Medical Report for Patient 005-10151

1. Patient Information

* **Patient Unit Stay ID:** 472811 * **Unique Patient ID:** 005-10151 * **Gender:** Male * **Age:** 64 * **Ethnicity:** Hispanic * **Hospital Admission Time:** 2014, 20:45:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2014, 23:44:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **ICU Admission Time:** 04:14:00 * **ICU Admission Source:** Emergency Department * **ICU Discharge Time:** 18:31:00 * **ICU Discharge Location:** Step-Down Unit (SDU) * **ICU Discharge Status:** Alive * **Unit Type:** Neuro ICU * **Admission Height:** 175.3 cm * **Admission Weight:** 97.9 kg * **Discharge Weight:** NULL

2. History

The patient's history is not explicitly detailed in the provided data. The admission diagnosis to the hospital was "Hematoma, subdural," suggesting a traumatic brain injury. Multiple diagnoses were recorded during the ICU stay, including cerebral subdural hematoma (primary and major diagnoses), diabetes mellitus and hyperglycemia (major diagnoses), acute respiratory distress (major diagnosis), and controlled hypertension (other diagnosis). The temporal relationships between these diagnoses (indicated by 'diagnosisOffset') suggest that hyperglycemia and a secondary cerebral subdural hematoma were diagnosed relatively early in the stay, while other diagnoses such as diabetes mellitus and obesity were recorded later. The absence of a detailed history necessitates a more thorough patient interview and chart review for a complete understanding of the patient's medical history before and during the hospital stay. The severity of the subdural hematoma, along with the presence of diabetes and respiratory issues, suggests a complex case requiring close monitoring and comprehensive management.

3. Diagnoses

The patient received multiple diagnoses during their ICU stay. The diagnoses, their priority, and active status upon discharge are as follows:

* **Primary:** * neurologic|disorders of vasculature|cerebral subdural hematoma|secondary to trauma (ICD-9: 852.20, S06.5) * **Major:** * endocrine|glucose metabolism|diabetes mellitus * endocrine|glucose metabolism|hyperglycemia (ICD-9: 790.6, R73.9) * gastrointestinal|abdominal/ general|obesity (ICD-9: 278.00, E66.9) * pulmonary|respiratory failure|acute respiratory distress (ICD-9: 518.82) * neurologic|disorders of vasculature|cerebral subdural hematoma|secondary to trauma (ICD-9: 852.20, S06.5) * **Other:** * cardiovascular|vascular disorders|hypertension|controlled (ICD-9: 401.9, I10)

The multiplicity of diagnoses indicates a complex clinical picture requiring a multidisciplinary approach to treatment.

4. Treatments

The patient received various treatments during their ICU stay. These treatments included:

* Medications: Pantoprazole (stress ulcer prophylaxis) * Consultations: Neurosurgery, Pulmonary/CCM * Electrolyte correction and administration * Insulin administration (subcutaneous dose of regular insulin, sliding scale administration) * IV fluids: Normal saline * Oxygen therapy (nasal cannula) * VTE prophylaxis: Compression boots * Diagnostic imaging: Head CT scan, CT scan (without IV contrast)

The treatments suggest a focus on managing the subdural hematoma, hyperglycemia, and respiratory distress. Further details on treatment specifics (dosages, frequencies, responses) are needed for a complete assessment.

5. Vital Trends

NULL. Vital signs data (heart rate, blood pressure, respiratory rate, oxygen saturation) are present in the physical exam section, but are not in a time-series format suitable for trend analysis. A time-series representation of vital signs would be necessary to analyze vital trends over time.

6. Lab Trends

NULL. The lab data contains multiple lab results, but lacks the temporal dimension (time of measurement) to track trends. A time-series analysis of lab values would be beneficial to understand the progression of the patient's condition.

7. Microbiology Tests

NULL. No microbiology test results are present in the provided data.

8. Physical Examination Results

Physical exams were performed at multiple time points during the ICU stay. The findings included a GCS score of 15, sinus rhythm, non-icteric conjunctiva, clear lung sounds, normal pulses, normal bowel sounds, adequate perfusion, and absence of edema. The initial physical exam (at 8 minutes) shows some vital sign values, but repeated physical exams show more comprehensive data. The repeated physical exams indicate the patient was consistently monitored.