Patient Information

Patient Unit Stay ID: 250719 Unique Patient ID: 003-10109 Gender: Male Age: 60 Ethnicity: Caucasian Hospital Admission Time: 23:56:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 21:35:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 00:44:00 Unit Admission Source: Emergency Department Unit Discharge Time: 20:30:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 63.51 kg Discharge Weight: 64.4 kg

Medical History

Insufficient data provided to generate detailed medical history. The provided data focuses on diagnoses, treatments, and lab results during the ICU stay, not the patient's broader medical history prior to admission.

Diagnoses

The patient presented with multiple diagnoses during their ICU stay. Diagnoses were recorded at various time points, as indicated by the `diagnosisoffset` field (minutes from unit admission time). The `activeupondischarge` field indicates whether a diagnosis was still active upon discharge from the ICU.

* **Primary Diagnosis (at unit discharge):** Sepsis (ICD-9 code: 038.9, A41.9) * **Major Diagnoses:** * Severe COPD (ICD-9 code: 491.20, J44.9) (Active at discharge) * Acute COPD Exacerbation (ICD-9 code: 491.21, J44.1) (Active at discharge) * Acute Respiratory Failure (ICD-9 code: 518.81, J96.00) (Active at discharge) * **Other Diagnoses:** * Signs and symptoms of sepsis (SIRS) (ICD-9 code: 995.90) * Hypercarbia (ICD-9 code: 786.09, J96.92) * Septic Shock (ICD-9 code: 785.52, R65.21) * Pneumonia (ICD-9 code: 486, J18.9) (Active at discharge)

Note: Multiple instances of the same diagnosis string and ICD-9 codes reflect different entries at different times during the ICU stay. The `diagnosispriority` field helps to categorize the relative importance of each diagnosis, but further clinical context is needed for a complete interpretation. The absence of a primary diagnosis at admission suggests the diagnosis evolved during the patient's stay.

Treatments

The patient received a variety of treatments during their ICU stay. These treatments included medications (antibiotics such as azithromycin, cefepime, and vancomycin), respiratory support (oxygen therapy, CPAP/PEEP therapy, mechanical ventilation, ventilator weaning), and VTE prophylaxis (low molecular weight heparin and conventional heparin therapy). The active treatments at the time of discharge are noted. A comprehensive assessment of treatment efficacy requires detailed information about dosage, administration times, and response to treatment. The data provides only a broad overview of the treatments administered.

Vital Trends

NULL. Vital sign data is not included in the provided dataset.

Lab Trends

The lab data shows several blood tests performed at various times during the ICU stay. Key findings include:

* **Hematology:** The patient's complete blood count (CBC) showed elevated white blood cell count (WBC) and varied platelet counts. Hemoglobin (Hgb) and hematocrit (Hct) levels were within normal ranges at discharge. Further analysis is required to understand the complete trends of these parameters. * **Arterial Blood Gases (ABGs):** Repeated ABG measurements show fluctuating levels of pH, PaO2, PaCO2, and bicarbonate, indicating respiratory and metabolic imbalances. The initial values suggest respiratory acidosis, which improved over time. Further analysis of the trends is needed for a definitive assessment. * **Chemistry:** BUN, creatinine, sodium, chloride, and other electrolytes were

measured, and their trends need to be analyzed for a comprehensive evaluation of renal function and electrolyte balance.

Microbiology Tests

The patient underwent blood cultures (as indicated by treatment entries). However, the results of these cultures are not available in the provided data.

Physical Examination Results

The physical exam data show that the patient was intubated and ventilated. Initial and subsequent physical exams recorded vital signs, including heart rate (HR), blood pressure (BP), respiratory rate, and oxygen saturation (SpO2). The data shows multiple measurements at different times. A detailed analysis is required to understand the trends in these parameters and their clinical significance.