

****Medical Report for Patient 006-115509****

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

* **Patient Unit Stay ID:** 756295 * **Patient Health System Stay ID:** 584118 * **Unique Patient ID:** 006-115509 *
Gender: Female * **Age:** 63 * **Ethnicity:** Caucasian * **Hospital ID:** 164 * **Ward ID:** 321 * **Unit Type:**
Med-Surg ICU * **Unit Admit Source:** Emergency Department * **Unit Admit Time:** 23:16:00 * **Unit Discharge Time:**
20:02:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:**
22:52:00 * **Hospital Discharge Time:** 06:11:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:**
Expired * **Admission Height:** 157.4 cm * **Admission Weight:** 54.5 kg * **Discharge Weight:** 58 kg * **APACHE
Admission Dx:** Coma/change in level of consciousness (for hepatic see GI, for diabetic see Endocrine, if related to
cardiac arrest, see CV)

****2. History****

NULL (Insufficient information provided in the JSON data.)

****3. Diagnoses****

The patient presented with multiple diagnoses during her ICU stay. The diagnoses, listed in order of priority, were:

* **Primary:** * Acute Myocardial Infarction (no ST elevation): 410.71, I21.4 (ICD-9 code). This diagnosis was recorded 5536 minutes after unit admission and was not active upon discharge. * Obtundation: 780.09, R40.0 (ICD-9 code). This diagnosis was recorded at 1224 minutes and 1425 minutes after unit admission, and again at 16 minutes and 1425 minutes after unit admission. It was also marked as primary at 1425 minutes and 1106 minutes post-admission. This diagnosis was not active upon discharge except at 6142 minutes. * **Major:** * Encephalopathy: 348.30, G93.40 (ICD-9 code). This diagnosis was recorded at 5536 minutes and 3818 minutes after unit admission and again at 4591 minutes. It was also marked as 'other' at 3818 minutes. This diagnosis was not active upon discharge. * Primary Seizure Disorder: 345.90, G40.9 (ICD-9 code). This diagnosis was recorded at 1224 minutes and 1425 minutes after unit admission and again at 1106 minutes and 4591 minutes after unit admission. This diagnosis was also recorded at 16 minutes and 1106 minutes post-admission and remained active upon discharge at 6142 minutes. * Acute Renal Failure: 584.9, N17.9 (ICD-9 code). This diagnosis was recorded at 1224 minutes and 5536 minutes after unit admission and again at 3818 minutes and 4591 minutes post-admission. This diagnosis was not active upon discharge. * Acute Respiratory Failure: 518.81, J96.00 (ICD-9 code). This diagnosis was recorded at 5536 minutes and 3818 minutes after unit admission. This diagnosis was not active upon discharge. * Rhabdomyolysis: 359.89, G72.89 (ICD-9 code). This diagnosis was recorded at 1106 minutes and 1425 minutes after unit admission. This diagnosis was not active upon discharge.

****4. Treatments****

The patient received several treatments during her ICU stay. These included:

* Bicarbonate administration for renal issues. This was administered at 1425 and 3818 minutes post admission. *
Dobutamine administration for cardiovascular ventricular dysfunction. This was administered at 1224, 1425, and 4591
minutes post admission. * Mechanical ventilation for pulmonary issues. This was administered at 16, 1224, 1106, and
4591 minutes post admission.

****5. Vital Trends****

NULL (Insufficient information provided in the JSON data.)

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

The provided lab data includes various blood tests performed at different times during the patient's stay. Significant fluctuations were observed in several key parameters. For example, lactate levels showed a high value of 9.9 mmol/L at -173 minutes, and subsequently decreased to 1.4 mmol/L at 2110 minutes. Troponin-I levels were elevated, reaching 12.1 ng/mL at 611 minutes. Similarly, creatinine levels were elevated, reaching 1.34 mg/dL at 959 minutes. The patient's blood pH was initially low (7.12 at 503 minutes, 7.22 at -178 minutes, 7.29 at 973 minutes), indicating acidosis, but improved to 7.44 at 3631 minutes and 7.46 at 2151 minutes and 7.42 at 5107 minutes. The patient's potassium levels were initially low (2.5 mmol/L at 84 minutes, 2.7 mmol/L at -321 minutes), but increased to 4.2 mmol/L at 959 minutes and 3.9 mmol/L at 5234 minutes. PTT and PT levels were significantly elevated at multiple time points indicating coagulation dysfunction.

****7. Microbiology Tests****

NULL (Insufficient information provided in the JSON data.)

****8. Physical Examination Results****

A structured physical exam was performed at 11 minutes post-unit admission. The Glasgow Coma Scale (GCS) score was recorded as 7 (Eyes: 2, Verbal: 2, Motor: 3). Systolic blood pressure was 131 mmHg, and diastolic blood pressure was 105 mmHg. Admission weight was 54.5 kg.