Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 633866 * **Unique Patient ID:** 006-100375 * **Gender:** Female * **Age:** 26 * **Ethnicity:** African American * **Hospital Admit Time:** 2015, 13:22:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015, 19:46:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015, 16:08:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015, 19:46:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Height (cm):** 157.4 * **Admission Weight (kg):** 54.5 * **Discharge Weight (kg):** NULL

2. History

The provided data does not contain a detailed patient history. More information is needed to complete this section. The admission diagnosis from the patient record indicates airway obstruction (e.g., acute epiglottitis, post-extubation edema, foreign body). Further details regarding the onset, duration, and contributing factors of the airway obstruction are lacking. Similarly, information on any past medical history, family history, social history, or allergies is absent from the data provided. A complete history would include a thorough account of the presenting complaint, relevant past illnesses, surgical procedures, and any medications the patient was taking prior to admission.

3. Diagnoses

* **Diagnosis ID:** 11335810 * **Diagnosis String:** pulmonary|disorders of the airways|upper respiratory obstruction|due to angioedema * **ICD-9 Code:** 478.8, J39.3 * **Diagnosis Priority:** Primary * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 33

The primary diagnosis is upper respiratory obstruction due to angioedema. This is a serious condition that requires prompt medical attention, as it can compromise the patient's airway. The provided ICD-9 codes suggest a possible etiology, but additional diagnostic information would clarify the specific type and severity of the angioedema and the extent of the airway compromise.

4. Treatments

* **Treatment ID:** 23597972 * **Treatment String:** neurologic|pain / agitation / altered mentation|systemic glucocorticoid * **Active Upon Discharge:** True * **Treatment Offset (minutes from unit admit):** 33

The patient received systemic glucocorticoids to manage pain, agitation, or altered mental status. Glucocorticoids are frequently used to treat angioedema, given their anti-inflammatory properties. The specific glucocorticoid used, the dosage, and the response to treatment are not included in the data.

5. Vital Trends

The provided data contains some vital signs from the physical exam: Heart Rate (HR) 100 (current, lowest, and highest values identical), Blood Pressure (BP) systolic 101 (current, lowest, and highest values identical), diastolic 61 (current, lowest, and highest values identical), Respiratory Rate (RR) 17 (current, lowest, and highest values identical), and O2 saturation (SpO2) 99 (current, lowest, and highest values identical). A more comprehensive time series of vital signs (heart rate, blood pressure, respiratory rate, temperature, oxygen saturation) over the course of the ICU stay is missing to assess trends.

6. Lab Trends

The lab results show multiple chemistry and hematology tests performed at -227 minutes and 1097 minutes relative to unit admission. These include glucose, anion gap, calcium, bicarbonate, total protein, ALT, MCHC, MCV, MCH, sodium,

platelets, Hgb, BUN, WBC, RDW, Hct, total bilirubin, creatinine, and lactate. There are discrepancies between the initial and subsequent lab results for several analytes, particularly albumin, bicarbonate, total protein, sodium, and creatinine. Additional lab data points are needed to establish clear trends. The significance of these changes can only be interpreted with more complete data and within the context of the clinical picture.

7. Microbiology Tests

NULL

8. Physical Examination Results

Physical exam data indicates that a structured physical exam was performed. Vital signs recorded at the time of the exam include HR: 100 bpm, systolic BP: 101 mmHg, diastolic BP: 61 mmHg, RR: 17 breaths/min, and SpO2: 99%. A GCS score of 15 (Eyes 4, Verbal 5, Motor 6) was documented. The patient's admission weight was 54.5 kg. A complete physical examination would include a more detailed assessment of all body systems.