Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 325924 * **Patient Health System Stay ID:** 281134 * **Unique Patient ID:** 004-10208 * **Gender:** Male * **Age:** 54 * **Ethnicity:** Caucasian * **Hospital ID:** 110 * **Ward ID:** 185 * **Unit Type:** CCU-CTICU * **Unit Admit Time:** 02:37:00 * **Unit Admit Source:** Emergency Department * **Hospital Admit Time:** 21:43:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 04:48:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Discharge Time:** 04:48:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Admission Weight:** 61.2 kg * **Admission Height:** 163 cm * **APACHE Admission Diagnosis:** Sepsis, pulmonary

2. History

NULL (No history information provided in the dataset)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses upon admission were septic shock (ICD-9 codes 785.59, R65.21) and community-acquired bacterial pneumonia caused by *H. influenzae* (ICD-9 codes 482.2, J14). These were both marked as 'Primary' diagnoses. Additionally, acute renal failure (ICD-9 codes 584.9, N17.9) was a significant secondary diagnosis, repeatedly documented as 'Major' throughout the stay. While the septic shock and pneumonia were not active upon discharge, the acute renal failure was still active at the time of the patient's death. The multiple entries of the same diagnoses suggest a progression and worsening of the conditions over time, highlighting the severity of the patient's illness.

4. Treatments

The patient received a comprehensive range of treatments. These included mechanical ventilation and oxygen therapy (40-60%), tracheal suctioning, intravenous fluids (normal saline boluses), and multiple medications. Antibacterial treatment consisted of both vancomycin and piperacillin/tazobactam. Analgesia was managed with both continuous and bolus parenteral analgesics, as well as acetaminophen. Renal support was not explicitly detailed, though the presence of a Foley catheter and sodium bicarbonate administration suggests potential interventions for managing acute renal failure. The patient also received a Neurology consultation and Pulmonary/CCM consultation during their stay. The continuation of several treatments until discharge indicates ongoing management of critical conditions.

5. Vital Trends

NULL (No vital sign time series data provided in the dataset)

6. Lab Trends

The provided lab data shows multiple blood tests performed at various time points during the patient’s stay. There is evidence of significant electrolyte imbalances, with low potassium (3.4 mmol/L, 2.9 mmol/L, 3.1 mmol/L, 3.6 mmol/L, 3.7 mmol/L, 2.9 mmol/L, 4.3 mmol/L and 4.2 mmol/L at various times), low sodium (125 mmol/L, 133 mmol/L, 132 mmol/L, 133 mmol/L, 140 mmol/L and 141 mmol/L at various times) and low bicarbonate. Elevated creatinine (2.13 mg/dL, 1.38 mg/dL, 1.62 mg/dL, 1.75 mg/dL, 1.92 mg/dL, 2.49 mg/dL, 3.34 mg/dL and 5.19 mg/dL at various times) and BUN (25 mg/dL, 27 mg/dL, 28 mg/dL, 31 mg/dL, 33 mg/dL, 35 mg/dL and 40 mg/dL at various times) indicate renal dysfunction, consistent with the diagnosis of acute renal failure. The complete blood count shows leukocytosis (elevated WBC count), consistent with infection and suggestive of sepsis. The elevated liver enzymes (AST and ALT) suggest liver involvement. There is also a high lactate value (7.3 mmol/L), which is a marker of tissue hypoperfusion, and highly suggestive of the septic shock diagnosis. Serial blood tests reveal a worsening of renal function over time, with creatinine levels climbing significantly by the end of the stay. The trend in other lab values also suggests a deterioration in the patient's condition.

7. Microbiology Tests

NULL (No microbiology test results provided in the dataset)

8. Physical Examination Results

A structured physical exam was performed. The patient's vital signs included a heart rate between 134 and 137 bpm, a systolic blood pressure between 83 and 94 mmHg, and a diastolic blood pressure between 57 and 67 mmHg. Respiratory rate was between 29 and 46 breaths per minute. Oxygen saturation was 97-98%. The Glasgow Coma Scale (GCS) score was 15 (4, 5, 6). The patient's admission weight was 61.2 kg. Fluid balance showed a net output of 110 ml.