Medical Report - Patient 009-10026

1. Patient Information

* **Patient ID:** 009-10020 * **Patient Unit Stay ID:** 1060026 * **Gender:** Female * **Age:** 79 * **Ethnicity:** Other/Unknown * **Hospital Admission Time:** 2014-XX-XX 19:11:00 * **Hospital Discharge Time:** 2014-XX-XX 19:20:00 * **Hospital Discharge Status:** Expired * **Unit Type:** Cardiac ICU * **Unit Admission Time:** 2014-XX-XX 00:31:00 * **Unit Admission Source:** Floor * **Unit Discharge Time:** 2014-XX-XX 23:00:00 * **Unit Discharge Status:** Alive * **Admission Weight:** 67.8 kg * **Discharge Weight:** NULL * **Admission Height:** 154.9 cm

2. History

Admission to the Cardiac ICU was from the floor. The patient was admitted to the hospital with a primary diagnosis of congestive heart failure (CHF). The patient's history suggests a complex medical picture. Further details regarding the patient's history leading up to this ICU admission are not provided in the available data. A more complete medical history would be beneficial for a thorough understanding of this patient's condition.

3. Diagnoses

* **Primary Diagnosis:** Diastolic Congestive Heart Failure (ICD-9 code: 428.30, I50.30) * **Major Diagnoses:** * Chronic Renal Insufficiency (ICD-9 code: 585.9, N18.9) * ARDS (Acute Respiratory Distress Syndrome) of pulmonary etiology (ICD-9 code: 518.81, J80)

The patient presented with a constellation of severe conditions affecting the cardiovascular, renal, and pulmonary systems. The interplay between these diagnoses contributed to the complexity of the patient's management during their ICU stay.

4. Treatments

The patient received a comprehensive range of treatments addressing the multiple diagnoses during their stay. These treatments included:

* **Respiratory Support:** Non-invasive ventilation * **Renal Management:** Electrolyte administration and correction * **Cardiovascular Support:** Dobutamine (inotropic agent) and continuous IV diuretic infusion * **Anti-infective Therapy:** Antibacterial medications * **Bronchodilator Therapy:** Bronchodilator medications * **Consultations:** Cardiology consultation

The initiation and adjustments of these treatments were likely guided by the patient's clinical status and response to therapy. Detailed information on specific dosages, timing, and response to these treatments is not available in this data set. This information is crucial for a complete assessment of the patient's care.

5. Vital Trends

NULL. Time-series data on vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation) are required to generate vital sign trends. This data is not included in the provided dataset.

6. Lab Trends

NULL. Laboratory test results over time are needed to generate lab trends. This data is absent from the supplied dataset.

7. Microbiology Tests

NULL. Results from microbiology tests (e.g., blood cultures, sputum cultures) are not provided in the dataset, preventing the generation of this section.

8. Physical Examination Results

A structured physical exam was performed. Key findings included:

* **Heart Rate (HR):** Current: 74 bpm, Lowest: 74 bpm, Highest: 105 bpm * **Blood Pressure (BP):** Systolic: Current: 161 mmHg, Lowest: 166 mmHg, Highest: 176 mmHg; Diastolic: Current: 55 mmHg, Lowest: 53 mmHg, Highest: 74 mmHg * **Respiratory Rate (RR):** Current: 19 breaths/min, Lowest: 0 breaths/min, Highest: 38 breaths/min * **Oxygen Saturation (SpO2):** Current: 100%, Lowest: 79%, Highest: 100% * **Weight:** Admission: 67.8 kg * **Glasgow Coma Scale (GCS):** Total Score: 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam findings suggest some cardiovascular and respiratory compromise, consistent with the diagnoses. However, a more complete physical examination with detailed descriptions and observations would be needed for a comprehensive clinical picture.