Medical Report: Patient 004-10342

1. Patient Information

* **Patient Unit Stay ID:** 395323 * **Unique Patient ID:** 004-10342 * **Gender:** Male * **Age:** 43 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014, 15:11:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014, 19:26:00 * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014, 19:04:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014, 19:26:00 * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Admission Weight:** 99.79 kg * **Admission Height:** 177.8 cm

2. History

NULL (Insufficient data provided in the JSON to describe the patient's medical history.)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others resolved during the ICU stay. The primary diagnosis upon admission and discharge was sepsis (ICD-9 codes 038.9, A41.9). This was accompanied by major diagnoses including: altered mental status/pain, hypotension (ICD-9 codes 458.9, I95.9), urinary tract infection (ICD-9 codes 599.0, N39.0), and pressure sores (ICD-9 codes 707.00, L89.90). Additionally, anemia and depression were noted as major diagnoses at various points during the stay, although these were not active at discharge. A complete quadriplegia was also diagnosed (ICD-9 codes 344.00, G82.50) at several times during the admission, but ultimately was still active upon discharge from the unit. The timing of diagnosis entry is indicated by the `diagnosisoffset` field, showing when each diagnosis was recorded relative to unit admission time. Note that some diagnoses have missing ICD-9 codes.

4. Treatments

The patient received a comprehensive range of treatments throughout their ICU stay. These included consultations with infectious disease and nephrology specialists. The patient also received blood product administration, surgical debridement, and dressing changes. Long-term treatments such as use of a special care bed and continued VTE prophylaxis were also provided. Antibacterial medications, specifically vancomycin and piperacillin/tazobactam, were administered. Furthermore, phenylephrine (Neosynephrine) was used to treat shock, and renal ultrasound and MRI procedures were performed. The `activeupondischarge` field indicates which treatments were ongoing at the time of discharge. Note the varied timing of treatments, as recorded by the `treatmentoffset` field.

5. Vital Trends

NULL (Insufficient data provided in the JSON to show vital signs trends.)

6. Lab Trends

The provided lab data includes multiple blood chemistry and hematology tests taken at various times during the patient's stay. There's evidence of fluctuating electrolyte levels (sodium, potassium, chloride, bicarbonate, calcium) and kidney function markers (BUN, creatinine). Hemoglobin (Hgb) and hematocrit (Hct) values show improvement over time, starting low and rising. White blood cell (WBC) counts suggest an ongoing infection. The platelet count remains relatively stable. Acid-base balance is indicated by the paO2, paCO2, and pH measurements. Additional data points at different time intervals would allow for more comprehensive analysis of these trends. The different measurement units (mmol/L, mg/dL, %, etc.) need to be considered when interpreting the lab data.

7. Microbiology Tests

NULL (Insufficient data provided in the JSON.)

8. Physical Examination Results

Physical exams were performed at 78 minutes and 1526 minutes post-unit admission. The exams included recording of vital signs (heart rate, blood pressure, oxygen saturation) and a neurological assessment using the Glasgow Coma Scale (GCS). The GCS scores suggest an evolving neurological status. Weight was recorded at admission (99.79kg).