Medical Report for Patient 006-101400

1. Patient Information

* **Patient Unit Stay ID:** 650415 * **Patient Health System Stay ID:** 520722 * **Unique Patient ID:** 006-101400 * **Gender:** Male * **Age:** 66 * **Ethnicity:** Caucasian * **Hospital ID:** 171 * **Ward ID:** 377 * **Admission Diagnosis:** Pneumonia, bacterial * **Admission Height:** 177 cm * **Hospital Admit Time:** 2015-MM-DD 20:01:00 (Hospital Admit Offset: -4601 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-MM-DD 20:35:00 (Hospital Discharge Offset: 21353 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-MM-DD 00:42:00 * **Unit Admit Source:** ICU * **Unit Visit Number:** 2 * **Unit Stay Type:** Transfer * **Admission Weight:** 106.8 kg * **Discharge Weight:** 108 kg * **Unit Discharge Time:** 2015-MM-DD 19:51:00 (Unit Discharge Offset: 11229 minutes from unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon admission to the ICU was community-acquired pneumonia (ICD-9 code: 486, J18.9). Other significant diagnoses included:

* Respiratory failure with hypoxemia (ICD-9 code: 799.02, J96.91) - Marked as Major * Acute respiratory distress syndrome (ARDS) (ICD-9 code: 518.82) - Marked as Major * Pulmonary embolism (ICD-9 code: 415.19, I26.99) - Multiple entries, marked as Major and Primary at different times. One instance remained active upon discharge from the unit. * Acute respiratory failure (ICD-9 code: 518.81, J96.00) - Marked as Major

The temporal relationship between these diagnoses is not fully clear from the provided data, but it suggests a complex respiratory illness with potential complications.

4. Treatments

The patient received non-invasive ventilation (NIV) as a treatment for respiratory issues. This treatment was not active upon discharge from the ICU. The specific duration and details of NIV are not available.

5. Vital Trends

NULL (Insufficient information provided. Vital signs such as heart rate, blood pressure, respiratory rate, and oxygen saturation would need to be included in the data to generate this section.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's ICU stay. These include complete blood counts (CBCs) with differentials, basic metabolic panels (BMPs), and drug level monitoring for Vancomycin. The trends in several key lab values are described below. Note that the exact timing of lab draws is only specified in minutes from unit admit. Specific dates and times are missing.

* **Hemoglobin (Hgb):** The initial Hgb level was 8.8 g/dL and increased to 9.4 g/dL at a later time. This may indicate a response to treatment or a natural fluctuation in the patient’s condition. Further data points are needed to fully characterize this trend. * **White Blood Cell Count (WBC):** Initial WBC was 16 K/mcL, fluctuating to 14.6 K/mcL and 18.6 K/mcL at

different time points, suggesting an ongoing inflammatory response. Again, this trend requires more data points for complete interpretation. * **Platelets:** Initial platelet count was 677 K/mcL, fluctuating between 640 and 690 K/mcL, suggesting relatively stable platelet levels throughout the stay. * **Blood Glucose:** Multiple bedside glucose measurements show significant fluctuation with levels ranging from 104 to 394 mg/dL. This warrants further investigation into the patient's glucose regulation during their ICU stay. * **Other Chemistries:** Several other lab values (sodium, potassium, chloride, bicarbonate, albumin, total protein, creatinine, ALT, AST, total bilirubin, direct bilirubin) were measured, but without time series data, specific trends cannot be determined. * **Coagulation Studies:** The patient's prothrombin time (PT) and international normalized ratio (INR) were also checked, showing initial values of 15.2 seconds and 1.2 ratio. The PT increased to 15.4 seconds and then 15.5 seconds at various later time points. The INR remained consistently at 1.2. This may indicate a need for further anticoagulation monitoring. * **FiO2:** Initial fraction of inspired oxygen (FiO2) was 80%, indicating initial dependence on supplemental oxygen. More data is needed to determine how this changed over time. * **Vancomycin Levels:** Two trough levels of Vancomycin were recorded at 13.6 and 20.9 mcg/mL. Further data points and context are necessary to evaluate the adequacy of antibiotic dosing.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

The physical examination recorded at 8 minutes post-unit admission shows the following vital signs:

* **Heart Rate (HR):** Current: 82 bpm, Lowest: 69 bpm, Highest: 92 bpm * **Blood Pressure (BP):** Systolic current: 126 mmHg, Lowest: 135 mmHg, Highest: 137 mmHg (Note: Discrepancy in systolic readings. Lowest and highest values are higher than current value) * **Respiratory Rate (RR):** Current: 34 breaths/min, Lowest: 25 breaths/min, Highest: 43 breaths/min * **Oxygen Saturation (SpO2):** Current: 93%, Lowest: 88%, Highest: 98% * **Weight:** 106.8 kg * **I&O;:** Urine Output: 1525 ml, Total Intake: 3420 ml, Net Total: +1895 ml * **Glasgow Coma Scale (GCS):** Total score: 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam demonstrates that the patient was in respiratory distress. Additional data is needed to evaluate the patient's condition throughout their ICU stay.