Medical Report: Patient 006-108606

1. Patient Information

* **PatientUnitStayID:** 807440 * **Unique Patient ID:** 006-108606 * **Gender:** Female * **Age:** 85 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 00:35:00 (Hospital Admit Offset: -2680 minutes from unit admit) * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 06:14:00 (Hospital Discharge Offset: 4859 minutes from unit admit) * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 21:15:00 * **Unit Admission Source:** Floor * **Unit Visit Number:** 2 * **Unit Stay Type:** readmit * **Admission Weight:** 114.2 kg * **Discharge Weight:** 113.1 kg * **Unit Discharge Time:** 23:16:00 (Unit Discharge Offset: 3001 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height:** 167.6 cm

2. History

NULL (Insufficient information provided in the JSON data.)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon discharge was acute respiratory failure (ICD-9 code: 518.81, J96.00). Other major diagnoses included acute pulmonary edema (ICD-9 code: 428.1, I50.1), pneumonia (ICD-9 code: 486, J18.9), and rhabdomyolysis (ICD-9 code: 728.89). Cellulitis (ICD-9 code: 682.9, L03.90) was also diagnosed, but was not active at discharge. The temporal relationship between diagnoses is partially indicated by the `diagnosisoffset` field, suggesting that pneumonia and rhabdomyolysis were diagnosed early in the ICU stay, while acute pulmonary edema and acute respiratory failure were diagnosed later. The exact details of the patient's medical history that led to these diagnoses are not available from the provided data. The multiplicity of diagnoses suggests a complex clinical picture requiring further investigation.

4. Treatments

The patient received non-invasive ventilation for pulmonary issues. This treatment was not active upon discharge. Further details regarding other treatments administered are unavailable.

5. Vital Trends

NULL (Insufficient information provided in the JSON data. Vitals would typically be in a separate time series table.)

6. Lab Trends

The provided lab data includes various blood tests performed at different times during the ICU stay. These include blood gas analyses (pH, PaO2, PaCO2, Base Excess, O2 Sat), complete blood count (Hgb, Hct, MCV, MCH, MCHC, RDW, Platelets, WBC), and basic metabolic panel (potassium, sodium, chloride, bicarbonate, BUN, creatinine, glucose, calcium, phosphate, magnesium, anion gap, BNP). The data shows fluctuations in several parameters. For example, bedside glucose levels ranged from 81 mg/dL to 138 mg/dL, indicating potential hyperglycemia. Similarly, PaO2 levels varied, with lower values (74 mmHg) early on and improvement later (95 mmHg). The CPK levels suggest muscle damage, with an initially high level (1161 IU/L) and a decrease later (389 IU/L). A full analysis of trends requires a visualization of the lab results over time.

7. Microbiology Tests

NULL (No microbiology test results are provided in the JSON.)

8. Physical Examination Results

The physical exam was performed, as indicated by the ‘Performed - Structured’ entry. Vital signs recorded included a systolic blood pressure ranging from 132 to 142 mmHg, a diastolic blood pressure ranging from 60 to 114 mmHg, a heart rate ranging from 72 to 81 bpm, a respiratory rate from 20 to 28 breaths per minute, and an oxygen saturation from 91% to 96%. The weight was recorded as 114.2 kg on admission. The total fluid balance showed a net positive balance of +2172 ml. A Glasgow Coma Scale (GCS) score of 13 (3+4+6) was documented, suggesting mild impairment of consciousness. The details of other physical examination findings are not provided.