

****Patient Information:****

* **Patient Unit Stay ID:** 209139 * **Unique Patient ID:** 002-11177 * **Gender:** Male * **Age:** 62 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-XX-XX 06:46:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 04:18:00 * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 07:37:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 16:09:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 183.8 kg * **Discharge Weight:** 185.2 kg * **Admission Height:** 167.6 cm

****Medical History:****

NULL (Insufficient information provided)

****Diagnoses:****

The patient presented with multiple diagnoses, listed in order of priority:

* **Primary:** Acute Coronary Syndrome (Cardiovascular|chest pain / ASHD|acute coronary syndrome) ICD-9 Code: (missing) * **Major:** Acute Renal Failure (renal|disorder of kidney|acute renal failure), ICD-9 Code: 584.9, N17.9 * **Major:** Signs and Symptoms of Sepsis (SIRS) (infectious diseases|systemic/other infections|signs and symptoms of sepsis (SIRS)), ICD-9 Code: 995.90 * **Other:** Hypertension (cardiovascular|vascular disorders|hypertension), ICD-9 Code: 401.9, I10 * **Other:** Morbid Obesity (gastrointestinal|abdominal/ general|obesity|morbid), ICD-9 Code: 278.01, E66.01 * **Other:** Hypoxemia (pulmonary|respiratory failure|hypoxemia), ICD-9 Code: 799.02, J96.91 * **Other:** Acute Respiratory Distress (pulmonary|respiratory failure|acute respiratory distress), ICD-9 Code: 518.82 * **Other:** COPD (pulmonary|disorders of the airways|COPD), ICD-9 Code: 491.20, J44.9

Note: Some diagnoses were active upon discharge, while others were not. The ICD-9 codes are not consistently provided.

****Treatments:****

NULL (Insufficient information provided)

****Vital Trends:****

Based on the physical exam, the patient's heart rate (HR) was consistently 90 bpm at the time of the exam. Respiratory rate was 31 breaths per minute. Oxygen saturation (O2 Sat) was 94%. More detailed vital sign trends are needed for a complete analysis.

****Lab Trends:****

Multiple lab tests were conducted. Key observations include:

* **Creatinine:** Showed significant variation, ranging from 1.23 mg/dL to 4.41 mg/dL, indicating potential renal dysfunction consistent with the acute renal failure diagnosis. Further analysis of the time course is necessary. * **Potassium:** Fluctuated between 4.1 mmol/L and 5.6 mmol/L, suggesting electrolyte imbalances which require monitoring. * **Troponin-I:** Elevated levels ranging from 4.72 ng/mL to 6.49 ng/mL, indicating myocardial injury, supporting the acute coronary syndrome diagnosis. * **BUN:** Ranged from 37 mg/dL to 45 mg/dL, reflecting the patient's renal function. * **Glucose:** Values varied between 104 mg/dL and 176 mg/dL, requiring attention to blood sugar control. * **Blood Gas Analysis:** Reveals a Base Excess of +3 mEq/L and PaCO2 of 54 mmHg at one timepoint and PaO2 of 90 mmHg and 100 mmHg, indicating metabolic acidosis and respiratory compromise. Further time-series data is needed.

****Microbiology Tests:****

NULL (No microbiology test data provided)

****Physical Examination Results:****

* A structured physical exam was performed. * Heart Rate (HR): 90 bpm (current, lowest, and highest readings all 90 bpm). * Respiratory Rate: 31 breaths per minute (current, lowest, and highest readings all 31 bpm). * Oxygen Saturation (O2 Sat): 94% (current, lowest, and highest readings all 94%). * Weight: 183.8 kg (admission and current weight). * GCS: Total score of 15, with a breakdown of Eyes 4, Verbal 5, and Motor 6. * Fluid balance: Intake 0 ml, output 25 ml, net -25ml.