**Patient Information**

* **PatientUnitStayID:** 222408 * **PatientHealthSystemStayID:** 192004 * **Gender:** Male * **Age:** 82 * **Ethnicity:** Caucasian * **HospitalID:** 69 * **WardID:** 98 * **Admission Diagnosis:** Pneumonia, bacterial * **Admission Height:** 175.3 cm * **Hospital Admit Time:** 17:44:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 18:30:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 18:09:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 56.7 kg * **Discharge Weight:** 58.4 kg * **Unit Discharge Time:** 00:25:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unique Patient ID:** 002-11312

**Medical History**

NULL (Insufficient data provided)

**Diagnoses**

The patient presented with multiple diagnoses, some active upon discharge and others resolved during the ICU stay. The diagnoses, their ICD-9 codes (where available), and priority are listed below. Note that the sequence does not necessarily reflect severity.

* **Primary Diagnosis (Active upon Discharge):** Pneumonia, bacterial (486, J18.9) * **Major Diagnosis (Active upon Discharge):** Probable pulmonary embolism by nuclear scan (415.19, I26.99) * **Major Diagnosis (Active upon Discharge):** Acute respiratory failure (518.81, J96.00) * **Major Diagnosis (Active upon Discharge):** Acute myocardial infarction (no ST elevation) (410.71, I21.4) * **Major Diagnosis (Active upon Discharge):** Hypoxemia (799.02, J96.91) * **Major Diagnosis (Active upon Discharge):** Hypercarbia (786.09, J96.92) * **Other Diagnoses (Active upon Discharge):** COPD (491.20, J44.9), Chronic renal insufficiency (585.9, N18.9), Hypervolemia (276.6, E87.70), Thoracic spine bone fracture(s) (S22.00), Abdominal aortic aneurysm (441.4, I71.4) * **Other Diagnoses (Resolved during stay):** Acute coronary syndrome (NSTEMI) (410.71, I21.4), Chest pain (786.50, R07.9), Acute respiratory distress (518.82), COPD (491.20, J44.9), Pulmonary embolism (probable by nuclear scan) (415.19, I26.99), Chronic renal insufficiency (585.9, N18.9), Pneumonia (486, J18.9), Hypoxemia (799.02, J96.91), Hypercarbia (786.09, J96.92), Coronary artery disease

**Treatments**

NULL (Insufficient data provided)

**Vital Trends**

NULL (Insufficient data provided. Would need time-series data on heart rate, blood pressure, respiratory rate, temperature, etc.)

**Lab Trends**

The provided lab data includes several chemistry, hematology, and blood gas tests performed at different time points during the patient's stay. Key observations include:

* **Troponin-I:** Elevated levels on admission (1.5 ng/mL, 2.01 ng/mL, 1.78 ng/mL) suggesting myocardial injury. Levels decreased towards discharge (1.42 ng/mL, 0.76 ng/mL). * **BNP:** Consistently elevated (786 pg/mL, 280 pg/mL, 128 pg/mL, 123 pg/mL) indicating possible heart failure. * **Creatinine:** Elevated on admission (1.56 mg/dL) and showing improvement at discharge (1.2 mg/dL and 1.22 mg/dL) indicating renal function issues. * **Albumin:** Low levels throughout (2.8 g/dL, 2.3 g/dL, 2.4 g/dL), suggesting possible malnutrition or liver problems. * **Blood Gases:** Initial blood gas (pH 7.32, PaCO2 67 mmHg, PaO2 77 mmHg, Base Excess 5 mEq/L) showed respiratory acidosis and

hypoxemia. Later blood gas values (pH 7.37, PaCO2 62 mmHg, PaO2 89 mmHg, Base Excess 8 mEq/L) showed improvement in oxygenation and partial resolution of acidosis. The final ABG (pH 7.44, PaCO2 55 mmHg, PaO2 66 mmHg, Base Excess 11 mEq/L) indicated further improvement. * **Complete Blood Count (CBC):** The CBC showed elevated white blood cell count (WBC) (8.7 K/mcL, 10.6 K/mcL) which is consistent with infection (likely pneumonia).

Further analysis is needed to correlate the lab results with the clinical course. Time-series data would allow for a more comprehensive analysis and visualization of these trends.

**Microbiology Tests**

NULL (Insufficient data provided)

**Physical Examination Results**

The physical exam documented at 10 minutes post unit admission revealed:

* **Heart Rate (HR):** 118 bpm * **Blood Pressure (BP):** 103/62 mmHg (systolic/diastolic) * **Respiratory Rate (RR):** 31 breaths per minute * **Oxygen Saturation (O2 Sat):** 94% * **Weight:** 56.7 kg * **Glasgow Coma Scale (GCS):** 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam indicates tachycardia, tachypnea, and normal oxygen saturation at the time of the exam. A GCS of 15 indicates normal neurological function. The weight is recorded as 56.7 kg at admission. More frequent physical examination data would improve the understanding of the patient’s clinical course.