

****Medical Report: Patient 002-10263****

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

***Patient Unit Stay ID:** 205061 ***Patient Health System Stay ID:** 178570 ***Unique Patient ID:** 002-10263 *
Gender: Male ***Age:** 78 ***Ethnicity:** Caucasian ***Hospital ID:** 71 ***Ward ID:** 87 ***Unit Type:** Med-Surg
ICU ***Unit Admit Source:** Operating Room ***Unit Admit Time:** 2014-XX-XX 16:47:00 (Assuming a date is available
but not included in the JSON) ***Unit Discharge Time:** 2014-XX-XX 02:25:00 (Assuming a date is available but not
included in the JSON) ***Hospital Admit Source:** Other Hospital ***Hospital Admit Time:** 2014-XX-XX 16:40:00
(Assuming a date is available but not included in the JSON) ***Hospital Discharge Time:** 2014-XX-XX 19:05:00
(Assuming a date is available but not included in the JSON) ***Hospital Discharge Location:** Home ***Hospital
Discharge Status:** Alive ***Admission Height:** 172.7 cm (Assuming cm is the unit) ***Admission Weight:** NULL *
Discharge Weight: 80.6 kg ***APACHE Admission Diagnosis:** Bleeding-upper GI, surgery for

****2. History****

NULL (Insufficient information provided in the JSON data.)

****3. Diagnoses****

The patient presented with multiple diagnoses, several related to gastrointestinal (GI) bleeding and cardiovascular issues. The primary diagnosis upon discharge was GI bleeding (578.9, K92.2). Other significant diagnoses included:

***GI Bleeding/PUD:** Multiple entries specifying upper and lower GI bleeding, with causes indicated as possible gastric ulcer, arteriovenous malformation, and diverticular disease. Some of these diagnoses were active upon discharge, while others were not. ***Cardiovascular Arrhythmias:** Atrial premature beats (427.61, I49.1) were noted. ***Cardiovascular Vascular Disorders:** Peripheral vascular ischemia was diagnosed. ***Cardiovascular Chest Pain/ASHD:** Coronary artery disease was listed as a Major diagnosis. ***Cardiovascular Ventricular Disorders:** Hypertension (401.9, I10) was recorded.

The temporal relationships between diagnosis entries are not fully clear due to the lack of admission date. All diagnoses were recorded within a short timeframe of each other (within 10 minutes of each other)

****4. Treatments****

NULL (Insufficient information provided in the JSON data.)

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

NULL (Vital signs data is not included in the JSON data. This section would typically include trends in heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation.)

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

The provided lab data shows multiple blood tests performed at different time points during the patient's ICU stay. The most notable trends are in hematological parameters, with fluctuations in Hemoglobin (Hgb), Hematocrit (Hct), and White Blood Cell count (WBC) across several tests. There are also chemistry tests (BUN, creatinine, electrolytes), which show some variability. Serial measurements of several labs were done. The exact pattern of these trends requires further analysis and visualization.

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

NULL (Microbiology test results are not included in the JSON data.)

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

Physical examinations were performed. The initial exam (at 4 minutes post-admission) recorded a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6). Later exams (at 311 minutes post-admission) show current heart rate (HR) of 95, systolic blood pressure (BP) of 154, diastolic BP of 66, and respiratory rate (RR) of 20. The highest recorded HR was 121, systolic BP was 171, diastolic BP was 75, and RR was 35. The lowest recorded values were 95 for HR, 89 for systolic BP, 48 for diastolic BP, and 7 for RR. Oxygen saturation (O2 Sat) was consistently 95% or higher, reaching a maximum of 100%.