Medical Report for Patient 003-11096

1. Patient Information

* **Patient Unit Stay ID:** 244707 * **Unique Patient ID:** 003-11096 * **Gender:** Male * **Age:** 74 * **Ethnicity:** NULL * **Hospital Admission Time:** 2014-01-08 01:08:00 * **Hospital Admission Source:** Floor * **Hospital Discharge Time:** 2014-01-08 18:41:00 * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-01-08 11:43:00 * **Unit Admission Source:** Floor * **Unit Discharge Time:** 2014-01-08 18:41:00 * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Admission Height (cm):** 182.8 * **Admission Weight (kg):** 93.2 * **Discharge Weight (kg):** NULL * **Admission Diagnosis:** Sepsis, pulmonary

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon admission to the ICU was sepsis (ICD-9 codes: 038.9, A41.9). Other diagnoses included:

* Acute respiratory failure due to obstructive lung disease (ICD-9 codes: 518.84, J96.00) - Active upon discharge * Acute respiratory failure due to inability to clear secretions (ICD-9 codes: 518.81, J96.00) - Active upon discharge * Lower urinary tract infection (ICD-9 codes: 595.9, N30.9) - Active upon discharge * Signs and symptoms of sepsis (SIRS) (ICD-9 code: 995.90) - Active upon discharge * Aspiration pneumonia (ICD-9 codes: 507.0, J69.0) - Active upon discharge

It is important to note that the sequencing of diagnoses in the data does not necessarily reflect clinical severity. Multiple diagnoses are listed as 'Other' priority, while sepsis is noted as 'Primary'. This suggests sepsis was the most critical concern. The presence of both respiratory failure and multiple infections indicates a complex clinical picture.

4. Treatments

The patient received a comprehensive treatment regimen addressing multiple organ systems. Treatments active upon discharge included:

* **Pulmonary:** Mechanical ventilation, ipratropium, beta-agonist, glucocorticoid administration, ventilator weaning. * **Infectious Diseases:** Empiric antibacterial coverage, third generation cephalosporin, metronidazole, vancomycin, fluconazole, blood cultures, urine cultures, sputum cultures. * **Endocrine:** Subcutaneous dose of longer-acting insulin preparations, sliding scale insulin administration, hydrocortisone. * **Cardiovascular:** Normal saline administration, low molecular weight heparin (enoxaparin), amiodarone, non-invasive testing for DVT. * **Neurologic:** Continuous parenteral analgesics, propofol.

Several treatments were initiated but discontinued prior to discharge. This indicates a dynamic approach to managing the patient's evolving condition. The breadth of treatments suggests significant systemic involvement requiring aggressive management.

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The following laboratory values were recorded:

* **Hematology:** WBC (21.5 K/mcL), Hgb (10.7 g/dL), Hct (33.5%), MCV (92 fL), MCH (29.2 pg), MCHC (31.9 g/dL), RDW (17.3%), Platelets (300 K/mcL), PT (23.7 sec), PT-INR (2.2 ratio). * **Chemistry:** BUN (7 mg/dL), Creatinine (0.78 mg/dL), Chloride (110 mmol/L), Calcium (8.5 mg/dL), Glucose (343 mg/dL), Potassium (4.4 mmol/L), Anion Gap (14.1 mmol/L), Lactate (4.2 mmol/L). * **Arterial Blood Gas (ABG):** pH (7.22), PaO2 (62 mm Hg), PaCO2 (50 mm Hg), HCO3 (20.5 mmol/L), Base Deficit (-7.2 mEq/L), O2 Sat (89%). * **Ventilator Settings:** PEEP (5 cm H2O), FiO2 (80%)

The ABG results reveal acute respiratory acidosis, a low oxygen saturation, and a significant base deficit, all consistent with severe respiratory failure and metabolic acidosis. Elevated lactate suggests tissue hypoxia. The hematology results show signs of inflammation (elevated WBC) and potential anemia (low Hgb and Hct). Electrolyte levels are mostly within normal range. Further analysis of trends over time would be required to fully assess these results.

7. Microbiology Tests

Blood, urine, and sputum cultures were obtained to identify the causative pathogens of the infection. Results are not included in this report.

8. Physical Examination Results

Physical examination findings obtained at 8 minutes and 335 minutes post-unit admission indicated:

* **Initial Exam (8 minutes):** Irregular heart rhythm, patient was ventilated, GCS score of 9 (Eyes 2, Verbal 3, Motor 4), obtunded mental status. * **Subsequent Exam (335 minutes):** Irregular heart rhythm, patient was ventilated, GCS score of 10 (Eyes 2, Verbal 3, Motor 5), obtunded mental status, HR (118 bpm, range 117-123), BP (92/48 mmHg, range 90-103/46-51), RR (18 breaths/min, range 18-22), SpO2 (93%, range 89-99%), Weight (93.2 kg). A full physical exam was not performed at 335 minutes.

The physical examination findings corroborate the diagnoses of sepsis and respiratory failure. The low GCS score indicates altered mental status, and the vital signs reflect the physiological instability associated with these conditions.

Note: This report is based on the limited data provided. A more comprehensive evaluation requires additional information, including a detailed patient history, complete lab results, and trends in vital signs over time. Missing data points are marked as NULL.