

****Patient Information****

Patient Unit Stay ID: 692382 Unique Patient ID: 006-101038 Gender: Male Age: 74 Ethnicity: Caucasian Hospital Admit Time: 2015-XX-XX 17:34:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 18:19:00 Hospital Discharge Location: Other External Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2015-XX-XX 19:20:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2015-XX-XX 22:59:00 Unit Discharge Location: Step-Down Unit (SDU) Unit Discharge Status: Alive Admission Height: 175 cm Admission Weight: 64 kg Discharge Weight: 64 kg

****Medical History****

NULL (No detailed medical history provided in the input data.)

****Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their priority, and active status upon discharge are detailed below:

* **Primary Diagnosis:** * Diagnosis String: pulmonary|pulmonary infections|pneumonia * ICD-9 Code: 486, J18.9 * Active Upon Discharge: True

* **Major Diagnoses:** * Diagnosis String: pulmonary|disorders of the airways|acute COPD exacerbation * ICD-9 Code: 491.21, J44.1 * Active Upon Discharge: True (one instance), False (multiple instances) * Diagnosis String: renal|electrolyte imbalance|hyponatremia * ICD-9 Code: 276.1, E87.0, E87.1 * Active Upon Discharge: True (one instance), False (multiple instances) * Diagnosis String: pulmonary|respiratory failure|acute respiratory failure * ICD-9 Code: 518.81, J96.00 * Active Upon Discharge: True (one instance), False (multiple instances)

Note that multiple entries exist for some diagnoses, indicating either repeated diagnoses or updates to the diagnosis over time. The `diagnosisoffset` field shows the time from unit admission when each diagnosis was entered. The differing `activeupondischarge` values suggest that some conditions resolved during the hospital stay.

****Treatments****

The patient received the following treatments:

* **Mechanical Ventilation:** * Started at 35 minutes and 333 minutes post unit admission. Not active upon discharge. *

* **Non-Invasive Ventilation:** * Started at 1410 minutes post unit admission. Not active upon discharge.

****Vital Trends****

NULL (No vital sign data provided in the input JSON.)

****Lab Trends****

The following laboratory results were recorded. Note that some tests were performed multiple times:

* **Chemistry Panel:** * Multiple measurements of glucose, BUN, creatinine, sodium, chloride, bicarbonate, and anion gap were taken at various times during the patient's stay. These values will be examined below to determine trends. *

* **Hematology Panel:** * Multiple blood tests, including Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, and WBC, were conducted, providing insights into the patient's hematological status. * **Arterial Blood Gas (ABG):** * Several ABG tests including pH, PaO2, PaCO2, O2 saturation, and base excess were taken at various points. These provide crucial information about respiratory function. * **Miscellaneous:** * Bedside glucose levels were also measured several times

throughout the ICU stay. This was also tested at the time of admission.

****Microbiology Tests****

NULL (No microbiology test data provided in the input JSON.)

****Physical Examination Results****

A structured physical exam was performed. The recorded values include:

* Heart Rate (HR): Current 75 bpm, Lowest 75 bpm, Highest 77 bpm * Blood Pressure (BP): Systolic Current 112 mmHg, Systolic Lowest 100 mmHg, Systolic Highest 112 mmHg; Diastolic Current 65 mmHg, Diastolic Lowest 56 mmHg, Diastolic Highest 65 mmHg * Respiratory Rate: Current 18 breaths/minute, Lowest 18 breaths/minute, Highest 18 breaths/minute * Oxygen Saturation (O2 Sat): Current 100%, Lowest 100%, Highest 100% * FiO2: 40% * PEEP: 5 cm H2O * Ventilator Rate: 18 breaths/minute * Admission Weight: 64 kg * Current Weight: 64 kg * Weight Change: 0 kg * GCS: Total score 15 (Eyes 4, Verbal 5, Motor 6)

The physical exam shows relatively stable vital signs at the time of the examination. More detailed information would be required to determine if the values reflected the patient's condition throughout their stay.