

****Patient Information****

Patient Unit Stay ID: 1054428 Patient Health System Stay ID: 781304 Gender: Male Age: 27 Ethnicity: African American Hospital ID: 188 Ward ID: 445 APACHE Admission Dx: Pneumothorax Admission Height: 167 cm Admission Weight: 35 kg Discharge Weight: 35.1 kg Hospital Admit Time: 04:56:00 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2015 Hospital Discharge Time: 21:36:00 Hospital Discharge Location: Other Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 11:09:00 Unit Admit Source: Emergency Department Unit Visit Number: 2 Unit Stay Type: transfer Unit Discharge Time: 21:04:00 Unit Discharge Location: Other Unit Discharge Status: Alive Unique Patient ID: 008-10102

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. These diagnoses, listed in order of entry, were:

1. ****Tension Pneumothorax (512.1, J95.81):**** This diagnosis was recorded at 1975 minutes from unit admission time and was not active upon discharge. It was classified as 'Other' priority. 2. ****Change in Mental Status (780.09, R41.82):**** This diagnosis was entered at 1975 minutes post-admission and again at 7525 minutes post-admission, and was not active upon discharge on both occasions. It was classified as 'Other' priority on both occasions. 3. ****Respiratory Failure/Hypoxemia (799.02, J96.91):**** This diagnosis was recorded at 16392 minutes post-admission and again at 4696 minutes post-admission and again at 17665 minutes post-admission. It was not active on the first two occasions but active on the final occasion at discharge. 4. ****Severe Hyponatremia (> 155 meq/dl) (276.0, E87.0):**** This diagnosis was entered at 4696 minutes post-admission, and again at 3427 minutes post-admission, and again at 6221 minutes post-admission. It was not active on the first two occasions but active on the final occasion at discharge. 5. ****Hypotension (458.9, I95.9):**** This diagnosis was recorded at 17665 minutes post-admission and was active upon discharge. It was marked as 'Other' priority. 6. ****Pneumothorax (512.1, J95.81):**** This diagnosis was recorded at 4696 minutes post-admission and again at 7525 minutes post-admission and again at 3427 minutes post-admission and again at 17665 minutes post-admission. It was not active on the first four occasions but active on the final occasion at discharge. 7. ****Sinus Tachycardia (785.0, R00.0):**** This diagnosis was recorded at 6221 minutes post-admission and again at 17665 minutes post-admission. It was not active on the first occasion but active on the final occasion at discharge. 8. ****Acute Renal Failure (584.9, N17.9):**** This diagnosis was entered at 7525 minutes post-admission, and again at 6221 minutes post-admission. It was not active on the first occasion but active on the final occasion at discharge.

The multiplicity of diagnoses suggests a complex clinical picture requiring multisystem management.

****Treatments****

The patient received numerous treatments during their ICU stay, including:

1. ****Chest X-ray:**** Administered at 7525 minutes and 6221 minutes post-admission. Not active at discharge. 2. ****VTE Prophylaxis:**** Administered at 7525 minutes post-admission and again at 17665 minutes post-admission. Active at discharge. 3. ****Lactated Ringer's Administration:**** Administered at 6221 minutes and 3427 minutes and 17665 minutes post-admission. Active at discharge. 4. ****Cultures:**** Administered at 6221 minutes and 17665 minutes post-admission. Active at discharge. 5. ****Stress Ulcer Prophylaxis:**** Administered at 7525 minutes post-admission and again at 16392 minutes post-admission and again at 6221 minutes post-admission and again at 3427 minutes post-admission and again at 17665 minutes post-admission. Active at discharge. 6. ****Bronchodilator:**** Administered at 7525 minutes post-admission and again at 4696 minutes post-admission and again at 17665 minutes post-admission. Active at discharge. 7. ****Analgesics:**** Administered at 6221 minutes and 4696 minutes and 17665 minutes post-admission. Active at discharge. 8. ****Mechanical Ventilation:**** Administered at 7525 minutes and 6221 minutes and 17665 minutes post-admission. Active at discharge. 9. ****Therapeutic Antibacterials:**** Administered at 4696 minutes and 6221 minutes and 17665 minutes post-admission. Active at discharge. 10. ****Oral Gastric Feeding Tube:**** Administered at 16392 minutes and 7525 minutes and 17665 minutes post-admission. Active at discharge. 11. ****Lorazepam:**** Administered at 17665 minutes

post-admission. Active at discharge.

The breadth of treatments points to a multi-organ system involvement and ongoing management of the patient's condition.

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The lab results show fluctuations in several key electrolytes and blood values over the course of the patient's ICU stay. Detailed time-series analysis of these trends is presented in the CSV data section. Noteworthy is the initial high sodium level (164 mmol/L) at 60 minutes post-admission, which subsequently decreased. There are also variations in other blood chemistry parameters including BUN, bicarbonate, chloride, magnesium, glucose and phosphate levels. Hematological parameters such as Hgb, Hct, platelets, WBC, RDW, MCV, MCH, MCHC, -monos, -bands, -eos, and -polys also show variations, which would require more detailed analysis to draw meaningful conclusions.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

Multiple physical examinations were performed during the patient's ICU stay. Findings included repeated assessments of vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation), weight, and intake and output (I&O;). The patient was consistently intubated and on mechanical ventilation throughout the recorded observation period. Neurological examinations revealed the patient was consistently somnolent and unable to be assessed for orientation, with fluctuating GCS scores. The patient showed no edema throughout the recorded observation period. The patient was consistently assessed as critically ill-appearing and cachectic but not in acute distress throughout the recorded observation period. The repeated physical exams provided a longitudinal view of the patient's status.