Medical Report: Patient 005-10106

1. Patient Information

* **Patient Unit Stay ID:** 490809 * **Patient Health System Stay ID:** 415744 * **Unique Patient ID:** 005-10106 * **Gender:** Male * **Age:** 71 years * **Ethnicity:** Hispanic * **Hospital ID:** 142 * **Ward ID:** 285 * **Unit Type:** CTICU * **Unit Admit Time:** 22:21:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 07:15:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 17:15:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 00:17:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 182.9 cm * **Admission Weight:** 79.3 kg * **Discharge Weight:** NULL * **APACHE Admission Dx:** Pneumonia, other

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon discharge was acute respiratory failure (ICD-9 code: 518.81, J96.00). Other significant diagnoses included:

* **Acute Respiratory Distress:** (ICD-9 code: 518.82) – This was an early diagnosis, indicating initial respiratory compromise. * **Sepsis with single organ dysfunction (acute renal failure):** (ICD-9 code: 038.9, 584.9, R65.20, N17) – This diagnosis highlights a systemic infection leading to kidney dysfunction, a serious complication. * **Acute Renal Failure (due to hypovolemia/decreased circulating volume and sepsis):** (ICD-9 code: 584.9, N17.9) – This indicates kidney failure, likely stemming from low blood volume and the sepsis. * **Pneumonia:** (ICD-9 code: 486, J18.9) – This was a recurring diagnosis, suggesting a lung infection contributed significantly to the patient's condition. * **Hypernatremia:** (ICD-9 code: 276.0, E87.0) – Electrolyte imbalance, specifically high sodium levels in the blood. * **Dementia:** (ICD-9 code: 294.9, F03) – A pre-existing neurological condition that might have influenced the patient's response to treatment and overall prognosis. * **Seizures:** (ICD-9 code: 345.90, R56.9) – Neurological episodes indicating potential brain dysfunction or other neurological issues. * **Type II Diabetes Mellitus (controlled):** (ICD-9 code: 250.00, E11.9) – A pre-existing endocrine condition requiring management.

Several of these diagnoses were marked as 'Other' indicating they were secondary or less severe than the primary and major diagnoses. The temporal relationship between diagnoses (indicated by `diagnosisoffset`) could be further analyzed to understand the progression of the illness.

4. Treatments

The patient received a range of treatments, including:

* **Mechanical Ventilation:** (initially, but discontinued upon discharge) This suggests the severity of the respiratory issues. * **Oxygen Therapy (40% to 60%):** (continued upon discharge) This indicates ongoing respiratory support. * **Piperacillin/Tazobactam:** (continued upon discharge) This broad-spectrum antibiotic was administered to combat the sepsis and pneumonia. * **Levofloxacin:** (continued upon discharge) Another antibiotic, potentially targeted towards specific pathogens. * **Hypotonic Fluid:** (discontinued upon discharge) Administered to correct hypernatremia. * **Subcutaneous Heparin:** (continued upon discharge) This anticoagulant medication was used for VTE prophylaxis (Venous Thromboembolism prevention). * **Compression Boots:** (continued upon discharge) Additional prophylaxis against VTE. * **Ipratropium and Albuterol:** (continued upon discharge) Bronchodilators to manage respiratory symptoms. * **Insulin (subcutaneous dose and sliding scale):** (continued upon discharge) Managing the patient's diabetes.

The duration and effectiveness of each treatment would need further investigation to assess their impact on the patient's recovery. The use of both subcutaneous and sliding scale insulin suggests a dynamic approach to glucose control.

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

The provided lab data includes multiple blood tests, including complete blood counts (CBC), basic metabolic panel (BMP), and liver function tests (LFTs). There are also repeated measurements of bedside glucose, CRP (C-reactive protein), and ABG (arterial blood gas) values. These repeated measurements allow for the tracking of trends in the patient's condition over time. A detailed analysis of these trends requires time-series visualization. Specifically, the trends in sodium, glucose, and CRP values are of particular interest, as they reflect the severity of the hypernatremia, diabetes management and the presence of inflammation.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

The physical examination notes indicate the patient was initially ill-appearing and cachectic (severely malnourished). The patient was intubated, indicating the need for mechanical ventilation. Vital signs were recorded and showed heart rate between 75 and 117 bpm, systolic blood pressure between 80 and 139 mmHg, and diastolic blood pressure between 61 and 87 mmHg. Respiratory rate was observed between 15 and 30 breaths per minute, and O2 saturation between 90% and 100%. Upon later examination, the patient was alert with a GCS score of 10, indicating some neurological improvement. Additional physical exam findings include: pupils equal and reactive to light, normal ears, nose, mouth, pharynx, bowel sounds, adequate perfusion, and no edema. The patient had a foley catheter and NG tube present. The improvement in the patient's neurological status, indicated by a GCS score and the transition from ventilated to spontaneous respiration are noteworthy.