pulmonary aspiration (ICD-9 codes 507.0, J69.0). The diagnosis of Tracheostomy performed during this admission for ventilatory support (ICD-9 code 31.1) was active upon discharge. Note that multiple entries for the same diagnosis exist, indicating the diagnosis was recorded multiple times throughout the stay. The timing of diagnosis entries (diagnosisOffset) suggests a pattern of initial respiratory and cardiovascular issues followed by subsequent complications.

4. Treatments

The patient received various treatments, including mechanical ventilation (multiple entries across the stay), a tracheostomy (active upon discharge), amiodarone (a class III antiarrhythmic), diltiazem (a calcium channel blocker), and bronchoscopy (performed, with one entry marked as active upon discharge). The administration of dopamine (5-15 micrograms/kg/min) suggests treatment for cardiovascular issues. The temporal pattern of treatments mirrors the progression of diagnoses, with respiratory support being a consistent element.

5. Vital Trends

NULL (Insufficient data provided to generate vital sign trends)

6. Lab Trends

The lab data shows trends in several key parameters. Hematological parameters such as Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), and Red Blood Cell count (RBC) were monitored. Complete Blood Count (CBC) showed fluctuations in WBC (White Blood Cell) counts and platelet counts over time. Chemistry values, including sodium, potassium, chloride, bicarbonate, albumin, total protein, anion gap, BUN (Blood Urea Nitrogen), creatinine, glucose, AST (Aspartate Aminotransferase), ALT (Alanine Aminotransferase), and phosphate were also monitored and showed fluctuations. Bedside glucose levels were frequently assessed. ABG (Arterial Blood Gas) values – including pH, PaO2 (Partial pressure of oxygen), PaCO2 (Partial pressure of carbon dioxide), Base Excess, FiO2 (fraction of inspired oxygen) and PEEP (Positive end-expiratory pressure) – were also recorded. The provided data lacks the temporal resolution to explicitly describe trends, however the repeated measurements suggest ongoing monitoring and management of the patient's condition.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Physical examinations were performed at multiple time points. The initial exam (at 389 minutes) and a subsequent exam (at 7784 minutes) recorded vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation) and a Glasgow Coma Scale (GCS) score (Eyes, Verbal, Motor), indicating the patient's neurological status. Weight and input/output (I&O;) were also measured. The variation in values between the two physical exams suggests changes in the patient's condition over time. The repeated GCS scores are crucial for monitoring neurological function. The weight measurements suggest some weight loss during the ICU stay.