

****Medical Report: Patient 004-16857****

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

*****Patient Unit Stay ID:** 365045 ***Unique Patient ID:** 004-16857 ***Gender:** Male ***Age:** 45 ***Ethnicity:** Caucasian ***Hospital Admission Time:** 2015-XX-XX 03:00:00 ***Hospital Admission Source:** Emergency Department ***Hospital Discharge Time:** 2015-XX-XX 19:30:00 ***Hospital Discharge Location:** Other Hospital ***Hospital Discharge Status:** Alive ***Unit Type:** Med-Surg ICU ***Unit Admission Time:** 2015-XX-XX 03:06:00 ***Unit Admission Source:** Emergency Department ***Unit Discharge Time:** 2015-XX-XX 19:30:00 ***Unit Discharge Location:** Other Hospital ***Unit Discharge Status:** Alive ***Admission Weight:** 168.4 kg ***Admission Height:** 182.8 cm**

****2. History****

The patient was admitted to the hospital via the Emergency Department and subsequently transferred to the Med-Surg ICU. The admission diagnosis was Hypoglycemia. The patient presented with a complex medical history, including multiple cardiovascular issues, endocrine disorders, and renal impairment. Specific details regarding the onset and progression of these conditions are not included in the provided data. Further information is needed to fully document the patient's medical history leading up to the ICU admission.

****3. Diagnoses****

The patient received multiple diagnoses during their ICU stay. These diagnoses, listed in order of recording, include:

*****Primary Diagnoses (Hypoglycemia):** ICD-9 codes 251.1, E16.2 were recorded for hypoglycemia. Multiple entries of this diagnosis were made throughout the stay, indicating ongoing management of this condition. ***Major Diagnoses:** The patient was diagnosed with coronary artery disease (cardiovascular|chest pain / ASHD|coronary artery disease), diabetes mellitus (endocrine|glucose metabolism|diabetes mellitus), chronic renal insufficiency (renal|disorder of kidney|chronic renal insufficiency), congestive heart failure (cardiovascular|ventricular disorders|congestive heart failure), and hypertension (cardiovascular|ventricular disorders|hypertension). Acute coronary syndrome (cardiovascular|chest pain / ASHD|acute coronary syndrome) was also listed as a major diagnosis. These diagnoses highlight a picture of significant cardiovascular, endocrine, and renal compromise. ***Major Diagnoses (Change in Mental Status):** The patient presented with a change in mental status, which was documented as a major diagnosis (neurologic|altered mental status / pain|change in mental status). The exact nature of the altered mental status is not specified.**

The temporal relationship between the diagnoses is noteworthy. Several diagnoses were entered within a short timeframe of each other (e.g., around 650-700 minutes from unit admission time), suggesting possible inter-relatedness. However, the lack of narrative information limits the ability to fully understand the clinical connections between these diagnoses.

****4. Treatments****

The patient received extensive treatment during their ICU stay. Treatments included glucose management (reflecting the primary diagnosis of hypoglycemia), intravenous diuretics (likely for congestive heart failure), various medications (including antibiotics such as vancomycin, clindamycin, and piperacillin/tazobactam, likely for infection prevention or treatment), analgesics (for pain management), and sedatives (lorazepam). The patient also required respiratory support (oxygen therapy, CPAP/PEEP therapy, non-invasive ventilation, and mechanical ventilation). Additionally, the patient had a Foley catheter inserted and received parenteral nutrition (TPN and intralipid). Blood and urine cultures were taken during the stay. The specific dosages, routes of administration, and responses to these treatments are not available in the provided data.

****5. Vital Trends** NULL. No vital sign data is provided.**

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

Laboratory results show the following:

* **Chemistry Panel:** Potassium (4.8 mEq/L), BUN (32 mg/dL), Creatinine (2.4 mg/dL), Calcium (7.6 mg/dL), and Glucose (51 mg/dL) were measured. These results indicate some metabolic abnormalities, but more information is needed to assess their significance within the context of the patient's overall clinical picture. * **Arterial Blood Gas (ABG):** Two ABG samples were recorded, showing paCO_2 values of 43 and 35 mm Hg, paO_2 values of 40 and 66 mm Hg, HCO_3 values of 23.7 and 24.9 mmol/L, pH values of 7.35 and 7.46, and FiO_2 values of 100% and 50%. These values suggest respiratory compromise that improved over time. However, without more information, it is difficult to draw definitive conclusions. * **Hematology Panel:** Platelets (163 K/mcL), Hemoglobin (8.2 g/dL), and White Blood Cells (9.7 K/mcL) were measured. Interpretation requires additional context.

7. Microbiology Tests NULL. While blood and urine cultures were ordered, the results are not provided.

8. Physical Examination Results

A structured physical exam was performed. Vital signs recorded at the time of the exam included a heart rate of 107 bpm, respiratory rate of 33 breaths/minute, systolic blood pressure of 157 mmHg, diastolic blood pressure of 91 mmHg, oxygen saturation of 96%, and FiO_2 of 28%. A Glasgow Coma Scale (GCS) score of 15 (4/5/6) was documented, indicating an intact neurological status. Further details regarding other aspects of the physical examination are unavailable.