Medical Report for Patient 003-17645

1. Patient Information

* **Patient Unit Stay ID:** 291628 * **Unique Patient ID:** 003-17645 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-01-39:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-21:21:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 03:10:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 17:48:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 52.2 kg * **Discharge Weight:** 52.9 kg * **Admission Height:** 167.6 cm * **APACHE Admission Dx:** CHF, congestive heart failure

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. A complete history would include presenting complaint, duration of symptoms, relevant past medical history, family history, social history, and medication history.)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. These diagnoses, with their ICD-9 codes and priority, are detailed below:

* **Congestive Heart Failure (CHF):** ICD-9 codes 428.0, I50.9. Priority: Primary. This was an active diagnosis upon discharge from the unit. The diagnosis was recorded 27 minutes and 236 minutes after unit admit time. * **Acute Respiratory Distress (ARDS):** ICD-9 code 518.82. Priority: Major. This diagnosis was recorded 17 minutes and 27 minutes after unit admit time. It was active upon discharge from the unit. * **Acute Renal Failure:** ICD-9 codes 584.9, N17.9. Priority: Major. This was an active diagnosis upon discharge from the unit. The diagnosis was recorded 236 minutes after unit admit time.

The temporal relationship between the diagnoses suggests a possible cascade of events where the CHF may have led to respiratory and renal compromise.

4. Treatments

The patient received the following treatments during her ICU stay:

* **Non-invasive Ventilation:** Initiated 17 minutes after unit admit time and discontinued at some point during the stay. It was active upon discharge from the unit. * **Oxygen Therapy (40% to 60%):** Administered at 17 minutes and 236 minutes after unit admit time. It was active upon discharge from the unit. * **IV Furosemide (diuretic):** Started 27 minutes after unit admit time and continued until discharge. * **CPAP/PEEP Therapy:** Initiated 17 minutes and 236 minutes after unit admit time. It was active upon discharge from the unit.

The combined treatments suggest a management strategy focused on respiratory and cardiovascular support in the context of CHF and ARDS.

5. Vital Trends

The following vital signs were recorded:

* **Heart Rate (HR):** Current: 62 bpm at 851 minutes. Lowest: 51 bpm at 851 minutes. Highest: 71 bpm at 851 minutes. (Additional time-series data is needed for a trend analysis.) * **Blood Pressure (BP):** Systolic: Current: 144 mmHg,

Lowest: 112 mmHg, Highest: 148 mmHg. Diastolic: Current: 49 mmHg, Lowest: 37 mmHg, Highest: 89 mmHg. (Additional time-series data is needed for a trend analysis.) * **Respiratory Rate:** Current: 20 breaths/minute, Lowest: 17 breaths/minute, Highest: 24 breaths/minute. (Additional time-series data is needed for a trend analysis.) * **Oxygen Saturation (O2 Sat):** Current: 98%, Lowest: 95%, Highest: 100%. (Additional time-series data is needed for a trend analysis.)

6. Lab Trends

(Comprehensive lab data is provided, but additional time-series data points over time are required for a meaningful trend analysis. The provided data shows single time-points.)

7. Microbiology Tests

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

8. Physical Examination Results

(Physical Exam findings are partially available. More comprehensive details would improve the report.) A physical exam was performed at 7 and 851 minutes post-unit admission. Vital signs from the physical exam show some variability in HR and BP. The GCS score at 7 minutes was reported as 'scored', suggesting a neurological assessment was performed, although the specific scores are not provided.