Medical Report for Patient 008-1009

1. Patient Information

* **Patient Unit Stay ID:** 1036759 * **Patient Health System Stay ID:** 767420 * **Unique Patient ID:** 008-1009 * **Gender:** Female * **Age:** 52 years * **Ethnicity:** Caucasian * **Hospital ID:** 188 * **Ward ID:** 434 * **Unit Type:** MICU * **Unit Admit Time:** 03:06:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 21:02:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 00:35:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 20:40:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 89.2 kg * **Discharge Weight:** 86.6 kg * **Admission Height:** 170 cm * **APACHE Admission Dx:** Respiratory - medical, other

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. These included, but were not limited to:

* Pulmonary respiratory failure, hypoxemia (ICD-9 codes: 799.02, J96.91) - Marked as 'Other' priority. This diagnosis was recorded multiple times throughout the stay, suggesting ongoing respiratory instability. * Pulmonary respiratory failure, acute respiratory failure (ICD-9 codes: 518.81, J96.00) - Marked as 'Other' priority. This diagnosis highlights the acute nature of the respiratory compromise at certain points. * Cardiovascular ventricular disorders, acute pulmonary edema (ICD-9 codes: 428.1, I50.1) - Marked as 'Other' priority. This indicates the presence of fluid in the lungs, potentially contributing to respiratory distress and requiring management. * Pulmonary pulmonary infections, pneumonia (ICD-9 codes: 486, J18.9) - Marked as 'Other' priority. This suggests a possible infectious component to the respiratory illness. * Hematology white blood cell disorders, leukocytosis (ICD-9 codes: 288.8, D72.829) - Marked as 'Other' priority. This points to an elevated white blood cell count, potentially indicative of infection or inflammation. * Neurologic altered mental status/pain, bipolar disorder (ICD-9 codes: 296.80, F31.9) - Marked as 'Other' priority. This was active upon discharge, suggesting ongoing mental health concerns. * Neurologic altered mental status/pain, depression (ICD-9 codes: 311, F32.9) - Marked as 'Other' priority. This suggests a possible comorbid mental health condition. * Cardiovascular ventricular disorders, congestive heart failure (ICD-9 codes: 428.0, I50.9) - Marked as 'Other' priority. This further complicates the cardiovascular picture and may impact treatment strategies. * Pulmonary respiratory failure, ARDS (ICD-9 codes: 518.81, J80) - Marked as 'Other' priority. Acute Respiratory Distress Syndrome is a serious lung condition that requires intensive care. * Pulmonary respiratory failure, acute respiratory distress (ICD-9 code: 518.82) - Marked as 'Other' priority. This diagnosis is consistent with the ARDS diagnosis.

The multiplicity and recurrence of these diagnoses suggest a complex clinical picture requiring multifaceted management. The temporal relationships between these diagnoses were not explicitly defined in the data.

4. Treatments

The patient received a range of treatments during her ICU stay. These included:

* Pulmonary ventilation and oxygenation: Oxygen therapy (>60%), lung recruitment maneuver, mechanical ventilation. The high FiO2 requirements suggest significant hypoxemia. * Pulmonary medications: Glucocorticoid administration, azithromycin (macrolide), and ceftriaxone (third-generation cephalosporin). This combination suggests treatment for both inflammation and a suspected bacterial infection. * Cardiovascular treatments: Intravenous diuretics were administered to manage the acute pulmonary edema. * Neurologic treatments: Sedative agents were used to manage pain, agitation, and altered mental status. The use of sedatives is consistent with the diagnoses of bipolar disorder and depression.

The treatments administered suggest a comprehensive approach to managing the patient's multiple organ system dysfunction. The temporal relationships between treatments and their efficacy are not fully detailed.

5. Vital Trends

NULL (Insufficient information provided in the JSON to generate vital trends. Requires time-series data on heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation.)

6. Lab Trends

NULL (Insufficient information provided in the JSON to generate lab trends. Requires time-series data on lab results.)

7. Microbiology Tests

NULL (No microbiology test data provided)

8. Physical Examination Results

The physical examinations documented several key findings throughout the patient's stay. Initial exams showed a Glasgow Coma Scale (GCS) score of 12, with a verbal score of 5, motor score of 6, and eyes score of 4, indicating a moderate degree of altered mental status. Repeated physical examinations showed improvements in GCS scores to 14 and 15, with improved responsiveness, indicating a positive response to treatment. Respiratory findings initially included diffuse rhonchi and diffusely decreased breath sounds, consistent with respiratory distress. Later exams showed improvement in respiratory findings to scattered rhonchi and bibasilar rales, indicating some resolution of the respiratory compromise. Cardiovascular exams consistently showed normal pulses, heart sounds, and the absence of murmurs. The patient had a foley catheter in place. The patient also exhibited a weight loss. This information is spread across multiple physical examinations at different time points.

(Note: More detailed interpretation requires additional clinical context and complete time-series data.)