

****Medical Report for Patient 006-100335****

****1. Patient Information:****

***Patient Unit Stay ID:** 769546 ***Unique Patient ID:** 006-100335 ***Gender:** Male ***Age:** 82 ***Ethnicity:** Caucasian ***Hospital Admission Time:** 2015-XX-XX 09:14:00 ***Hospital Admission Source:** Emergency Department ***Hospital Discharge Time:** 2015-XX-XX 19:26:00 ***Hospital Discharge Location:** Home ***Hospital Discharge Status:** Alive ***Unit Type:** CSICU ***Unit Admission Time:** 2015-XX-XX 10:49:00 ***Unit Admission Source:** Emergency Department ***Unit Discharge Time:** 2015-XX-XX 16:27:00 ***Unit Discharge Location:** Step-Down Unit (SDU) ***Unit Discharge Status:** Alive ***Admission Weight:** 65.4 kg ***Discharge Weight:** 64.5 kg ***Admission Height:** 180.3 cm ***Admission Diagnosis:** Emphysema/bronchitis

****2. History:****

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history beyond the admission diagnosis.)

****3. Diagnoses:****

The patient presented with several diagnoses during their ICU stay. The primary diagnosis was acute COPD exacerbation (ICD-9 codes: 491.21, J44.1). This diagnosis was active upon discharge. A major diagnosis was acute respiratory failure (ICD-9 codes: 518.81, J96.00), also active upon discharge. Another major diagnosis was congestive heart failure (ICD-9 codes: 428.0, I50.9). This diagnosis was initially recorded early in the stay but was not active upon discharge suggesting some degree of improvement in the patient's cardiovascular status.

****4. Treatments:****

The patient received non-invasive ventilation as a treatment for their respiratory issues. This treatment was not active upon the patient's discharge from the unit, suggesting the need for respiratory support had subsided.

****5. Vital Trends:****

NULL (No vital sign trends are available in the provided dataset.)

****6. Lab Trends:****

The following lab values were recorded:

***Sodium:** 134 mmol/L ***Albumin:** 3.3 g/dL ***Potassium:** 4.4 mmol/L ***Creatinine:** 0.88 mg/dL *
Bicarbonate: 26 mmol/L ***WBC x 1000:** 11.3 K/mcL ***Calcium:** 8.5 mg/dL ***MCV:** 103 fL ***Total Bilirubin:** 0.4 mg/dL * **RDW:** 13.3 % ***Total Protein:** 8.3 g/dL * **Platelets x 1000:** 257 K/mcL ***ALT (SGPT):** 22 Units/L *
Hgb: 11.5 g/dL ***AST (SGOT):** 25 Units/L ***MCH:** 33.5 pg ***Anion Gap:** 8 mmol/L ***MPV:** 9.1 fL *
BUN: 17 mg/dL ***PT:** 13.5 sec ***RBC:** 3.43 M/mcL ***BNP:** 905 pg/mL ***Chloride:** 100 mmol/L * **Hct:** 35.3 % *
***Troponin-I:** <0.02 ng/mL (both admission and discharge) ***Acetaminophen:** <2 mcg/mL ***Ethanol:** <10 mg/dL *
PT-INR: 1.0 ratio ***Bedside Glucose:** 152 mg/dL ***Glucose:** 161 mg/dL ***FiO2:** 40 % ***Respiratory Rate:** 15 /min

These lab results reveal an electrolyte panel within generally acceptable ranges, mildly elevated liver enzymes (ALT and AST), and a significantly elevated BNP, suggesting potential cardiac stress. The complete blood count shows elevated white blood cells and a slightly low hematocrit. The elevated BNP level requires further investigation.

****7. Microbiology Tests:****

NULL (No microbiology test data is present in the JSON data.)

****8. Physical Examination Results:****

Physical examination findings indicate a heart rate between 75 and 77 bpm, a systolic blood pressure between 135 and 149 mmHg, and a diastolic blood pressure between 58 and 63 mmHg. Respiratory rate was 18 breaths per minute, and oxygen saturation was consistently 100%. The patient's weight on admission was 65.4 kg. The Glasgow Coma Scale (GCS) score was 15 (4+5+6), indicating normal neurological function. A structured physical exam was performed. Fluid balance showed a net positive balance of 10 mL during the ICU stay. The patient's respiratory mode was spontaneous and heart rhythm was paced.