Medical Report: Patient 005-10550

1. Patient Information

* **Patient Unit Stay ID:** 496980 * **Patient Health System Stay ID:** 420789 * **Unique Patient ID:** 005-10550 * **Gender:** Male * **Age:** 49 * **Ethnicity:** Hispanic * **Hospital ID:** 140 * **Ward ID:** 261 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 02:23:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 20:42:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 01:06:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 20:55:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 180.3 cm * **Admission Weight:** 81 kg * **Discharge Weight:** NULL * **APACHE Admission Dx:** Meningitis

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. Primary diagnoses included acute meningitis (diagnosis IDs 9734597, 9206536, 8205204, 8875218, 8281095), with Major diagnoses of sepsis (diagnosis IDs 9291852, 7931865, 10169754), fever (diagnosis IDs 9881070, 9390601), altered mental status/pain (diagnosis IDs 9639906, 9142071, 10184761), headache (diagnosis IDs 9397487, 9300943, 9231901), hyperglycemia (diagnosis IDs 9231449, 9420806, 9453391), bandemia (diagnosis IDs 9267189, 8561970), and leukocytosis (diagnosis IDs 9003495, 9037122). An additional diagnosis of thrombocytopenia (diagnosis ID 10171435) was active upon discharge. Note that some diagnoses share the same diagnosis string, indicating a potential evolution or clarification of the diagnosis over time. ICD-9 codes were absent or incomplete for several diagnoses, hindering a more precise diagnostic picture.

4. Treatments

The patient received a range of treatments, including various medications and consultations. These included subcutaneous and sliding-scale insulin for hyperglycemia, parenteral and dexamethasone systemic glucocorticoids for inflammation management, ceftriaxone and vancomycin for antibacterial treatment of infection, ondansetron as an antiemetic, pantoprazole for stress ulcer prophylaxis, and subcutaneous heparin therapy for VTE prophylaxis. Consultations from neurology and infectious disease specialists were also documented. Several treatments were administered over time, while others were active at the time of discharge, indicating ongoing management for certain conditions. Specific dosages and administration schedules are not available in this data.

5. Vital Trends

NULL (Insufficient data provided to generate vital trends)

6. Lab Trends

The provided lab data shows multiple blood tests and bedside glucose measurements taken at various times. Hematological results reveal fluctuations in WBC (11.9-16.7 K/mcL), platelets (146-172 K/mcL), and Hgb (12.7-14.9 g/dL) levels. Chemistry panels reveal changes in glucose levels (98-155 mg/dL), BUN (13-24 mg/dL), creatinine (0.8-1.1 mg/dL), and other parameters. Cerebrospinal fluid (CSF) analysis shows elevated WBCs (649-1318 cells/uL) and protein (430 mg/dL), supporting the diagnosis of meningitis. Vancomycin trough levels were monitored (11 mcg/mL), indicating therapeutic drug monitoring. The lack of timestamps for some lab results limits our ability to produce detailed trends, and some values are missing units or are of unclear significance without additional context.

7. Microbiology Tests

NULL (Insufficient data provided to generate microbiology results)

8. Physical Examination Results

Physical examinations were performed at 35 and 890 minutes post-unit admission. The patient was consistently described as ill-appearing but not in acute distress, with a GCS score of 15 (4, 5, 6), normal LOC, and oriented x3. Vital signs were recorded, including heart rate (68-114 bpm), blood pressure (97-124 systolic, 51-107 diastolic), respiratory rate (10-22 breaths/min), and oxygen saturation (94-98%). Cardiovascular, pulmonary, and gastrointestinal examinations revealed normal findings. The patient's weight was 81 kg on admission. The patient's fluid balance was positive (+850 ml initially, +1925 later). These physical exam findings suggest the patient's condition was serious, requiring ICU care, but showed a gradual improvement in some vital signs over time.