Patient Information

Patient Unit Stay ID: 417577 Unique Patient ID: 004-10113 Gender: Female Age: 53 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 18:26:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 15:59:00 Hospital Discharge Location: Rehabilitation Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 20:16:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2015-XX-XX 19:59:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Height: 167.6 cm Admission Weight: 56.5 kg Discharge Weight: NULL

Medical History

Insufficient data provided. The available JSON only contains diagnoses, lab results, treatments, and physical exam findings, but not a detailed medical history prior to this ICU stay. To provide a complete medical history section, information about previous illnesses, surgeries, hospitalizations, family history, and social history would be needed. This information is crucial for understanding the context of the current ICU admission.

Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The primary diagnosis upon admission was sepsis (ICD-9 codes 038.9, A41.9). Other major diagnoses included:

* Hypotension (ICD-9 codes 458.9, I95.9): Recorded at 41 minutes and 401 minutes post-unit admission. Multiple entries suggest recurring episodes of hypotension. * Congestive Heart Failure (ICD-9 codes 428.0, I50.9): Multiple entries suggest ongoing congestive heart failure. The diagnoses were recorded at 80 minutes and 1560 minutes post-unit admission. * Stroke (ICD-9 codes 436, I67.8): The patient had multiple stroke diagnoses, one primary and others marked as major. This suggests a significant neurological event. Diagnoses recorded at 41 minutes, 63 minutes, and 1385 minutes post-unit admission. * Seizures (ICD-9 codes 345.90, R56.9): Multiple entries indicating seizures, with onset at 135 minutes and 1560 minutes post-unit admission. * Bipolar Disorder (ICD-9 codes 296.80, F31.9): A psychiatric diagnosis entered at 63 minutes, 1385 minutes and multiple other times, indicating pre-existing mental health condition potentially impacting the patient's overall presentation. * Depression (ICD-9 codes 311, F32.9): A psychiatric diagnosis mentioned multiple times with varying degrees of severity, potentially influencing the course of treatment. * Hypertension (ICD-9 codes 401.9, I10): Diagnosed at 135 minutes and 1560 minutes post-unit admission, indicating potential underlying cardiovascular risk factors. * Acute Myocardial Infarction (non-ST elevation) (ICD-9 codes 410.71, I21.4): Diagnosed at 1560 minutes post-unit admission, indicating a recent heart attack. * Myocardial Ischemia (ICD-9 codes 411.89, I24.8): A diagnosis of myocardial ischemia was made multiple times, suggesting ongoing heart issues. * Leukocytosis (ICD-9 codes 288.8, D72.829): Elevated white blood cell count, suggesting an inflammatory process, potentially related to the sepsis.

The temporal distribution of these diagnoses suggests a complex interplay of cardiovascular, neurological, infectious, and psychiatric issues.

Treatments

The patient received a wide range of treatments, reflecting the multiple diagnoses. These included:

* Multiple medications: Antiemetics (ondansetron, promethazine, diphenhydramine), analgesics (oral and parenteral, including acetaminophen), antiplatelet agents (aspirin), antihyperlipidemic agents (atorvastatin), antibiotics (piperacillin/tazobactam, vancomycin), and clonidine for hypertension. * Procedures: Head CT scans, MRI of the head, transthoracic echocardiography, and vascular catheter placement. * Consultations: Neurology, Cardiology, and Pulmonary/CCM consultations. * Support Services: Discharge planning, physical therapy, and occupational therapy consultations.

The extensive treatment regimen reflects the complexity and severity of the patient’s condition.

Vital Trends

NULL. Vital signs data (heart rate, blood pressure, respiratory rate, oxygen saturation) are not included in the provided JSON. This information is essential for tracking the patient’s physiological status over time.

Lab Trends

The lab results show significant fluctuations in several key parameters. Hematological data, including platelet count (258 K/mcL initially, dropping to 137 K/mcL later), white blood cell count (14.4 K/mcL initially, decreasing to 6.2 K/mcL later), and hemoglobin (17 g/dL initially, decreasing to 11.6 g/dL later), indicate a dynamic clinical picture. Chemistry panel results show fluctuations in electrolytes, including potassium (ranging from 3.2 mmol/L to 4.7 mmol/L), sodium (between 139 mmol/L and 141 mmol/L), chloride (between 106.2 mmol/L and 112 mmol/L), bicarbonate (between 19.7 mmol/L and 23 mmol/L), creatinine (between 0.77 mg/dL and 1.3 mg/dL), BUN (between 12 mg/dL and 25 mg/dL) and glucose (between 87 mg/dL and 150 mg/dL). Troponin-I levels were elevated at various points (reaching a high of 1.965 ng/mL), indicating myocardial injury. BNP levels were also elevated (1378.1 pg/mL and 1684.6 pg/mL), consistent with heart failure. These lab trends indicate the severity of the patient's condition and possible ongoing organ dysfunction.

Microbiology Tests

NULL. The provided JSON does not contain microbiology test results. This information would be crucial in confirming and managing the sepsis diagnosis.

Physical Examination Results

Physical exam data were recorded at 1550 and 43 minutes post-unit admission. The exam included vital signs (heart rate: 73-107 bpm, systolic blood pressure: 40-149 mmHg, diastolic blood pressure: 28-107 mmHg, respiratory rate: 16-27 breaths/min, oxygen saturation: 89-100%), indicating hemodynamic instability and respiratory distress. The patient's heart rhythm was noted as sinus. Admission weight was 56.5 kg. Urine output was 470 ml. A neurological assessment using the Glasgow Coma Scale (GCS) was performed and scored, but the actual GCS score is not given. A physical exam was also performed at an earlier time point (43 minutes), but results were not provided. More detailed physical examination notes are needed for a complete picture of the patient's physical condition.