Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 312258 * **Patient Health System Stay ID:** 269958 * **Unique Patient ID:** 004-1222 * **Gender:** Male * **Age:** 53 * **Ethnicity:** Caucasian * **Hospital ID:** 131 * **Ward ID:** 227 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 21:01:00 (Assuming a date is available but not provided in the JSON) * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 2014-XX-XX 21:33:00 (Assuming a date is available but not provided in the JSON) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height:** 172.7 cm * **Admission Weight:** 104.3 kg * **Hospital Admit Time:** 2014-XX-XX 20:30:00 (Assuming a date is available but not provided in the JSON) * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 19:50:00 (Assuming a date is available but not provided in the JSON) * **Hospital Discharge Location:** Rehabilitation * **Hospital Discharge Status:** Alive

2. History

NULL (Insufficient information provided in the JSON.)

3. Diagnoses

The patient presented with a complex set of diagnoses, many of which were likely related to the underlying condition and its complications. The primary diagnosis upon discharge was chronic respiratory failure (ICD-9 code: 518.83, J96.10). Other major diagnoses included morbid obesity (ICD-9 codes: 278.01, E66.01) and acute respiratory distress (ICD-9 code: 518.82). Secondary diagnoses, indicating complications or co-morbidities, included post-anoxic encephalopathy (ICD-9 codes: 348.1, G93.1), hyperglycemia (ICD-9 codes: 790.6, R73.9), and possibly anemia (ICD-9 code: blank), and hypertension (ICD-9 codes: 401.9, I10). The multiple entries for each diagnosis suggest ongoing evaluation and management of these conditions throughout the ICU stay. The presence of both acute and chronic respiratory failure highlights the severity of the patient's respiratory issues. The diagnosis of post-anoxic encephalopathy points to a possible hypoxic event preceding admission.

4. Treatments

The patient received a wide range of treatments addressing multiple organ systems. Respiratory support was a major focus, including mechanical ventilation (various modes including pressure support and synchronized intermittent mandatory ventilation), oxygen therapy (50-60%), and tracheal suctioning. Cardiovascular management included intravenous fluids (normal saline), treatment for hypertension (hydralazine, metoprolol), and VTE prophylaxis (enoxaparin and compression stockings). The patient also received treatment for hyperglycemia (insulin - both subcutaneous longer-acting and sliding scale). Gastrointestinal management involved enteral feeding (various methods including nasogastric and enteral formula). Infectious disease management included broad-spectrum antibiotic therapy (vancomycin, meropenem), and cultures were obtained from blood, sputum, and urine. Additionally, the patient received consultations from neurology and pulmonary/CCM. The echocardiogram performed suggests an evaluation of cardiac function. The active treatments upon discharge included a Foley catheter, Coumadin (anticoagulant), and metoprolol (beta-blocker). The presence of numerous treatments indicates a critical and complex illness.

5. Vital Trends

NULL (Insufficient information provided in the JSON.)

6. Lab Trends

The provided lab data shows several trends. Frequent bedside glucose measurements reveal fluctuating hyperglycemia, ranging from 73 mg/dL to 251 mg/dL, requiring intensive insulin management. Hematological labs (RBC, Hct, Hgb, WBC, platelets, MCV, MCH, MCHC, RDW, PT, PT-INR) show evidence of anemia (low Hgb and Hct) and possibly an inflammatory process (elevated CRP levels). The PT and PT-INR values suggest a need for anticoagulation, consistent

with the Coumadin administration noted in the treatment section. Chemistry labs (sodium, potassium, chloride, BUN, creatinine, total bilirubin, albumin, magnesium, total protein, CPK, ALT, AST, T3RU, T4, CRP, BNP) show some fluctuations and abnormalities, indicating the complexity of the patient's condition.

7. Microbiology Tests

Cultures were obtained from blood, sputum, and urine samples. However, the results of these cultures are not provided. (Insufficient information provided in the JSON.)

8. Physical Examination Results

A structured physical exam was performed. Vital signs recorded at the time of the exam included a heart rate of 94 bpm (with a range of 94-100 bpm), a systolic blood pressure of 116 mmHg (with a range of 103-113 mmHg), and a diastolic blood pressure of 67 mmHg (with a range of 62-73 mmHg). Respiratory rate was 20 breaths per minute (range 20-22 bpm). Oxygen saturation was 100%. The Glasgow Coma Scale (GCS) was estimated at 15 (E4V4M6) due to medication effects. (Insufficient information provided in the JSON for full details.)