

****Patient Medical Report****

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

***PatientUnitStayID:** 304256 ***PatientHealthSystemStayID:** 263054 ***Gender:** Male ***Age:** 31 ***Ethnicity:** Caucasian ***HospitalID:** 83 ***WardID:** 160 ***APACHEAdmissionDx:** Sepsis, pulmonary ***Admission Height:** 185.42 cm (Assuming cm, as units are not specified) ***Hospital Admit Time:** 2015-XX-XX 19:55:00 (Date missing from data) ***Hospital Admit Source:** Emergency Department ***Hospital Discharge Year:** 2015 ***Hospital Discharge Time:** 2015-XX-XX 19:00:00 (Date missing from data) ***Hospital Discharge Location:** Other Hospital ***Hospital Discharge Status:** Alive ***Unit Type:** Med-Surg ICU ***Unit Admit Time:** 2015-XX-XX 20:54:00 (Date missing from data) ***Unit Admit Source:** Emergency Department ***Unit Visit Number:** 1 ***Unit Stay Type:** admit ***Admission Weight:** 227.7 kg ***Discharge Weight:** 227.5 kg ***Unit Discharge Time:** 2015-XX-XX 19:12:00 (Date missing from data) ***Unit Discharge Location:** Other Hospital ***Unit Discharge Status:** Alive ***UniquePID:** 003-1810

****2. History****

NULL (Insufficient data provided to elaborate on patient history.)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The diagnoses included:

***Morbid Obesity (ICD-9: 278.01, E66.01):** This diagnosis was present on admission but was marked as inactive upon discharge. It was recorded at 1254 and 1258 minutes after unit admission and also at 152 and 627 minutes after unit admission. ***Pneumonia (ICD-9: 486, J18.9):** This diagnosis was active upon discharge, recorded at 1258 minutes after unit admission. It was also recorded at 1254 and 627 minutes after unit admission. ***Sepsis (ICD-9: 038.9, A41.9):** This diagnosis was active upon discharge, recorded at 1258 minutes after unit admission. It was also recorded at 1254 and 627 minutes after unit admission. ***Acute on Chronic Systolic Congestive Heart Failure (ICD-9: 428.23, I50.23):** This diagnosis was initially present, recorded at 1254 minutes after unit admission, but marked as inactive upon discharge. It was also recorded at 1258 minutes after unit admission. ***Cellulitis (ICD-9: 682.9, L03.90):** This diagnosis was present upon discharge and was recorded at 1258 minutes after unit admission. It was also recorded at 1254 and 152 minutes after unit admission.

All diagnoses were classified as 'Other' priority, suggesting the presence of other, potentially more significant, primary diagnoses not explicitly detailed in the provided data.

****4. Treatments****

The patient received various treatments during their ICU stay. Active treatments upon discharge included:

***Beta-agonist Bronchodilator:** Administered for pulmonary issues. ***IV Furosemide (Intravenous Diuretic):** Prescribed for renal management. ***Foley Catheter:** Used for urinary catheterization. ***Ondansetron (Serotonin Antagonist Antiemetic):** Administered to manage nausea and vomiting. ***Carvedilol (Alpha/Beta Blocker):** Used for cardiovascular hypertension management. ***Nasal Cannula Oxygen Therapy:** Used for pulmonary support. ***Vancomycin:** Administered as a therapeutic antibacterial. ***Acetaminophen (Non-narcotic Analgesic):** Given for pain management. ***Lorazepam (Sedative Agent):** Administered as a sedative. ***Famotidine (Stress Ulcer Prophylaxis):** Prescribed to prevent stress ulcers. ***Enoxaparin (Low Molecular Weight Heparin):** Used for cardiovascular VTE prophylaxis. ***Levofloxacin (Quinolone Antibacterial):** Administered as a therapeutic antibacterial. ***Chest X-Ray:** A radiologic procedure performed.

Several other treatments were initiated but were inactive upon discharge. The timing of treatments is indicated by the `treatmentoffset` values, showing the intervals after unit admission when each treatment was started.

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

NULL (Time-series vital sign data is not provided.)

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

The lab results show multiple blood tests performed at various times during the patient's stay. The data includes blood gas analysis (ABG), complete blood count (CBC) with differential, basic metabolic panel (BMP), and other markers like BNP and CRP. Specific trends cannot be definitively established without time-series data showing the evolution of these values over time. However, the available data does show some potentially significant values that warrant further investigation. For instance, the initial pH of 7.38 is slightly elevated but later decreases to 7.18, suggesting potential metabolic acidosis. Similarly, the repeated measurement of bicarbonate and PaCO₂ indicate that the patient's respiratory and metabolic compensation for acidosis varied over time. Further analysis is needed to interpret the trends in other lab results.

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

NULL (No microbiology test data provided.)

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

Physical exams were performed at 58 and 1251 minutes after unit admission. The initial exam shows vital signs: heart rate (72 BPM), blood pressure (111/62 mmHg), respiratory rate (16 breaths per minute), and oxygen saturation (95%). The subsequent examination indicates that the patient's heart rate varied from 69 to 93 BPM, systolic blood pressure from 91 to 156 mmHg, diastolic blood pressure from 34 to 122 mmHg, respiratory rate from 15 to 24 breaths per minute, and oxygen saturation from 73% to 100%. The patient's weight decreased from 227.7 to 227.5 kg during this time. A Glasgow Coma Scale (GCS) was performed with a score of 15 (Eyes 4, Verbal 5, Motor 6), indicating no neurological deficits. The overall physical exam findings suggest a patient with multiple physiological abnormalities, but these data are limited without access to more comprehensive time series data.