Medical Report: Patient 005-10550

1. Patient Information

* **Patient Unit Stay ID:** 496980 * **Patient Health System Stay ID:** 420789 * **Unique Patient ID:** 005-10550 * **Gender:** Male * **Age:** 49 * **Ethnicity:** Hispanic * **Hospital ID:** 140 * **Ward ID:** 261 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 02:23:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 20:42:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 01:06:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 20:55:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 81 kg * **Admission Height:** 180.3 cm * **APACHE Admission Dx:** Meningitis

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses, indicating the most likely causes for admission, were acute meningitis (diagnosis IDs 9734597, 9206536, 8205204, 8875218, 8281095) and sepsis (diagnosis IDs 9291852, 7931865, 10169754). Secondary diagnoses included altered mental status/pain (diagnosis IDs 9639906, 9142071, 10184761), fever (diagnosis IDs 9881070, 9390601), hyperglycemia (diagnosis IDs 9231449, 9420806, 9453391), headache (diagnosis IDs 9397487, 9300943, 9231901), bandemia (diagnosis IDs 9267189, 8561970), and leukocytosis (diagnosis IDs 9003495, 9037122). A diagnosis of thrombocytopenia (diagnosis ID 10171435) was active upon discharge. Many of these diagnoses are interconnected, reflecting the systemic nature of the patient's illness. The lack of ICD-9 codes for several diagnoses limits the precision of this analysis. The diagnosis timestamps (diagnosisoffset) suggest that the initial diagnoses were entered within the first few minutes of the unit admission, with additional diagnoses added later, possibly reflecting the evolving clinical picture.

4. Treatments

The patient received a range of treatments, including systemic glucocorticoids (dexamethasone and parenteral), antibiotics (vancomycin and ceftriaxone), subcutaneous regular insulin, and ondansetron. VTE prophylaxis via subcutaneous conventional heparin therapy was also administered. Consultations with neurology and infectious disease specialists were also documented. Blood and CSF cultures were obtained. A head CT scan was performed.

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

The laboratory data reveals several key trends. Serial bedside glucose measurements show elevated levels (ranging from 98 mg/dL to 147 mg/dL) indicative of hyperglycemia, consistent with the diagnosis. Hematological tests show leukocytosis (WBC ranging from 11.9 K/mcL to 16.7 K/mcL) and bandemia, further supporting the diagnosis of sepsis. The platelet count (146 K/mcL to 172 K/mcL) shows some fluctuation. Chemistry tests show variations in BUN (13-24 mg/dL), creatinine (0.8-1.1 mg/dL), calcium (8.6-9.1 mg/dL), bicarbonate (22-25 mmol/L), chloride (102-111 mmol/L), potassium (3.8-5.2 mmol/L), phosphate (1.8-3.2 mg/dL). CSF analysis showed elevated protein (430 mg/dL) and WBC (649-1318 cells/uL). PT and PTT were also measured. The overall lab picture is consistent with a systemic infectious process. More detailed time-series data is needed for a thorough assessment.

7. Microbiology Tests

Blood and CSF cultures were performed. Results are not provided.

8. Physical Examination Results

Physical exams were performed at 35 and 890 minutes post-unit admission. The patient was initially ill-appearing, but subsequent examinations noted an improved status. Vital signs showed a heart rate ranging from 68 to 114 bpm, a respiratory rate from 10 to 22 breaths/minute, a systolic blood pressure from 97 to 124 mmHg, and a diastolic blood pressure from 51 to 107 mmHg. Oxygen saturation levels ranged from 94% to 98%. Neurological examination showed a Glasgow Coma Scale (GCS) score of 15 (4, 5, 6), indicating normal neurological function. The patient was oriented x3, with a calm and appropriate affect. The remainder of the physical exam was unremarkable.