

****Medical Report: Patient 007-1004****

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

* **Patient Unit Stay ID:** 970720 * **Patient Health System Stay ID:** 715184 * **Unique Patient ID:** 007-1004 *
* **Gender:** Female * **Age:** 83 * **Ethnicity:** Caucasian * **Hospital ID:** 183 * **Ward ID:** 430 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 03:32:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:**
16:07:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 00:53:00 *
* **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:**
19:53:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission
Weight:** 68.3 kg * **Discharge Weight:** 70.31 kg * **Admission Height:** 154.9 cm (This might be an approximation,
more details needed for accuracy) * **APACHE Admission Dx:** Effusions, pleural

****2. History****

NULL (Insufficient information provided in the JSON data to reconstruct a detailed patient history. The provided data only includes diagnoses and treatments, not the narrative history leading to admission.)

****3. Diagnoses****

The patient presented with multiple diagnoses, all categorized under pulmonary conditions. The diagnoses active upon discharge were:

* **Pulmonary Embolism/Tumor:** ICD-9 code: 415.19, I26.99. Diagnosis priority marked as 'Other'. * **Pleural Effusion:**
ICD-9 code: 511.9, J91.8. Diagnosis priority marked as 'Other'. * **Acute Respiratory Distress:** ICD-9 code: 518.82.
Diagnosis priority marked as 'Other'.

The following diagnoses were not active upon discharge:

* **Pulmonary Embolism/Tumor:** ICD-9 code: 415.19, I26.99. Diagnosis priority marked as 'Other'. * **Pleural Effusion:**
ICD-9 code: 511.9, J91.8. Diagnosis priority marked as 'Other'. * **Acute Respiratory Failure:** ICD-9 code: 518.82.
Diagnosis priority marked as 'Other'.

Note: The presence of multiple entries for the same diagnosis string and ICD-9 codes suggests potential recording inconsistencies or multiple diagnoses at different points during the stay. Clarification is needed.

****4. Treatments****

The patient received the following treatments:

* **CT Scan:** A CT scan was performed, but its timing and the specific findings are unknown. * **Chest X-Ray:** A chest
x-ray was performed, but its timing and the specific findings are unknown. * **Pulmonary/CCM Consultation:** A
consultation was performed and remained active upon discharge. Details about the consultation's recommendations are
missing. * **Oxygen Therapy (< 40%):** Oxygen therapy was administered, but its duration and effectiveness are
unknown. * **Thoracentesis:** A thoracentesis was performed, but the details of the procedure and results are missing. *
* **Non-Invasive Ventilation:** Non-invasive ventilation was used, but the duration and response to this treatment are
unknown.

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

NULL (Vital signs are not directly included in the provided data, although some values are present in the physical exam section. A time series of vital signs would be needed to show trends.)

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

The lab results show multiple blood tests performed at various times during the patient's stay. A detailed analysis requires a time-series visualization to track changes in key lab values over time (see visualization section). Initial and final values for some key labs include:

* **Glucose:** Initial: 161 mg/dL, Final: 139 mg/dL * **BUN:** Initial: 15 mg/dL, Final: 23 mg/dL * **Creatinine:** Initial: 1.4 mg/dL, Final: 1.0 mg/dL * **Sodium:** Initial: 142 mmol/L, Final: 148 mmol/L * **Potassium:** Initial: 4.5 mmol/L, Final: 2.9 mmol/L * **Chloride:** Initial: 110 mmol/L, Final: 115 mmol/L * **Bicarbonate:** Initial: 23 mmol/L, Final: 27 mmol/L * **Anion Gap:** Initial: 12, Final: 6 * **Total Protein:** 5.4 g/dL, 5.2 g/dL * **Albumin:** 2.6 g/dL, 2.5 g/dL * **AST (SGOT):** 16 U/L, 14 U/L * **ALT (SGPT):** 15 U/L, 21 U/L * **Calcium:** Initial: 8.3 mg/dL, Final: 6.6 mg/dL * **Complete Blood Count (CBC) components:** Significant variations observed in WBC, Hgb, Hct, Platelets, MCV, MCH, MCHC, RDW, Monocytes, Lymphocytes, Polymorphonuclear leukocytes, Eosinophils, Basophils. Detailed trends and their clinical significance need further investigation. * **PT and PTT:** Initial PT-INR: 3.4, Final PT-INR: 1.1; Initial PT: 38.7 sec, Final PT: 12.3 sec; Initial PTT: 47.5 sec, Final PTT: 25.2 sec. This suggests improvement in coagulation parameters over the course of the stay. However, the initial values indicate a significant coagulopathy, and the reason for these changes require investigation. * **Lactate:** Initial: 1.5 mmol/L, Final: 2.0 mmol/L * **BNP:** Initial: 33.1 pg/mL, Final value not available * **Bedside Glucose:** Frequent measurements with wide fluctuations. * **Arterial Blood Gas (ABG) components:** pH, paO₂, paCO₂, O₂ Sat, O₂ Content, Base Excess, FiO₂, LPM O₂. These values are particularly important in evaluating the patient's respiratory status and require careful analysis. Some values are present in the data, but the full time-series is needed.

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

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

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

The physical exam documented GCS score of 15 (4+5+6) initially and again at 3381 minutes. The weight was recorded as 68.3 kg on admission and 72 kg at a later point. Other vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation) were recorded at 3381 minutes, but no trends are available without a time series. The Intake and output of fluids have been recorded, but these values are not sufficient to fully assess the patient's fluid status.

****Note:**** This report highlights the limitations of generating a comprehensive medical report based solely on the provided structured data. Free-text clinical notes, imaging reports, and detailed procedural reports are crucial elements for a complete and accurate medical record. The data provided needs further clarification and additional information to establish a complete and accurate clinical picture.