Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 467819 * **PatientHealthSystemStayID:** 397057 * **Gender:** Male * **Age:** 88 * **Ethnicity:** Hispanic * **HospitalID:** 142 * **WardID:** 273 * **APACHEAdmissionDx:** Hemorrhage/hematoma, intracranial * **Admission Height:** 157.5 cm (Assuming cm as it's a common unit for height) * **Hospital Admit Time:** 2015-MM-DD 23:02:00 (Date missing from input) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-MM-DD 21:45:00 (Date missing from input) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Neuro ICU * **Unit Admit Time:** 2015-MM-DD 01:43:00 (Date missing from input) * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 55.3 kg * **Discharge Weight:** NULL * **Unit Discharge Time:** 2015-MM-DD 22:15:00 (Date missing from input) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **UniquePID:** 005-10204

2. History

NULL (Insufficient information provided in the JSON to generate a detailed patient history.)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was hemorrhagic stroke (right-sided in some entries), with associated diagnoses including:

* **Primary:** Hemorrhagic stroke (ICD-9 code: 432.9, I62.9) * **Major:** ESRD (End-Stage Renal Disease) (ICD-9 code: 585.6, N18.6); Cerebral subdural hematoma (ICD-9 code: 432.9, I62.9); Hypertension (ICD-9 code: 401.9, I10); Chronic kidney disease, Stage 4 (GFR 15-29) (ICD-9 code: 585.4, N18.4); Suspected seizures * **Other:** Diverticulitis of colon (ICD-9 code: 562.11, K57); Polycythemia (ICD-9 code:)

Note that some diagnoses, particularly polycythemia and suspected seizures, lack ICD-9 codes, suggesting incomplete documentation. The multiple entries for some diagnoses may reflect different stages of the patient's condition or updates to the diagnosis over time.

4. Treatments

A wide range of treatments were administered, including:

* **Neurological:** EEG monitoring, EEG, Anticonvulsant (Levetiracetam, Valproate) * **Cardiovascular:** ACE inhibitor (enalapril), Vasodilating agent - IV (Nicardipine, Hydralazine), Beta blocker, Normal saline administration, Angiotensin II receptor blocker (ARB), Compression boots * **Renal:** Electrolyte administration, Nephrology consultation * **Gastrointestinal:** Antiemetic (serotonin antagonist) * **Surgical:** Analgesics, Acetaminophen * **General Support Services:** Physical therapy consult, Occupational therapy consult, Social work consult * **Quality Measures:** Influenza vaccine, Pneumococcal vaccine * **Hematology:** Blood product administration (Platelet concentrate)

The timing of treatments is indicated by the `treatmentoffset` field, allowing for a chronological analysis of the care provided. Further investigation is needed to determine the effectiveness and overall impact of these treatments. The nature of some treatment entries (e.g., 'analgesics') lacks specificity.

5. Vital Trends

Vital signs were recorded at multiple time points during the stay. The available data includes:

* **Heart Rate (HR):** Current, Lowest, and Highest values are recorded at several time points. A time series analysis would be beneficial to show trends in HR. (Specific values are available in Physical Exam) * **Blood Pressure (BP):** Systolic and Diastolic BP (Current, Lowest, and Highest values) are recorded at several time points. Time series analysis is needed to reveal trends. (Specific values are available in Physical Exam) * **Respiratory Rate (Resp):** Current, Lowest, and Highest values are recorded at several time points. Time series analysis is needed to reveal trends. (Specific values are available in Physical Exam) * **Oxygen Saturation (O2 Sat%):** Current, Lowest, and Highest values are recorded at several time points. Time series analysis is needed to reveal trends. (Specific values are available in Physical Exam)

6. Lab Trends

The following laboratory tests were performed:

* **Hematology:** Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin Concentration (MCHC), Mean Platelet Volume (MPV), Platelets x 1000, Red Blood Cell Count (RBC), White Blood Cell Count (WBC x 1000), Reticulocyte count, PT, PTT, PT-INR, Ferritin, TIBC * **Chemistry:** Bicarbonate, Creatinine, Sodium, Anion gap, Phosphate, Calcium, BUN, Glucose, Albumin, Total Protein, Total Cholesterol, HDL, LDL, Triglycerides, CRP, Urinary specific gravity, WBC’s in urine

Multiple lab results were obtained at different time points (indicated by `labresultoffset`). Trends in these values over time should be visualized using time-series plots to assess changes in the patient's condition and response to treatment. The units of measurement are available for each lab test, enabling meaningful interpretation of the results. (Specific values are available in Lab data)

7. Microbiology Tests

NULL (No microbiology test data was included in the provided JSON.)

8. Physical Examination Results

Physical examinations were performed at multiple time points (indicated by `physicalexamoffset`). These examinations documented several aspects of the patient's condition, including vital signs (as detailed above), pupil reaction, cranial nerve function, neck mobility, presence or absence of JVD, breath sounds, heart sounds, and abdominal examination findings. The patient was noted to be ill-appearing and cachectic and in acute distress. Neurological findings included decreased strength and reflexes. Mental status was characterized as partially oriented.

(Specific values are available in Physical Exam section)