Patient Medical Report

1. Patient Information:

* **Patient Unit Stay ID:** 608479 * **Unique Patient ID:** 006-111728 * **Gender:** Male * **Age:** 61 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-01-01 01:12:00 (Hospital Admit Offset: -62 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014-01-01 17:00:00 (Hospital Discharge Offset: 3766 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-01-01 02:14:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 130 kg * **Discharge Weight:** 128.6 kg * **Unit Discharge Time:** 2014-01-01 22:20:00 (Unit Discharge Offset: 1206 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height:** 182 cm * **APACHE Admission Dx:** Embolus, pulmonary

2. History:

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history.)

3. Diagnoses:

The patient presented with two diagnoses:

* **Diagnosis 1 (Other Priority):** Cardiovascular|Vascular disorders|Pulmonary embolism (ICD-9 code: 415.19, I26.99). This diagnosis was recorded 197 minutes after unit admission and was not active upon discharge. * **Diagnosis 2 (Primary Priority):** Cardiovascular|Vascular disorders|Pulmonary embolism (ICD-9 code: 415.19, I26.99). This diagnosis was recorded 940 minutes after unit admission and remained active upon discharge. This suggests a persistent or recurring pulmonary embolism.

The presence of two diagnoses, both related to pulmonary embolism, with different priorities and time stamps, warrants further investigation into the patient's clinical course and response to treatment. The 'Other' priority for the first diagnosis might indicate a secondary condition initially considered, while the 'Primary' designation for the second highlights the primary concern at a later stage of the ICU stay.

4. Treatments:

The patient received one documented treatment:

* **Treatment:** Pulmonary|Ventilation and oxygenation|Mechanical ventilation|Non-invasive ventilation. This treatment was initiated 197 minutes after unit admission and was not active at the time of unit discharge. This indicates that the patient was initially treated with non-invasive ventilation, but this modality was discontinued before discharge.

Further detail about the duration and effectiveness of the non-invasive ventilation is necessary for a complete clinical picture. A review of the patient's chart for additional treatments (e.g., anticoagulation, supportive care) is essential for a thorough assessment.

5. Vital Trends:

NULL (Detailed vital sign trends over time are not available in the provided data.)

6. Lab Trends:

The available lab data includes several hematology tests and basic chemistry panels. These tests were performed at multiple time points before and during the ICU stay. Significant findings include:

* **Hemoglobin (Hgb):** Initial Hgb was 15 g/dL, later dropping to 14 g/dL. This slight decrease could be attributed to various factors, including blood loss or hemodilution. * **Platelets:** Initial platelet count was 203 K/mcL, decreasing to 178 K/mcL later. This decrease requires evaluation for potential causes, such as consumption or suppression. * **PT/INR:** The patient's prothrombin time (PT) and international normalized ratio (INR) showed some fluctuation. The initial INR was 0.98, rising to 1.06 and then 1.05 (at 2 time points). This requires further review to determine clinical significance. This could indicate the effectiveness of anticoagulant therapy or reflect the underlying disease process. * **Troponin-I:** Elevated levels of troponin-I (0.284 ng/mL and 0.563 ng/mL) suggest possible myocardial injury or damage. The clinical implications of these elevations must be interpreted in the context of other data, such as electrocardiogram (ECG) findings and cardiac enzyme trends. * **Other Hematology parameters:** A complete blood count (CBC) reveals changes in several parameters which need to be interpreted holistically in relation to the clinical picture.

Further analysis of the lab trends requires more data points and a timeline to see patterns, correlations and to determine the clinical relevance of these fluctuations.

7. Microbiology Tests:

NULL (No microbiology test results are included in the provided data.)

8. Physical Examination Results:

A structured physical exam was performed at 195 minutes post-unit admission. Key findings include:

* **Heart Rate (HR):** Current HR 76 bpm, ranging from 72 to 90 bpm. * **Blood Pressure (BP):** Systolic BP of 122 mmHg, ranging from 117 to 155 mmHg. Diastolic BP of 72 mmHg, ranging from 53 to 97 mmHg. * **Respiratory Rate (RR):** Current RR 19 breaths/minute, ranging from 19 to 25 breaths/minute. * **Oxygen Saturation (O2 Sat):** Current O2 Sat 93%, ranging from 90 to 95%. Weight decreased by 1.4kg during this stay.

The vital signs reflect some degree of physiological instability that needs to be considered in the context of the patient's diagnoses and treatments. The wide range of BP values and the elevated respiratory rate are particularly notable. More frequent vital sign measurements are needed to track trends and guide clinical management.

This report is based solely on the data provided. A comprehensive understanding of the patient's condition requires access to additional clinical information.