Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 349322 * **PatientHealthSystemStayID:** 300342 * **Gender:** Male * **Age:** 70 * **Ethnicity:** Caucasian * **HospitalID:** 125 * **WardID:** 174 * **APACHEAdmissionDx:** Sepsis, renal/UTI (including bladder) * **AdmissionHeight:** 170.2 cm * **HospitalAdmitTime24:** 18:18:00 * **HospitalAdmitOffset:** -161 minutes * **HospitalAdmitSource:** Emergency Department * **HospitalDischargeYear:** 2014 * **HospitalDischargeTime24:** 02:16:00 * **HospitalDischargeOffset:** 3197 minutes * **HospitalDischargeLocation:** Other * **HospitalDischargeStatus:** Alive * **UnitType:** Med-Surg ICU * **UnitAdmitTime24:** 20:59:00 * **UnitAdmitSource:** Emergency Department * **UnitVisitNumber:** 1 * **UnitStayType:** admit * **AdmissionWeight:** 139.2 kg * **DischargeWeight:** NULL * **UnitDischargeTime24:** 02:11:00 * **UnitDischargeOffset:** 3192 minutes * **UnitDischargeLocation:** Other Hospital * **UnitDischargeStatus:** Alive * **UniquePID:** 004-1262

2. History

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

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon discharge was sepsis with single organ dysfunction (acute renal failure) (ICD-9 codes: 038.9, 584.9, R65.20, N17). Other significant diagnoses included:

* **Sepsis with single organ dysfunction- acute renal failure:** This was the primary diagnosis, indicating a severe systemic infection leading to kidney failure. Multiple entries for this diagnosis exist at different times indicating ongoing concern and management. * **Cellulitis of the extremity:** This bacterial skin infection likely contributed to the sepsis. Multiple instances exist across the admission, indicating a potentially persistent or recurring issue. * **Acute Renal Failure:** This is a major complication likely stemming from the sepsis, indicating a significant decrease in kidney function. * **Intracranial Injury with Subdural Hematoma:** This suggests a head injury causing bleeding within the brain, potentially contributing to the patient's overall critical condition. The active status of this diagnosis upon discharge warrants further investigation and monitoring. * **Diabetes Mellitus:** This chronic condition would impact the patient's overall health and response to treatment, and was active upon discharge. * **Hypertension:** This chronic condition, also active upon discharge, may have contributed to the severity of the patient's condition and the development of acute renal failure. * **Hypothyroidism:** This indicates an underactive thyroid, which can affect multiple bodily systems. Active at discharge, it requires ongoing management. * **Coronary Artery Disease s/p CABG:** This history of coronary artery disease and previous coronary artery bypass graft surgery means the cardiovascular system is a significant concern. Active at discharge, suggesting continued management is necessary. * **Lower Urinary Tract Infection:** This infection is a major diagnosis, adding another layer of complexity to the patient's already challenging situation. Active at discharge, this necessitates continued treatment.

The diagnoses were entered at various times during the ICU stay, reflecting the evolving clinical picture. Some diagnoses, such as sepsis and acute renal failure, were clearly of primary concern, while others were considered secondary or contributing factors.

4. Treatments

The patient received a wide range of treatments during their ICU stay. These included:

* **Antibiotics:** Piperacillin/tazobactam and vancomycin were administered to combat the bacterial infections. * **Insulin:** Both regular and longer-acting insulin were used to manage the patient's diabetes. * **Analgesics:** Oral and parenteral analgesics were used for pain management. * **Antiemetics:** Promethazine, diphenhydramine, and ondansetron were used to control nausea and vomiting. * **Laxatives:** Bisacodyl and milk of magnesia were used to address constipation. * **Fluid Management:** Normal saline was administered intravenously. * **Thyroid Hormone:** This

medication was given to address hypothyroidism. * **Oxygen Therapy:** The patient required supplemental oxygen via nasal cannula. * **VTE Prophylaxis:** Compression stockings were used to prevent blood clots. * **Central Venous Catheter Placement:** A central venous catheter was placed for intravenous medication and fluid administration. * **Citalopram:** This SSRI was used for pain management and altered mentation. * **Labetalol:** This medication was utilized to manage hypertension. * **Aspirin:** This antiplatelet agent was used for cardiovascular management. * **Gabapentin:** This medication was administered for seizure prophylaxis. * **Levetiracetam:** This medication was given for seizure prophylaxis. * **Clonidine:** This medication was used to manage hypertension. * **Omeprazole:** This medication was administered for stress ulcer prophylaxis.

Many treatments were discontinued upon discharge, however, several were continued, reflecting ongoing management needs.

5. Vital Trends

NULL (No vital sign data was provided in the JSON.)

6. Lab Trends

The provided lab data includes complete blood count (CBC) results and chemistry panel results. There appears to be a trend toward improvement in some blood counts (WBC, platelets) between the initial (approximately -159 minutes from admission) and the later (approximately 862 and 2260 minutes from admission) lab results. However, creatinine levels increased significantly (2.1 mg/dL to 3.1 mg/dL) between the initial and final measurements, reflecting the progression of acute renal failure. Glucose levels remained elevated throughout the hospital stay (in the range of 143 -218 mg/dL), highlighting the challenge of managing the patient's diabetes. Additional data is needed to assess other trends.

7. Microbiology Tests

NULL (No microbiology test results were included in the JSON.)

8. Physical Examination Results

The physical exam documented the patient as ill-appearing and obese. Vital signs recorded included a heart rate (HR) of 105 bpm, a systolic blood pressure (BP) of 140 mmHg, and an oxygen saturation (O2 Sat) of 94%. The Glasgow Coma Scale (GCS) was 14, indicating mild impairment, with an eye score of 4, verbal score of 5, and motor score of 5. Respiratory rate was recorded as 19 breaths per minute. Additional details on the physical exam are limited.