Medical Report for Patient 003-10982

1. Patient Information

* **Patient Unit Stay ID:** 250574 * **Unique Patient ID:** 003-10982 * **Gender:** Female * **Age:** 86 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015 (Year) 16:27:00 (24-hour format) * **Hospital Admission Source:** NULL * **Hospital Discharge Time:** 2015 (Year) 18:45:00 (24-hour format) * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 18:53:00 (24-hour format) * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 17:20:00 (24-hour format) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 56.7 kg * **Discharge Weight:** 55.3 kg * **Admission Height:** 170.2 cm

2. History

Insufficient information provided to generate a detailed patient history. The provided data lacks narrative details about the patient's presenting symptoms, prior medical conditions, family history, social history, or medication history. This section would typically include a comprehensive account of events leading to the ICU admission, including the circumstances surrounding the event, any previous episodes of similar nature, and the patient's response to prior treatments. Further details are necessary to create a complete history. The admission diagnosis of Hypothermia is noted.

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. These were recorded at various times relative to unit admission. The primary diagnosis, recorded both on admission and at discharge, was hypothermia due to cold environment (ICD-9 code: 991.6). Other diagnoses included:

* Altered mental status, depression (ICD-9 codes: 311, F32.9) * Leukocytosis (ICD-9 codes: 288.8, D72.829) * Altered mental status, anxiety (ICD-9 codes: 300.00, F41.9) * Altered mental status, change in mental status (ICD-9 codes: 780.09, R41.82) * Hyperkalemia (ICD-9 codes: 276.7, E87.5) * Altered mental status, agitation (ICD-9 codes: 308.2, F43.0)

Note that some diagnoses were active upon discharge, suggesting ongoing clinical concern. The diagnosis priority is marked for each diagnosis, indicating the relative importance to the patient's care.

4. Treatments

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

* Haloperidol (sedative agent for pain, agitation, altered mentation) * Chest X-ray * Enoxaparin (low molecular weight heparin for VTE prophylaxis) * Active external rewarming (for hypothermia) * Urine Cultures * Famotidine (stress ulcer prophylaxis) * Social work consult * Discharge planning consult

The active treatments upon discharge indicate ongoing management of the patient's condition. The specific dosages and routes of administration are not available in this dataset.

5. Vital Trends

NULL. Vital signs data (heart rate, respiratory rate, blood pressure, temperature, oxygen saturation) are not included in the provided dataset.

6. Lab Trends

The patient underwent multiple lab tests during her stay, with some tests repeated. The results show some fluctuations in various parameters. Key lab values recorded include:

* **Hematology:** WBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, lymphocytes, monocytes, eosinophils, basophils, polys * **Chemistry:** Sodium, Potassium, Chloride, Bicarbonate, Anion Gap, BUN, Creatinine, Glucose, Albumin, Total Protein, ALT (SGPT), Alkaline Phosphatase, Total Bilirubin, Ferritin, Vitamin B12

The timing of these tests and the trends over time are not represented in the current dataset, preventing the generation of lab trends.

7. Microbiology Tests

Urine cultures were performed. Results are not available in this dataset.

8. Physical Examination Results

The physical examination documented the patient as a healthy-appearing but cachectic female. Her respiratory mode was spontaneous. Her heart rhythm was sinus. She was not in acute distress. Neurologically, her Glasgow Coma Scale (GCS) was partially documented and revealed some cognitive impairment (partially oriented). Her affect was described as calm and appropriate.