Patient Information

* **PatientUnitStayID:** 586648 * **UniquePID:** 006-101177 * **Gender:** Male * **Age:** 76 * **Ethnicity:** Caucasian * **HospitalID:** 154 * **WardID:** 394 * **Unit Type:** Med-Surg ICU * **Admission Weight (kg):** 76.5 * **Discharge Weight (kg):** 84.5 * **Admission Height (cm):** 175.3 * **Hospital Admit Time:** 21:18:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 23:38:00 * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 23:37:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 23:38:00 * **Unit Discharge Location:** Other External * **Unit Discharge Status:** Alive * **APACHE Admission Diagnosis:** Coma/change in level of consciousness (for hepatic see GI, for diabetic see Endocrine, if related to cardiac arrest, see CV)

Medical History

NULL (Insufficient information provided)

Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their priority, and active status upon discharge are detailed below:

DiagnosisID	PatientUnitStayID	ActiveUponDischarge	DiagnosisOffset (minutes)	DiagnosisString	ICD9Code	DiagnosisPriority
11328849	586648	False	224	neurologic|altered mental status / pain|change in mental status	780.09, R41.82	Major
11699808	586648	False	23	neurologic|neuromuscular disorders|motor neuropathy|amyotrophic lateral sclerosis	335.20, G12.21	Major
10423708	586648	True	8526	pulmonary|respiratory failure|acute respiratory failure	518.81, J96.00	Primary
11904056	586648	True	8526	neurologic|neuromuscular disorders|motor neuropathy|amyotrophic lateral sclerosis	335.20, G12.21	Major
10439363	586648	False	23	neurologic|altered mental status / pain|change in mental status	780.09, R41.82	Primary
10723922	586648	True	8526	neurologic|altered mental status / pain|change in mental status	780.09, R41.82	Major
12167967	586648	False	224	pulmonary|respiratory failure|acute respiratory failure	518.81, J96.00	Primary
10308875	586648	False	224	neurologic|neuromuscular disorders|motor neuropathy|amyotrophic lateral sclerosis	335.20, G12.21	Major

Note that multiple entries for the same diagnosis string and ICD9 codes exist, potentially reflecting updates or revisions to the diagnosis over time. The 'ActiveUponDischarge' field indicates which diagnoses remained active at the end of the ICU stay.

Treatments

The patient received the following treatments:

TreatmentID	PatientUnitStayID	TreatmentOffset (minutes)	TreatmentString	ActiveUponDischarge
24349313	586648	23	pulmonary|ventilation and oxygenation|mechanical ventilation	False
23950822	586648	224	pulmonary|ventilation and oxygenation|mechanical ventilation	False

The patient received mechanical ventilation, but this treatment was not active upon discharge from the unit.

Vital Trends

NULL (Insufficient information provided)

Lab Trends

The provided data includes a series of lab results. A detailed analysis requires a time-series visualization, discussed in the visualizations section. However, some key observations can be made from the initial data:

* **Glucose:** Shows significant fluctuation, ranging from 88 mg/dL to 226 mg/dL. Further analysis is needed to determine the pattern and significance of these fluctuations. Multiple bedside glucose measurements were taken throughout the stay. * **Bedside Glucose:** Multiple measurements throughout the stay were taken. High glucose levels were recorded (226 mg/dL) early in the stay and then appeared to trend downwards. Values remained elevated throughout the ICU stay. * **Sodium:** Initial sodium level was 147 mmol/L, decreasing to 143 mmol/L. Hyponatremia (low sodium) was present. * **Potassium:** Shows some fluctuation, with an initial level of 4.5 mmol/L, dropping to 3.2 mmol/L. Hypokalemia (low potassium) was present. * **Bicarbonate:** Initial levels were 38 mmol/L, reducing to 28.9 mmol/L and 30 mmol/L on subsequent tests. This may indicate a metabolic process requiring further investigation. * **BUN:** The blood urea nitrogen (BUN) level decreased from 25 mg/dL to 14 mg/dL, suggesting a possible improvement in renal function. * **Creatinine:** Creatinine levels decreased from 0.83 mg/dL to 0.65 mg/dL, also suggesting improvement in renal function. * **Complete Blood Count (CBC):** The CBC shows some variation in various parameters like WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, MPV, and platelets. This requires a closer look to ascertain clinical significance. * **ABG:** Blood gas analyses reveal elevated levels of paCO2 (47.1 mm Hg initially) and Base Excess (11.5 mEq/L initially), along with low paO2 (53.3 mm Hg initially). These findings suggest respiratory acidosis, potentially indicating the need for respiratory support. Values improved over time, with paCO2 decreasing to 36.5 mm Hg and Base Excess to 5.5 mEq/L. FiO2 was increased to assist with this. * **Other:** Other lab tests like AST, ALT, total bilirubin, total protein, albumin, anion gap, PT, PTT, and PT-INR were performed. A detailed analysis is needed to evaluate their clinical significance.

Microbiology Tests

NULL (Insufficient information provided)

Physical Examination Results

The physical exam recorded at 7 minutes post unit admission showed:

* **Glasgow Coma Scale (GCS):** Motor score of 4, Eyes score of 1, Verbal score of 1. A total GCS score is not available, but this indicates a reduced level of consciousness. * **Heart Rate (HR):** 87 bpm (Current, Lowest and Highest values are all 87 bpm) * **Blood Pressure (BP):** Systolic BP of 90 mmHg (Current, Lowest and Highest values are all 90 mmHg); Diastolic BP of 52 mmHg (Current, Lowest and Highest values are all 52 mmHg) * **Respiratory Rate:** 20 breaths per minute (Current, Lowest and Highest values are all 20 bpm) * **Oxygen Saturation (SpO2):** 98% (Current, Lowest and Highest values are all 98%) * **PEEP:** 5 cm H2O * **Ventilator Rate:** 15 breaths per minute * **Admission Weight:** 76.5 kg

This initial physical exam reveals signs of neurological impairment and potential respiratory distress which requires more detailed investigation. The low GCS scores are significant and require further evaluation. The patient was intubated and on mechanical ventilation.