

****Patient Medical Report****

****1. Patient Information****

* **PatientUnitStayID:** 586648 * **PatientHealthSystemStayID:** 482428 * **Gender:** Male * **Age:** 76 * **Ethnicity:** Caucasian * **HospitalID:** 154 * **WardID:** 394 * **APACHE Admission Dx:** Coma/change in level of consciousness (for hepatic see GI, for diabetic see Endocrine, if related to cardiac arrest, see CV) * **Admission Height:** 175.3 cm * **Hospital Admit Time:** 2015-MM-DD 21:18:00 (Hospital Admit Offset: -139 minutes) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-MM-DD 23:38:00 (Hospital Discharge Offset: 8641 minutes) * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-MM-DD 23:37:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 76.5 kg * **Discharge Weight:** 84.5 kg * **Unit Discharge Time:** 2015-MM-DD 23:38:00 (Unit Discharge Offset: 8641 minutes) * **Unit Discharge Location:** Other External * **Unit Discharge Status:** Alive * **Unique Patient ID:** 006-101177

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon discharge was acute respiratory failure (ICD-9 codes: 518.81, J96.00). Other significant diagnoses included:

* **Altered mental status / change in mental status:** (ICD-9 codes: 780.09, R41.82) – This diagnosis was noted early in the stay (23 and 224 minutes post-admission) and was not active upon discharge. * **Amyotrophic lateral sclerosis (ALS):** (ICD-9 codes: 335.20, G12.21) – This diagnosis was considered major and was active at both early and late stages of the ICU stay (23 and 8526 minutes post-admission).

The temporal relationship between the diagnoses suggests a potential connection between the ALS and the respiratory failure. The altered mental status may be related to either or both conditions, or to other, unspecified factors.

****4. Treatments****

The patient received mechanical ventilation. This treatment was initiated early in the stay (23 minutes post-admission) and was not active upon discharge. Additional treatments are not detailed in the provided data.

****5. Vital Trends****

NULL (Insufficient information provided. Vital signs would typically include heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation.)

****6. Lab Trends****

The lab results show several trends:

* **Glucose:** Elevated glucose levels were consistently observed throughout the patient's stay, ranging from 88 mg/dL to 226 mg/dL with multiple measurements indicating hyperglycemia. This requires further investigation into potential causes and treatment. * **Electrolytes:** Hyponatremia (low sodium) was present (143-148 mmol/L), and the potassium levels fluctuated during the stay (3.2-4.5 mmol/L), potentially indicating an electrolyte imbalance requiring corrective measures. The anion gap also showed variability (2-8 mEq/L). * **Renal Function:** BUN (blood urea nitrogen) and creatinine levels showed improvement during the stay (BUN: 14-32 mg/dL; Creatinine: 0.65-0.92 mg/dL), implying that renal function

improved over time. * **Liver Function:** Elevated ALT (alanine aminotransferase) and AST (aspartate aminotransferase) levels (ALT: 41-61 IU/L; AST: 22-28 IU/L) indicate possible liver dysfunction. Total bilirubin was also elevated (0.4-0.6 mg/dL). * **Hematology:** The complete blood count (CBC) showed some variations, including changes in RBC, Hct, Hgb, MCV, MCH, MCHC, and platelet counts. These require careful review in context of the overall clinical picture. * **Arterial Blood Gases (ABGs):** The ABG results show respiratory alkalosis (pH 7.485-7.611, elevated Base Excess 9.2-13.6 mEq/L, pCO2 35.8-47.1 mm Hg) and fluctuating oxygen saturation (86.9-97.7%) and PaO2 (53.3-277 mmHg), reflecting the acute respiratory failure and the need for ventilatory support.

****7. Microbiology Tests****

NULL (Insufficient information provided)

****8. Physical Examination Results****

The physical exam revealed a Glasgow Coma Scale (GCS) score of 8 (Eyes 1, Verbal 1, Motor 4) at one point during the admission, indicating severe impairment of consciousness. Heart rate was recorded as 87 bpm, blood pressure 90/52 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 98%. PEEP (positive end-expiratory pressure) was set to 5 cm H2O at one point. Admission weight was 76.5 kg.

Further details of physical examination are needed to provide a comprehensive assessment.