Medical Report for Patient 006-103364

1. Patient Information

* **Patient Unit Stay ID:** 572556 * **Unique Patient ID:** 006-103364 * **Gender:** Male * **Age:** 34 * **Ethnicity:** Caucasian * **Hospital ID:** 157 * **Ward ID:** 369 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 16:09:00 * **Unit Admit Source:** Floor * **Unit Discharge Time:** 2014-XX-XX 02:29:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 19:03:00 * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 00:23:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission Weight:** 111.3 kg * **Admission Height:** 185 cm * **APACHE Admission Dx:** Respiratory - medical, other

2. History

NULL (Insufficient information provided in the JSON data.)

3. Diagnoses

* **Primary Diagnosis:** Pulmonary|respiratory failure|acute respiratory failure (ICD-9: 518.81, J96.00). This diagnosis was active upon discharge. * **Major Diagnosis:** Renal|disorder of kidney|ESRD (end stage renal disease) (ICD-9: 585.6, N18.6). This diagnosis was active upon discharge. * **Major Diagnosis:** Cardiovascular|cardiac arrest|cardiac arrest (ICD-9: 427.5, I46.9). This diagnosis was active upon discharge.

The primary diagnosis of acute respiratory failure suggests a significant respiratory compromise requiring ICU admission. The major diagnoses of ESRD and cardiac arrest indicate pre-existing conditions that likely contributed to the severity of the patient's illness and the need for intensive care. Note that some diagnoses were not active upon discharge indicating either resolution or transfer of care.

4. Treatments

* **Hemodialysis:** This renal treatment was active upon discharge, suggesting the patient required ongoing dialysis for ESRD management. * **Non-invasive ventilation:** This pulmonary treatment was not active upon discharge, indicating a successful intervention in managing the acute respiratory failure.

The treatments administered reflect the patient's major diagnoses. The continued need for hemodialysis emphasizes the chronic nature of the ESRD. The use of non-invasive ventilation suggests a successful approach to managing the respiratory distress.

5. Vital Trends

NULL (Insufficient information provided in the JSON data. Vital signs would need to be included in the data for this section.)

6. Lab Trends

The lab results show a comprehensive panel of blood tests performed at different time points during the patient's stay. Key findings include:

* **Electrolytes:** The patient's chloride (105 mmol/L), total protein (4.9 g/dL), calcium (8.5 mg/dL), bicarbonate (23 mmol/L), creatinine (4.8 mg/dL), sodium (140 mmol/L), potassium (4.8 mmol/L), albumin (1.6 g/dL), and glucose (80 mg/dL) levels were assessed. Further analysis is needed to determine the significance of these values within the context of the patient's clinical presentation and other lab results. * **Hematology:** Hemoglobin (Hgb 8.4 g/dL on admission,

improving to 27.8% and then 30.2 g/dL on later tests), hematocrit (Hct 27.8% and 30.2%), white blood cell count (WBC 6 k/mcL at one point, 4.5 K/mcL later), platelets (181 k/mcL then 201 k/mcL), mean corpuscular volume (MCV 91 fL and 92 fL), mean corpuscular hemoglobin concentration (MCHC 30.2 g/dL), mean platelet volume (MPV 11.5 fL and 11 fL), and differential blood counts (-lymphs 4%, -eos 2%, -monos 9%, -polys 84%, -basos 0%) were all measured. These results suggest a possible anemia and need interpretation in the context of the patient's overall clinical state. * **Coagulation:** Prothrombin time (PT) and international normalized ratio (INR) were measured multiple times, showing a prolonged PT and elevated INR, indicating impaired coagulation. (PT 35.7 sec, 32.2 sec, 40.2 sec, 44.1 sec; PT-INR 3.7, 3.2, 4.3, 4.9). This is likely contributing to the patient’s clinical picture. * **Arterial Blood Gas (ABG):** Initial ABG revealed paO2 90 mmHg, paCO2 48 mmHg, HCO3 25 mmol/L, pH 7.32, FiO2 100% and Base Excess -2 mEq/L. These values suggest a respiratory acidosis with hypoxemia, consistent with the acute respiratory failure diagnosis. The high FiO2 initially indicates the need for significant oxygen support. * **Drug Levels:** Vancomycin level was measured at 19.4 mcg/mL. Therapeutic range needs to be considered. * **Bedside Glucose:** A bedside glucose measurement of 74 mg/dL was recorded.

7. Microbiology Tests

NULL (Insufficient information provided in the JSON data.)

8. Physical Examination Results

* **Glasgow Coma Scale (GCS):** A GCS score of 15 (Eyes 4, Verbal 5, Motor 6) was recorded. This indicates a normal level of consciousness. * **Heart Rate:** Lowest heart rate was 91 bpm, highest was 106 bpm. * **Blood Pressure:** Lowest systolic BP was 96 mmHg and highest was 117 mmHg. Lowest diastolic BP was 53 mmHg, highest was 76 mmHg. * **Respiratory Rate:** Lowest respiratory rate was 0 breaths per minute, highest was 29 breaths per minute. * **Oxygen Saturation:** Lowest O2 saturation was 92%, highest was 100%. * **Weight:** Admission weight was 111.3 kg. * **Intake and Output:** Total fluid intake was 25 ml, total output was 0 ml, dialysis net was 0 ml, and total net was +25 ml.

A detailed physical examination would be necessary for a complete clinical picture. The provided data only includes vital signs and GCS.