Medical Report: Patient 006-10190

1. Patient Information

* **Patient Unit Stay ID:** 827085 * **Unique Patient ID:** 006-10190 * **Gender:** Female * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-XX-XX 00:09:00 (Hospital Admit Offset: -5307 minutes from unit admit) * **Hospital Discharge Time:** 2014-XX-XX 03:30:00 (Hospital Discharge Offset: 3534 minutes from unit admit) * **Hospital Discharge Status:** Expired * **Hospital Discharge Location:** Death * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 16:36:00 * **Unit Admit Source:** Floor * **Unit Discharge Time:** 2014-XX-XX 03:30:00 (Unit Discharge Offset: 3534 minutes from unit admit) * **Unit Discharge Status:** Expired * **Unit Discharge Location:** Death * **Admission Weight:** 74.4 kg * **Discharge Weight:** 76.2 kg * **Admission Height:** 162.6 cm * **Admission Diagnosis:** Hypovolemia (including dehydration, Do not include shock states)

2. History

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

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses, both active at different times and ultimately at discharge, were hypovolemic shock (ICD-9 codes 785.59, R57.1) and acute respiratory failure (ICD-9 codes 518.81, J96.00). Atrial fibrillation (ICD-9 codes 427.31, I48.0) was also a major contributing diagnosis.

The timing of diagnosis entries is as follows:

* Hypovolemic shock: 69 minutes, 560 minutes, 3312 minutes from unit admission. * Atrial fibrillation: 69 minutes, 560 minutes, 3312 minutes from unit admission. * Acute respiratory failure: 77 minutes, 560 minutes, 3312 minutes from unit admission.

Note that the hypovolemic shock and acute respiratory failure diagnoses were active upon discharge.

4. Treatments

The patient received several treatments during their ICU stay. These included:

* Norepinephrine (vasopressor) <= 0.1 micrograms/kg/min (initiated 69 minutes after unit admission, inactive at discharge). * Amiodarone (Class III antiarrhythmic) (initiated at 69 and 77 minutes after unit admission, inactive at discharge). * Mechanical ventilation (initiated at 560 minutes after unit admission, inactive at discharge).

5. Vital Trends

The following vital signs were recorded at 71 minutes post unit admission:

* Heart Rate (Current): 114 bpm * Heart Rate (Lowest): 114 bpm * Heart Rate (Highest): 122 bpm * Blood Pressure (Systolic) (Current): 104 mmHg * Blood Pressure (Systolic) (Lowest): 87 mmHg * Blood Pressure (Systolic) (Highest): 104 mmHg * Blood Pressure (Diastolic) (Current): 69 mmHg * Blood Pressure (Diastolic) (Lowest): 60 mmHg * Blood Pressure (Diastolic) (Highest): 69 mmHg * Respiratory Rate (Current): 23 breaths/min * Respiratory Rate (Lowest): 23 breaths/min * Respiratory Rate (Highest): 24 breaths/min * Oxygen Saturation (Current): 100% * Oxygen Saturation (Lowest): 93% * Oxygen Saturation (Highest): 100%

NULL (More detailed vital sign data over time is needed for a complete vital trends section.)

6. Lab Trends

Multiple blood tests were conducted at various times during the patient's stay. The lab results show some notable patterns. For example, creatinine levels were elevated (2.24 mg/dL and 2.3 mg/dL at 1224 and 2699 minutes post-admission, respectively), indicating potential kidney impairment. BUN (Blood Urea Nitrogen) levels were also high (75 mg/dL at both time points), consistent with the creatinine findings. The albumin level was low (1.2 g/dL and 0.8 g/dL), suggesting hypoalbuminemia. There were also some abnormalities in liver function tests (ALT and AST), with elevated levels.

ABG (Arterial Blood Gas) analysis revealed metabolic acidosis (Base Excess -10 mEq/L) and hypoxemia (low PaO2), reflecting the respiratory failure. These values are consistent with the acute respiratory failure diagnosis. The patient's blood glucose levels fluctuated widely, ranging from 82 mg/dL to 156 mg/dL indicating possible glucose control issues.

NULL (A complete lab trends section requires more data points and a time series analysis.)

7. Microbiology Tests

NULL (No microbiology test data was provided.)

8. Physical Examination Results

A structured physical examination was performed at 71 minutes post-unit admission. The Glasgow Coma Scale (GCS) score was 8 (Eyes 2, Verbal 1, Motor 5), indicating a depressed level of consciousness. The patient's weight at admission was 74.4 kg.

NULL (Additional physical exam findings are needed for a more comprehensive report.)