

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 887817 Patient Health System Stay ID: 663199 Gender: Female Age: 80 Ethnicity: Caucasian Hospital ID: 176 Ward ID: 391 APACHE Admission Dx: Renal bleeding Admission Height: 165.1 cm Hospital Admit Time: 23:44:00 Hospital Admit Offset (minutes from unit admit): -354 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2014 Hospital Discharge Time: 20:40:00 Hospital Discharge Offset (minutes from unit admit): 9542 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: CSICU Unit Admit Time: 05:38:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Admission Weight: 75 kg Discharge Weight: 80.4 kg Unit Discharge Time: 00:08:00 Unit Discharge Offset (minutes from unit admit): 2550 Unit Discharge Location: Floor Unit Discharge Status: Alive Unique Patient ID: 006-100070

## **\*\*History\*\***

NULL (Insufficient data provided)

## **\*\*Diagnoses\*\***

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis, recorded 36 minutes after unit admission, was hemorrhage (hematology|bleeding and red blood cell disorders|hemorrhage). This diagnosis remained active upon discharge. Major diagnoses included renal cell carcinoma affecting the right kidney (oncology|GU tumors|renal cell CA|right kidney), and hematuria (renal|abnormality of urine quantity or quality|hematuria). Both renal cell carcinoma and hematuria were documented multiple times throughout the stay, indicating ongoing monitoring and management of these conditions. The ICD-9 codes associated with renal cell carcinoma are 189.0 and C64.9, and the codes for hematuria are 599.7 and R31.9. Note that some hemorrhage diagnoses lacked ICD-9 codes.

## **\*\*Treatments\*\***

The patient received several treatments during her ICU stay. These included moderate volume resuscitation (150-250 mls/hr) of normal saline, administered intravenously. This treatment was documented at 344 and 1550 minutes post unit admission and was not active upon discharge. Additionally, the patient received a transfusion of 1-2 units of packed red blood cells, a treatment for red blood cell disorders, at 1550 minutes post unit admission; this treatment was also inactive upon discharge.

## **\*\*Vital Trends\*\***

A physical examination performed 26 minutes after unit admission recorded the following vital signs:

\* Heart Rate (HR) Current: 112 bpm \* Heart Rate (HR) Lowest: 112 bpm \* Heart Rate (HR) Highest: 114 bpm \* Blood Pressure (BP) Systolic Current: 107 mmHg \* Blood Pressure (BP) Systolic Lowest: 89 mmHg \* Blood Pressure (BP) Systolic Highest: 107 mmHg \* Blood Pressure (BP) Diastolic Current: 61 mmHg \* Blood Pressure (BP) Diastolic Lowest: 48 mmHg \* Blood Pressure (BP) Diastolic Highest: 61 mmHg \* Respiratory Rate (Resp) Current: 15 breaths/minute \* Respiratory Rate (Resp) Lowest: 15 breaths/minute \* Respiratory Rate (Resp) Highest: 16 breaths/minute \* Oxygen Saturation (O2 Sat) Current: 99% \* Oxygen Saturation (O2 Sat) Lowest: 92% \* Oxygen Saturation (O2 Sat) Highest: 99%

Further trends in vital signs are not available in the provided data.

## **\*\*Lab Trends\*\***

The patient underwent numerous blood tests during her hospital stay. Several chemistry panels were performed at various time points. The following are some notable lab values and their trends based on available data:

\* **\*\*BUN:\*\*** Initial BUN levels were 23 mg/dL (at 412 minutes), and later dropped to 11 mg/dL (at 6113 minutes), and 13 mg/dL (at 4814 minutes). \* **\*\*Creatinine:\*\*** Initial creatinine levels were 1.47 mg/dL (at 412 minutes), and later decreased to

0.92 mg/dL (at 4814 minutes) and 0.85 mg/dL (at 3318 minutes). This suggests improvement in kidney function. \*

**\*\*Sodium:\*\*** Sodium levels were 142 mmol/L (at 412 minutes), 140 mmol/L (at 3318 minutes) and 140 mmol/L (at 6113 minutes). **\*\*Potassium:\*\*** Potassium levels were 4.3 mmol/L (at 412 minutes), 4.1 mmol/L (at 3318 minutes) and 3.5 mmol/L (at 6113 minutes) indicating potential electrolyte imbalances. **\*\*Glucose:\*\*** The patient's glucose levels fluctuated between 115 mg/dL (at 412 minutes), 141 mg/dL (at 6113 minutes), 120 mg/dL (at 4814 minutes) and 112 mg/dL (at -530 minutes) indicating some variability in glucose control. **\*\*Hemoglobin (Hgb):\*\*** Hgb levels showed some variation during the stay. Initial values were 7.9 g/dL (at 42 minutes), 8.2 g/dL (at 986 minutes), 7.3 g/dL (at 2608 minutes), 8.8 g/dL (at 1390 minutes), 9.7 g/dL (at 3318 minutes), 10.3 g/dL (at 4814 minutes), and 9.6 g/dL (at 7551 minutes). **\*\*Hematocrit (Hct):\*\*** Hct levels reflected changes in Hgb. Initial Hct was 24.8% (at 42 minutes), then 24.6% (at 986 minutes), 22.2% (at 2608 minutes), 26.6% (at 1390 minutes), 28.1% (at 3318 minutes), 29.9% (at 4814 minutes), and 28.8% (at 7551 minutes). **\*\*Other Hematology values:\*\*** Several other hematology values were recorded, including WBC, MCV, MCH, MCHC, platelets, and differential counts such as lymphocytes, monocytes, eosinophils, and basophils. These values also showed variability over time, suggesting a dynamic hemostatic picture.

More detailed analysis requires additional data points across the entire hospital stay to fully understand the trends and variations.

#### **\*\*Microbiology Tests\*\***

NULL (Insufficient data provided)

#### **\*\*Physical Examination Results\*\***

The physical exam indicated a Glasgow Coma Scale (GCS) score of 15 (Eyes: 4, Verbal: 5, Motor: 6) at 26 minutes post-unit admission. A structured physical exam was performed.