

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

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

\*\*\*PatientUnitStayID:\*\* 786428 \* \*\*PatientHealthSystemStayID:\*\* 602319 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* > 89 \*  
\*\*Ethnicity:\*\* Caucasian \* \*\*HospitalID:\*\* 157 \* \*\*WardID:\*\* 369 \* \*\*Admission Height (cm):\*\* 170 \* \*\*Admission Weight (kg):\*\* 66.2 \* \*\*Discharge Weight (kg):\*\* NULL \* \*\*Hospital Admit Time:\*\* 23:43:00 \* \*\*Hospital Admit Source:\*\* Acute Care/Floor \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 17:31:00 \* \*\*Hospital Discharge Location:\*\* Death \* \*\*Hospital Discharge Status:\*\* Expired \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 09:09:00 \* \*\*Unit Admit Source:\*\* Acute Care/Floor \* \*\*Unit Visit Number:\*\* 1 \* \*\*Unit Stay Type:\*\* admit \* \*\*Unit Discharge Time:\*\* 17:31:00 \* \*\*Unit Discharge Location:\*\* Death \* \*\*Unit Discharge Status:\*\* Expired \* \*\*Unique Patient ID:\*\* 006-102157 \*  
\*\*Admission Diagnosis:\*\* Pneumonia, bacterial

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

NULL (Insufficient information provided)

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

The patient presented with multiple diagnoses during their ICU stay. These were recorded at various times relative to unit admission. The diagnoses include:

\* \*\*Pneumonia (ICD-9 Codes: 486, J18.9):\*\* This diagnosis was entered 35 minutes and 219 minutes after unit admission. It was marked as 'Other' priority and was active upon discharge from the unit. \* \*\*Acute Respiratory Failure (ICD-9 Codes: 518.81, J96.00):\*\* This diagnosis was also recorded at 35 minutes and 219 minutes post-unit admission. It was also marked as 'Other' priority and was active upon discharge.

Note that the duplication of diagnoses suggests potential updates or revisions to the initial diagnosis. The 'activeupondischarge' flag indicates the final diagnosis status.

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

The patient received the following treatments during their ICU stay:

\* \*\*Mechanical Ventilation:\*\* This treatment was initiated 35 minutes after unit admission and was not active upon discharge. \* \*\*Non-Invasive Ventilation:\*\* This treatment started 219 minutes after unit admission and remained active until discharge.

The transition from mechanical to non-invasive ventilation suggests a potential improvement in the patient's respiratory status, although the ultimate outcome was unfortunately death.

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

The physical examination recorded the following vital signs at 29 minutes post-unit admission:

\* \*\*Heart Rate (HR):\*\* 138 bpm (Current, Lowest, and Highest readings were all 138 bpm) \* \*\*Blood Pressure (BP):\*\* 83/55 mmHg (Systolic and Diastolic, Current, Lowest, and Highest readings were consistent) \* \*\*Respiratory Rate:\*\* 31 breaths per minute (Current, Lowest, and Highest readings were all 31 breaths/minute) \* \*\*Oxygen Saturation (O2 Sat):\*\* 98% (Current, Lowest, and Highest readings were all 98%) \* \*\*Weight:\*\* 66.2 kg (Admission weight only recorded) \*  
\*\*Glasgow Coma Scale (GCS):\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6)

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

The patient had numerous lab tests performed before and during their ICU stay. Detailed lab results with units are listed in the subsequent CSV data. The data spans multiple time points, allowing for the analysis of trends over the course of the patient's illness.

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

NULL (Insufficient information provided)

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

A structured physical examination was performed, documenting various vital signs and neurological assessment (GCS). Specific details are provided in the Vital Trends section. Additional details regarding the examination beyond the vital signs are not available in the provided dataset.