Patient Information

Patient Unit Stay ID: 304256 Unique Patient ID: 003-1810 Gender: Male Age: 31 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 19:55:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 19:00:00 Hospital Discharge Location: Other Hospital Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 20:54:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2015-XX-XX 19:12:00 Unit Discharge Location: Other Hospital Unit Discharge Status: Alive Admission Weight: 227.7 kg Discharge Weight: 227.5 kg Admission Height: 185.42 cm

Medical History

Insufficient data provided to generate a detailed medical history. The provided data only includes diagnoses and treatments, but lacks information on past medical conditions, surgeries, allergies, family history, and social history. A complete medical history would require additional information from the patient's chart.

Diagnoses

The patient presented with multiple diagnoses, several of which were active upon discharge. The diagnoses included:

* Morbid Obesity (ICD-9: 278.01, E66.01) - Marked as 'Other' priority. This diagnosis was both active and inactive at different points during the stay. * Pneumonia (ICD-9: 486, J18.9) - Marked as 'Other' priority. This diagnosis was both active and inactive at different points during the stay. * Sepsis (ICD-9: 038.9, A41.9) - Marked as 'Other' priority. This diagnosis was active upon discharge. * Acute on Chronic Systolic Congestive Heart Failure (ICD-9: 428.23, I50.23) - Marked as 'Other' priority. This diagnosis was both active and inactive at different points during the stay. * Cellulitis (ICD-9: 682.9, L03.90) - Marked as 'Other' priority. This diagnosis was active upon discharge.

Note that the priority of all diagnoses was listed as 'Other'. Further information is needed to determine the primary diagnosis and the relative contributions of each diagnosis to the patient's condition.

Treatments

The patient received several treatments during their ICU stay. Active treatments upon discharge included:

* Beta-agonist bronchodilator (pulmonary medication) * IV furosemide (renal medication) * Foley catheter (renal treatment) * Ondansetron (gastrointestinal medication) * Carvedilol (cardiovascular medication) * Nasal cannula oxygen therapy (pulmonary treatment) * Acetaminophen (neurologic analgesic) * Vancomycin (infectious disease medication) * Levofloxacin (infectious disease medication) * Famotidine (gastrointestinal medication) * Lorozepam (neurologic sedative)

Several other treatments were administered but were inactive upon discharge. The timing of treatments relative to diagnosis onset is not explicitly stated in the provided data.

Vital Trends

NULL. No vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, etc.) was provided.

Lab Trends

The patient underwent multiple lab tests during their ICU stay. Key lab values included:

* Hemoglobin (Hgb): Values ranged from 12.9 g/dL to 14.4 g/dL across multiple measurements. * White blood cell count (WBC): Values ranged from 9.9 K/mcL to 10.1 K/mcL. * Blood gases (pH, PaO2, PaCO2, HCO3, Base Excess): Multiple measurements of blood gases were taken, showing fluctuations in acid-base balance and oxygenation levels. The pH was

consistently below normal (7.18 - 7.23). PaCO2 values were elevated (72-85 mm Hg), and FiO2 was consistently high (80%). HCO3 was consistently low (24-25 mmol/L) indicating metabolic acidosis. * Blood glucose: Multiple measurements of bedside glucose were taken, ranging from 77 mg/dL to 93 mg/dL. This suggests some fluctuation in glucose levels during the stay. * Electrolytes: Sodium and potassium levels fluctuated during the stay, indicating some electrolyte imbalances. * Other Hematology values: MCV, MCH, MCHC, RDW, and differential counts were also measured.

Detailed trends require time series data that is not present in the provided dataset. The lab results are scattered and lack timestamps making it impossible to track trends over time.

Microbiology Tests

NULL. No microbiology test data was provided.

Physical Examination Results

Physical exams were performed. The Glasgow Coma Scale (GCS) was 15 on two occasions. Heart rate ranged from 69 to 93 bpm. Blood pressure varied between 91/34 mmHg and 156/122 mmHg. Respiratory rate ranged from 15 to 24 breaths per minute. Oxygen saturation was between 73% and 100%. Admission weight was 227.7 kg and discharge weight was 227.5kg. Urine output was 725 ml. This data alone is insufficient to provide a comprehensive assessment of the patient's physical condition.