**Patient Information**

Patient Unit Stay ID: 222408 Patient Health System Stay ID: 192004 Gender: Male Age: 82 Ethnicity: Caucasian Hospital ID: 69 Ward ID: 98 Unique Patient ID: 002-11312 Admission Height: 175.3 cm Admission Weight: 56.7 kg Discharge Weight: 58.4 kg Hospital Admit Time: 2014-XX-XX 17:44:00 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2014 Hospital Discharge Time: 2014-XX-XX 18:30:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 18:09:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Unit Discharge Time: 2014-XX-XX 00:25:00 Unit Discharge Location: Floor Unit Discharge Status: Alive APACHE Admission Dx: Pneumonia, bacterial

**Medical History**

NULL (Insufficient data provided)

**Diagnoses**

Diagnosis ID | Patient Unit Stay ID | Active Upon Discharge | Diagnosis Offset (minutes) | Diagnosis String | ICD-9 Code | Diagnosis Priority ---|---|---|---|---|---|--- 3555555 | 222408 | True | 990 | pulmonary|disorders of the airways|COPD | 491.20, J44.9 | Other 3564586 | 222408 | True | 990 | cardiovascular|chest pain / ASHD|coronary artery disease | | Other 3676882 | 222408 | True | 990 | pulmonary|disorders of vasculature|pulmonary embolism|probable by nuclear scan | 415.19, I26.99 | Major 4026791 | 222408 | True | 990 | pulmonary|respiratory failure|acute respiratory failure | 518.81, J96.00 | Major 3534230 | 222408 | True | 990 | renal|disorder of kidney|chronic renal insufficiency | 585.9, N18.9 | Other 3631441 | 222408 | False | 34 | cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) | 410.71, I21.4 | Other 3891211 | 222408 | True | 990 | pulmonary|respiratory failure|hypercarbia | 786.09, J96.92 | Major 3605065 | 222408 | False | 34 | pulmonary|disorders of the airways|COPD | 491.20, J44.9 | Other 3792458 | 222408 | True | 990 | renal|fluid imbalance|hypervolemia | 276.6, E87.70 | Other 3456007 | 222408 | False | 34 | pulmonary|pulmonary infections|pneumonia | 486, J18.9 | Primary 3929686 | 222408 | True | 990 | burns/trauma|trauma - skeletal|bone fracture(s)|thoracic spine | S22.00 | Other 3708282 | 222408 | False | 217 | pulmonary|respiratory failure|hypoxemia | 799.02, J96.91 | Other 3837803 | 222408 | False | 34 | cardiovascular|chest pain / ASHD|chest pain | 786.50, R07.9 | Other 4061691 | 222408 | False | 217 | pulmonary|respiratory failure|hypercarbia | 786.09, J96.92 | Other 3657661 | 222408 | True | 990 | pulmonary|respiratory failure|hypoxemia | 799.02, J96.91 | Major 3401059 | 222408 | False | 217 | pulmonary|pulmonary infections|pneumonia | 486, J18.9 | Primary 4142321 | 222408 | False | 34 | renal|disorder of kidney|chronic renal insufficiency | 585.9, N18.9 | Other 3668120 | 222408 | False | 217 | pulmonary|respiratory failure|acute respiratory failure | 518.81, J96.00 | Other 4043589 | 222408 | True | 990 | cardiovascular|diseases of the aorta|aortic aneurysm|abdominal | 441.4, I71.4 | Other 4036768 | 222408 | False | 217 | pulmonary|disorders of vasculature|pulmonary embolism|probable by nuclear scan | 415.19, I26.99 | Other 3864006 | 222408 | False | 34 | pulmonary|respiratory failure|acute respiratory distress | 518.82 | Other 3451481 | 222408 | False | 217 | cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) | 410.71, I21.4 | Other 3415249 | 222408 | True | 990 | cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) | 410.71, I21.4 | Major 3778801 | 222408 | False | 217 | cardiovascular|chest pain / ASHD|chest pain | 786.50, R07.9 | Other 4147014 | 222408 | False | 34 | cardiovascular|chest pain / ASHD|coronary artery disease | | Other 4158435 | 222408 | False | 217 | pulmonary|disorders of the airways|COPD | 491.20, J44.9 | Other 4105488 | 222408 | True | 990 | pulmonary|pulmonary infections|pneumonia | 486, J18.9 | Primary 3823820 | 222408 | False | 217 | renal|disorder of kidney|chronic renal insufficiency | 585.9, N18.9 | Other 3692809 | 222408 | False | 34 | pulmonary|respiratory failure|hypoxemia | 799.02, J96.91 | Other 4166535 | 222408 | False | 217 | cardiovascular|chest pain / ASHD|coronary artery disease | | Other

