

## **\*\*Patient Medical Report\*\***

### **\*\*1. Patient Information\*\***

\*\*\*Patient Unit Stay ID:\*\* 346380 \*\*\*Patient Health System Stay ID:\*\* 297929 \*\*\*Gender:\*\* Female \*\*\*Age:\*\* 73 \*  
\*\*Ethnicity:\*\* Caucasian \*\*\*Hospital ID:\*\* 123 \*\*\*Ward ID:\*\* 175 \*\*\*Admission Diagnosis:\*\* Heat exhaustion/stroke \*  
\*\*Admission Height:\*\* 185.4 cm (Assuming cm, as units are not specified) \*\*\*Hospital Admit Time:\*\* 05:00:00 \*\*\*Hospital  
Admit Offset (minutes from unit admit):\*\* -2771 \*\*\*Hospital Admit Source:\*\* NULL \*\*\*Hospital Discharge Year:\*\* 2015 \*  
\*\*Hospital Discharge Time:\*\* 16:45:00 \*\*\*Hospital Discharge Offset (minutes from unit admit):\*\* 9454 \*\*\*Hospital  
Discharge Location:\*\* Home \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Unit Type:\*\* Med-Surg ICU \*\*\*Unit Admit Time:\*\*  
03:11:00 \*\*\*Unit Admit Source:\*\* Emergency Department \*\*\*Unit Visit Number:\*\* 1 \*\*\*Unit Stay Type:\*\* admit \*  
\*\*Admission Weight:\*\* 100.3 kg \*\*\*Discharge Weight:\*\* NULL \*\*\*Unit Discharge Time:\*\* 12:12:00 \*\*\*Unit Discharge  
Offset (minutes from unit admit):\*\* 7741 \*\*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \*\*\*Unit Discharge Status:\*\*  
Alive \*\*\*Unique Patient ID:\*\* 004-14016

### **\*\*2. History\*\***

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

### **\*\*3. Diagnoses\*\***

The patient presented with a complex array of diagnoses, several of which were active upon discharge. The primary diagnosis upon discharge was acute renal failure (ICD-9: 584.9, N17.9). Other major diagnoses included hypotension (ICD-9: 458.9, I95.9), schizophrenia (ICD-9: 295.90, F20.9), and COPD (ICD-9: 491.20, J44.9). Multiple diagnoses of change in mental status (ICD-9: 780.09, R41.82), syncope (ICD-9: 780.2, R55), and pulmonary embolism (ICD-9: 415.19, I26.99) were also recorded, some of which were active upon discharge and others not. Hypertension (ICD-9: 401.9, I10) and hyperlipidemia (ICD-9: 272.4, E78.5) were also noted. Bacteremia (gram-positive coccus, ICD-9: 038.9, R78.81) was diagnosed, but its status upon discharge is unclear, as well as its clinical significance in the context of the other diagnoses. Parkinson's disease (ICD-9: 332.0, G20) was also listed as a diagnosis. The temporal relationship between diagnoses is partially indicated by the `diagnosisoffset` field, showing the time elapsed since unit admission when each diagnosis was entered. However, a comprehensive clinical timeline is needed for a complete understanding of the disease progression.

### **\*\*4. Treatments\*\***

The patient received extensive treatment, including various medications and diagnostic procedures. Treatments included: anticonvulsants (diazepam and lorazepam), ACE inhibitors (lisinopril), nitroglycerin, antiviral therapy (amantadine), potassium administration, blood and urine cultures, renal ultrasound, head CT scans and MRI, a pulmonary ventilation perfusion study, analgesics (narcotic and bolus parenteral), anticoagulants (coumadin, enoxaparin), antipyretics (acetaminophen), and social work consultation. The `activeupondischarge` field indicates which treatments were still active when the patient left the unit. Many treatments were administered in response to the multiple diagnoses and their severity and urgency. A detailed record of medication dosages and responses would be valuable in evaluating treatment efficacy.

### **\*\*5. Vital Trends\*\***

NULL (Vital signs data is missing from the JSON input.)

### **\*\*6. Lab Trends\*\***

Initial laboratory results show:

\*\*\*Glucose:\*\* 112 mg/dL \*\*\*BUN:\*\* 37 mg/dL \*\*\*Total Bilirubin:\*\* 0.9 mg/dL \*\*\*Albumin:\*\* 2.9 g/dL \*\*\*WBC x 1000:\*\*  
8.7 K/mcL \*\*\*Hct:\*\* 34.7 % \*\*\*Sodium:\*\* 146 mEq/L \*\*\*Creatinine:\*\* 1.0 mg/dL

These results suggest potential renal dysfunction (elevated BUN and creatinine), and further lab results over time would be helpful to understand the patient's response to treatment.

#### **\*\*7. Microbiology Tests\*\***

Blood and urine cultures were performed, the results of which are not included here. Further information is needed to complete this section.

#### **\*\*8. Physical Examination Results\*\***

The physical exam was documented as "Performed - Structured". Initial vital signs at admission were recorded as follows:

\* \*\*Weight:\*\* 100.3 kg \* \*\*Heart Rate (HR):\*\* 56 bpm \* \*\*Blood Pressure (BP):\*\* 83/48 mmHg \* \*\*Respiratory Rate (RR):\*\* 12 breaths/min \* \*\*Oxygen Saturation (O2 Sat):\*\* 92 % \* \*\*FiO2:\*\* 21 % \* \*\*Respiratory Mode:\*\* Spontaneous \* \*\*Glasgow Coma Scale (GCS):\*\* 15 (Eyes 4, Verbal 5, Motor 6)

The GCS score indicates normal neurological function at the time of the initial exam. More detailed physical exam findings are needed for a comprehensive assessment.