

****Patient Information****

Patient Unit Stay ID: 826669 Unique Patient ID: 006-100663 Gender: Male Age: 74 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 20:42:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 00:06:00 Hospital Discharge Location: Other External Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 00:46:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2015-XX-XX 16:27:00 Unit Discharge Location: Step-Down Unit (SDU) Unit Discharge Status: Alive Admission Weight: 104.5 kg Discharge Weight: 115 kg

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was severe sepsis (ICD-9 codes: 995.92, R65.2). Major diagnoses included acute renal failure (ICD-9 codes: 584.9, N17.9), atrial fibrillation with rapid ventricular response (ICD-9 codes: 427.31, I48.0), and cellulitis of the extremity (ICD-9 codes: 682.9, L03.119). Note that multiple entries for the same diagnosis exist, possibly reflecting updates or revisions to the patient's condition over time. The time offsets indicate when each diagnosis was recorded relative to unit admission. The fact that `activeupondischarge` is False for all diagnoses suggests that all were resolved or managed by the time of discharge.

Diagnosis Details:

* **Primary:** Severe Sepsis (995.92, R65.2) - Entered at 825 minutes and 11 minutes post unit admission. * **Major:** Acute Renal Failure (584.9, N17.9) - Entered at 2265 minutes post unit admission. * **Major:** Atrial Fibrillation with Rapid Ventricular Response (427.31, I48.0) - Entered at 825 minutes, 2263 minutes and 11 minutes post unit admission. * **Major:** Cellulitis of Extremity (682.9, L03.119) - Entered at 2263 minutes and 11 minutes post unit admission.

****Treatments****

The patient received various treatments during their ICU stay. These included hemodialysis for acute renal failure, intravenous fluid boluses (normal saline), and amiodarone (a class III antiarrhythmic) for atrial fibrillation. Bicarbonate was also administered, likely in response to the patient's metabolic acidosis (implied by lab results). All treatments were discontinued prior to unit discharge (`activeupondischarge` is False for all).

Treatment Details:

* Hemodialysis (for acute renal failure): 2263 minutes post unit admission * Fluid Bolus (Normal Saline): 2263 minutes and 825 minutes post unit admission * Amiodarone: 825 minutes and 11 minutes post unit admission * Bicarbonate: 2265 minutes post unit admission

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The provided lab data shows several key trends. Initial lab results (around -453 minutes) revealed elevated levels of several liver enzymes: AST (1399 IU/L) and ALT (359 IU/L), indicating liver injury. Alkaline phosphatase (82 IU/L) was also elevated. The patient also presented with elevated creatinine (2.58 mg/dL), BUN (53 mg/dL), and lactate (2.8 mmol/L), consistent with acute renal failure and systemic metabolic acidosis. The low albumin (3.0 g/dL) suggests possible

hypoalbuminemia. Hematological abnormalities included a high white blood cell count (11.8 K/ μ L), suggesting infection. The initial troponin-I level (1.2 ng/mL) was slightly elevated. Later lab results (around 905 and 2054 minutes) show some improvement in liver function tests, while creatinine and BUN remain elevated. The bedside glucose tests were consistent with hyperglycemia. Arterial blood gas (ABG) results (around 1095 minutes) show metabolic acidosis (Base Excess -12.6 mEq/L) with respiratory compensation (pH 7.331, paCO_2 22.3 mmHg). This suggests a significant metabolic disturbance, further supporting the sepsis diagnosis. Subsequent ABG results (around 66 minutes) show some improvement in acid-base balance. The patient's lactate levels also decreased throughout the ICU stay.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

A structured physical exam was performed. The patient's admission weight was 104.5 kg. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6) indicating normal neurological function.