Patient Medical History Report

Part 1: Patient Information

* **Patient Unit Stay ID:** 958720 * **Patient Health System Stay ID:** 705670 * **Unique Patient ID:** 006-103364 * **Gender:** Male * **Age:** 34 years * **Ethnicity:** Caucasian * **Hospital ID:** 157 * **Ward ID:** 369 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 00:14:00 * **Unit Admit Source:** Floor * **Unit Visit Number:** 3 * **Unit Stay Type:** Readmit * **Admission Weight:** 126.3 kg * **Discharge Weight:** 108 kg * **Unit Discharge Time:** 04:50:00 * **Unit Discharge Location:** Skilled Nursing Facility * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 22:09:00 * **Hospital Admit Source:** Step-Down Unit (SDU) * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 04:50:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission Height:** 185 cm * **Admission Diagnosis:** Sepsis, unknown

Part 2: History and Diagnoses

History: The provided data does not contain a detailed patient history. Further information is needed to complete this section, including the patient's presenting symptoms, duration of illness, relevant past medical history (including previous hospitalizations, surgeries, allergies, and family history), social history (smoking, alcohol, drug use), and medication history. This information is crucial for understanding the context of the diagnoses and treatments administered. The lack of a comprehensive history limits the ability to fully assess the patient's overall health status and risk factors.

Diagnoses: The patient presented with multiple diagnoses during their ICU stay, indicating a complex clinical picture. The diagnoses listed are:

1. **Primary Diagnosis:** Septic Shock (785.52, R65.21) – This was recorded multiple times throughout the stay, suggesting ongoing management of the septic shock. 2. **Major Diagnoses:** * Cardiomyopathy – This was repeatedly diagnosed, highlighting the severity and persistence of this cardiovascular condition. * Toxic Encephalopathy (349.82, G92) – This neurologic diagnosis was also recorded multiple times, indicating ongoing neurological complications. * ESRD (End-Stage Renal Disease) (585.6, N18.6) – The presence of ESRD is a significant finding, requiring ongoing dialysis and careful monitoring of renal function. This diagnosis was active upon discharge. * Pleural Effusion (511.9, J91.8) – This indicates fluid accumulation in the pleural space, potentially contributing to respiratory distress. * Lower GI Bleeding (578.9, K92.2) – This gastrointestinal diagnosis requires further investigation to determine the cause and appropriate management.

The multiple occurrences of each diagnosis suggest a fluctuating clinical course, requiring ongoing reevaluation and adjustments in treatment strategies.

Part 3: Treatments and Trends

Treatments: The patient received several treatments during their ICU stay, including:

* **Renal:** Hemodialysis (multiple entries, both for chronic renal failure and acute needs). This indicates the importance of renal support in managing ESRD. Hemodialysis was ongoing at discharge. * **Pulmonary:** Endotracheal tube insertion (one entry), mechanical ventilation (multiple entries), and non-invasive ventilation (multiple entries). This reflects the need for respiratory support throughout the stay. * **Cardiovascular:** Vasopressors (multiple entries), including norepinephrine (both above and below 0.1 micrograms/kg/min), indicating management of septic shock and cardiovascular instability. * **Gastrointestinal:** Esophagogastroduodenoscopy (multiple entries), suggesting investigation and management of lower GI bleeding.

The variety and frequency of treatments underscore the severity and complexity of the patient's condition. The combination of diagnoses and treatments points towards a critical illness that necessitated intensive care and multi-organ support.

Vital Trends: NULL (Vital signs data is missing)

Lab Trends: The provided lab data shows multiple tests performed at various time points. The data includes complete blood counts (CBC), blood chemistries (albumin, bicarbonate, total protein, sodium, chloride, BUN, creatinine, glucose, anion gap), and arterial blood gases (ABGs, including pH, PaO2, PaCO2, O2 saturation, and base excess). A detailed analysis of these trends requires a time series visualization (described in section 2) to observe patterns in the changes over time. This would reveal critical information about the patient's response to treatment and the progression of their illness. The absence of a consistent timeline (with multiple tests at different times) makes a full interpretation difficult, but the high number of bedside glucose tests suggests frequent monitoring of glucose levels, probably due to insulin administration.

Microbiology Tests: NULL (Microbiology data is missing)

Physical Examination Results: The patient underwent multiple structured physical examinations. A full exam was performed at admission (including initial weight) and at least one more later in the stay. The late exam included various vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation) along with a GCS score (with several individual scores), reflecting the ongoing assessment and monitoring of the patient's condition during the ICU stay. While the data provides some information, a more comprehensive record of physical findings is needed for a thorough evaluation.