\*\*Patient Medical Report\*\*

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

\* \*\*Patient Unit Stay ID:\*\* 472360 \* \*\*Patient Health System Stay ID:\*\* 400737 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 63 \*

\*\*Ethnicity:\*\* African American \* \*\*Hospital ID:\*\* 144 \* \*\*Ward ID:\*\* 267 \* \*\*Admission Diagnosis:\*\* Anemia \* \*\*Admission
Height:\*\* 157.48 cm (Assuming cm) \* \*\*Hospital Admit Time:\*\* 09:15:00 \* \*\*Hospital Admit Source:\*\* Emergency
Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 23:33:00 \* \*\*Hospital Discharge
Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 01:36:00 \*

\*\*Unit Admit Source:\*\* Floor \* \*\*Unit Visit Number:\*\* 2 \* \*\*Unit Stay Type:\*\* readmit \* \*\*Admission Weight:\*\* NULL \*

\*\*Discharge Weight:\*\* 56.5 kg \* \*\*Unit Discharge Time:\*\* 22:57:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Unique Patient ID:\*\* 005-10903

\*\*2. History\*\*

NULL (Insufficient information provided)

\*\*3. Diagnoses\*\*

The patient presented with multiple diagnoses upon admission to the Med-Surg ICU. These included:

\*\*\*Primary Diagnosis:\*\* Acute blood loss anemia (285.1, D62) \* \*\*Major Diagnoses:\*\* \* Sepsis with multi-organ dysfunction (995.92, R65.20) \* Diabetic ketoacidosis (DKA) (250.13, E10.1) \* Metabolic acidosis (normal anion gap) (276.2, E87.2) \* Severe sepsis (995.92, R65.20) \* Severe thrombocytopenia (287.5, D69.6) \* Urinary tract infection (599.0, N39.0) \* Likely bacterial upper urinary tract infection (590.10, N10) \* Acute renal failure (584.9, N17.9) \* Pressor-dependent hypotension (no ICD9 code provided) \* Congestive heart failure (428.0, I50.9) \* Coagulopathy (286.9, D68.9) \* Nutritional deficiency (263.9, E46) \* Metabolic acidosis (uremic acidosis) (276.2, E87.2) \* Metabolic acidosis (ketoacidosis/diabetic) (276.2, E87.2) \* Metabolic acidosis (lactic acidosis) (276.2, E87.2) \* Hospital-acquired pneumonia (486, J18.9) \* Obstructive uropathy (586, N19) \* \*\*Other Diagnoses:\*\* \* Leukocytosis (288.8, D72.829) \* Acute respiratory failure (518.81, J96.00) \* Hypocalcemia (275.41, E83.51) \* Thrombocytopenia (etiology unknown) (287.5, D69.6) \* Constipation (564.00, K59.00) \* Fever (780.6, R50.9) \* Acute pyelonephritis (without renal calculi) (590.10, N10) \* Hypoxemia (799.02, J96.91)

The multiplicity and severity of the diagnoses suggest a complex clinical picture requiring multi-system management.

\*\*4. Treatments\*\*

The patient received a comprehensive treatment regimen addressing her multiple diagnoses. Treatments included:

\* \*\*Respiratory Support:\*\* Non-invasive ventilation \* \*\*Antibacterial Therapy:\*\* Empiric antibacterial coverage, Ceftriaxone, Penicillins, Vancomycin \* \*\*Antiemetic Medication:\*\* Ondansetron \* \*\*Renal Consultations:\*\* Nephrology and Urology consultations \* \*\*Glucose Management:\*\* Continuous insulin infusion, Subcutaneous longer-acting insulin, Sliding scale insulin administration \* \*\*Cardiovascular Management:\*\* Vasopressors (norepinephrine > 0.1 micrograms/kg/min), Transthoracic echocardiography, Cardiology consultation \* \*\*Pain Management:\*\* Bolus and oral parenteral analgesics, Narcotic analgesics \* \*\*Gastrointestinal Management:\*\* Laxatives, Stress ulcer prophylaxis (pantoprazole, oral) \* \*\*Hematology Consultation:\*\* Hematology consultation \* \*\*Infectious Disease Consultation:\*\* Infectious Disease consultation \* \*\*Pulmonary/CCM Consultation:\*\* Pulmonary/CCM consultation \* \*\*Electrolyte Correction:\*\* Calcium administration, Intravenous electrolyte administration \* \*\*VTE Prophylaxis:\*\* Compression boots \* \*\*Bicarbonate Administration:\*\* Sodium bicarbonate

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

NULL (Insufficient information provided)

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

The provided lab data shows multiple lab tests performed at different time points during the patient's stay. Analysis of these trends would require a time-series visualization (see section 2). Key lab values included:

\* \*\*Hematology:\*\* Hemoglobin (Hgb), Hematocrit (Hct), Platelets, White Blood Cells (WBC), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Red Cell Distribution Width (RDW), Reticulocyte count, CD4 \* \*\*Chemistry:\*\* Glucose, Blood Urea Nitrogen (BUN), Creatinine, Albumin, Total protein, Sodium, Potassium, Chloride, Anion gap, Alkaline phosphatase (ALP), Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Magnesium, Phosphate, Haptoglobin, Direct bilirubin, Total bilirubin \* \*\*Miscellaneous:\*\* Bedside glucose, WBC's in urine, Urinary specific gravity

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

Blood and urine cultures were performed. Results are not included in the provided data.

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

The physical exam documented a sinus rhythm, spontaneous respiration, and vital signs. Specific values for heart rate (HR), blood pressure (BP), respiratory rate (RR), and oxygen saturation (O2 Sat) were recorded at various times. A Glasgow Coma Scale (GCS) was performed, with scores available for eyes, motor, and verbal responses. Weight (41.3 kg at admission) and intake and output measurements were also recorded. More detailed analysis requires a complete physical exam report with the time course of the findings.