**Patient Information**

Patient Unit Stay ID: 302226 Unique Patient ID: 003-1 Gender: Female Age: 55 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 07:17:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 22:35:00 Hospital Discharge Location: Skilled Nursing Facility Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 07:30:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2015-XX-XX 04:36:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 110 kg Discharge Weight: 110.8 kg Admission Height: 157.5 cm

**Medical History**

NULL (Insufficient data provided)

**Diagnoses**

The patient presented with multiple diagnoses during her ICU stay. These diagnoses, listed in order of their entry, are as follows:

* **Sepsis (ICD-9 codes: 038.9, A41.9):** This diagnosis was initially recorded at 401 minutes after unit admission and was not active upon discharge. It was marked as 'Other' priority. A later instance of this diagnosis at 243 minutes and 21 minutes post-admission were also recorded. Another instance of Sepsis was recorded at 2068 minutes post-admission and was active upon discharge. * **Pneumonia (ICD-9 codes: 486, J18.9, 507.0, J69.0):** This diagnosis was recorded at 2068 minutes after unit admission and remained active upon discharge. It was marked as 'Other' priority. Additional instances were recorded at 21 minutes and 243 minutes post-admission. An additional instance of aspiration pneumonia was also recorded at 2068 minutes post admission and remained active upon discharge. * **Hypernatremia (ICD-9 codes: 276.0, E87.0):** This diagnosis was recorded at 401 minutes after unit admission and was not active upon discharge. It was marked as 'Other' priority. A later instance of this diagnosis was recorded at 2068 minutes post-admission and remained active upon discharge. * **Hypokalemia (ICD-9 codes: 276.8, E87.6):** This diagnosis was recorded at 2068 minutes after unit admission and remained active upon discharge. It was marked as 'Other' priority. Additional instances were recorded at 401 minutes and 243 minutes post-admission. * **Hyperglycemia (ICD-9 codes: 790.6, R73.9):** This diagnosis was recorded at 2068 minutes after unit admission and remained active upon discharge. It was marked as 'Other' priority. A prior instance of this diagnosis was recorded at 401 minutes post-admission. * **Leukocytosis (ICD-9 codes: 288.8, D72.829):** This diagnosis was recorded at 2068 minutes after unit admission and remained active upon discharge. It was marked as 'Other' priority. A prior instance of this diagnosis was recorded at 401 minutes post-admission.

The recurrence of several diagnoses and the timing of their recording suggest a complex clinical picture with evolving conditions. The 'active upon discharge' flag indicates which diagnoses were still relevant at the end of the ICU stay.

**Treatments**

The patient received various treatments during her ICU stay. These treatments, listed in order of their entry and marked with their active status at discharge, are as follows:

* **Non-invasive ventilation (face mask):** Initiated at 21 minutes and ended prior to discharge. * **Chest X-ray:** Ordered at 243 minutes and again at 2068 minutes, with the latter remaining active at discharge. * **Peripheral blood cultures:** Ordered at 243 minutes and again at 2068 minutes, with the latter remaining active at discharge. * **Cefepime (antibacterial):** Administered starting at 21 minutes and again at 2068 minutes, with the latter treatment active at discharge. * **Vancomycin (antibacterial):** Administered starting at 2068 minutes and was active at discharge. A prior instance of this treatment was at 401 minutes post-admission. * **Parenteral glucocorticoid administration:** Administered starting at 2068 minutes and was active at discharge. * **Nebulized bronchodilator:** Administered starting at 2068 minutes and was active at discharge. * **Pantoprazole (stress ulcer prophylaxis):** Administered starting at 2068 minutes and was active at discharge. * **Antiviral therapy:** Administered starting at 2068 minutes and was active at discharge. * **Compression boots (VTE prophylaxis):** Applied at 2068 minutes and was active at discharge. A prior instance of this treatment was at 243 minutes post-admission. * **Palliative care consultation:** Consulted at 2068 minutes and was active at discharge.

The multiple treatments administered highlight the multi-system involvement of the patient's illness. The timing of treatments and their ongoing status on discharge provide insights into the management of her conditions.

**Vital Trends**

NULL (Insufficient data provided)

**Lab Trends**

Multiple lab tests were conducted during the patient's stay. Significant trends require further data analysis to fully assess. Initial Hematology values (at -100 minutes post admission) showed a low Hemoglobin (17.4 g/dL), low platelets (294 K/mcL), elevated WBC count (32.8 K/mcL). Later Hematology values (at 3045 minutes post admission) show improvement to Hemoglobin (14.3 g/dL), platelets (241 K/mcL), and WBC count (17.9 K/mcL). Bedside glucose levels were consistently elevated throughout the ICU stay. Electrolyte levels (sodium, potassium, chloride, bicarbonate) showed fluctuations requiring close monitoring and treatment. Creatinine and BUN values also showed some fluctuation throughout the patient's stay.

**Microbiology Tests**

NULL (Insufficient data provided)

**Physical Examination Results**

Physical exams were performed at 0 and 237 minutes post-admission. The initial exam showed a GCS score of 15 (Eyes 4, Verbal 5, Motor 6), a systolic blood pressure of 146 mmHg, a diastolic blood pressure of 107 mmHg, a heart rate of 130 bpm, and an oxygen saturation of 96%. A later exam showed a heart rate between 124 and 143 bpm and oxygen saturation between 89% and 96%. Weight measurements indicated an increase from 104.3 kg at admission to 108.2 kg during the stay. A physical exam was not performed at 2065 minutes post-admission.