The patient presented with multiple diagnoses, including pneumonia (primary), acute respiratory failure, and probable pulmonary embolism. Several other diagnoses, such as COPD and coronary artery disease, were also noted.

**Treatments**

NULL (Insufficient data provided)

**Vital Trends**

NULL (Insufficient data provided. While some vital signs are present in the Physical Exam, there is no time series data.)

**Lab Trends**

The provided data includes a series of lab results, but the data is not time-stamped fully, only showing an offset from admission. To generate accurate trends, more complete timestamps are necessary. However, some observations can be made from the available data:

* **Albumin:** Initial albumin levels were low (2.8 g/dL), improving slightly to 2.3 g/dL and later to 2.4 g/dL. This suggests some degree of hypoalbuminemia during the stay. * **Troponin-I:** Elevated Troponin-I levels (1.5, 1.78, 2.01 ng/mL initially, then 1.42 ng/mL and then 0.76 ng/mL) indicate possible myocardial injury or infarction, potentially linked to the coronary artery disease diagnosis. * **BNP:** BNP levels were significantly elevated (786 pg/mL initially, then 280 pg/mL, and 128 pg/mL), which is consistent with heart failure. The decrease over time may indicate treatment effectiveness. * **Electrolytes:** Potassium levels fluctuated (4.5 mmol/L initially, then 4.3 mmol/L and 3.8 mmol/L), potentially indicating electrolyte imbalances that may have needed management. Sodium levels were generally within normal range. Bicarbonate levels were initially low (33 mmol/L) but improved to 38 and then 39 mmol/L, suggesting respiratory acidosis that was partly corrected. Anion gap also shows improvement (17 mmol/L to 9 mmol/L to 8 mmol/L). * **Renal Function:** Creatinine levels were elevated (1.56 mg/dL initially, then 1.64 mg/dL and 1.2 mg/dL), indicating some degree of renal impairment. BUN levels were also elevated (34 mg/dL to 65 mg/dL to 37 mg/dL), which is consistent with the diagnosis of chronic renal insufficiency. * **Complete Blood Count:** The complete blood count (CBC) shows some variation in white blood cell count (8.7 K/mcL to 10.6 K/mcL), and other blood parameters such as Hgb, Hct, MCV, MCH, MCHC, platelets, lymphocytes, eosinophils, monocytes, and bands, showing some variations but the data is insufficient to draw meaningful conclusions without a full time series. * **Blood Gas Analysis:** Limited blood gas data is available, showing a pH of 7.32 improving to 7.34 and then to 7.37, indicating some improvement in acidosis. PaO2 and PaCO2 values, and Base Excess also showed some variations, indicating the need for supplemental oxygen.

**Microbiology Tests**

NULL (Insufficient data provided)

**Physical Examination Results**

The physical exam indicated a GCS score of 15 (Eyes: 4, Verbal: 5, Motor: 6), suggesting normal neurological function. Heart rate was 118 bpm. Systolic blood pressure was 103 mmHg (range 103-119 mmHg), and diastolic blood pressure was 62 mmHg (range 62-71 mmHg). Respiratory rate was 31 breaths per minute. Oxygen saturation was 94%. Admission weight was 56.7 kg, with no change in weight during the stay.