Medical Report: Patient 003-10465

1. Patient Information

* **Patient Unit Stay ID:** 267196 * **Unique Patient ID:** 003-10465 * **Gender:** Male * **Age:** 55 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015, 14:23:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015, 16:45:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015, 14:25:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015, 22:35:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 136.7 kg * **Discharge Weight:** 137.5 kg * **Admission Height:** 182.9 cm

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

* **Primary Diagnosis:** Sepsis (038.9, A41.9) * Cardiovascular shock/hypotension * Sepsis * **Other Diagnoses:** * Cellulitis of the extremity (682.9, L03.119) * Hypotension (458.9, I95.9)

4. Treatments

* **Aggressive Volume Resuscitation:** More than 250 ml/hr of normal saline was administered intravenously. * **Vancomycin:** This antibiotic was administered.

5. Vital Trends

NULL (No vital signs data was provided in the JSON. To generate this section, time-series data on heart rate, blood pressure, respiratory rate, and oxygen saturation would be needed.)

6. Lab Trends

The provided lab data shows multiple blood tests conducted at different time points during the patient's stay. Analysis would require plotting these results against time. Key lab values include:

* **Hemoglobin (Hgb):** Initial value 12.5 g/dL, later values of 12.0 g/dL, 11.0 g/dL, and 11.2 g/dL. A downward trend is apparent. * **Hematocrit (Hct):** Initial value 37.7%, later values of 35.9%, 33.1%, and 34.1%. A downward trend is also observed here, consistent with the Hgb trend. * **Platelets:** Initial count 221 K/mcL, later values of 181 K/mcL and 165 K/mcL (and 204 K/mcL). The trend shows a reduction in platelet count. * **White Blood Cell Count (WBC):** Initial value 22.0 K/mcL, later values of 12.7 K/mcL and 5.2 K/mcL (and 5.8 K/mcL). A significant decrease in WBC count is notable. * **Electrolytes:** Sodium, potassium, chloride, bicarbonate, calcium, BUN, creatinine, and anion gap were measured at multiple timepoints. These values will need to be analyzed for trends and deviations from normal ranges. * **Lactate:** Initial value of 1.6 mmol/L suggests potential metabolic acidosis at admission. Further data is needed to assess trend. * **Vancomycin Trough:** A level of 13 mcg/mL was recorded. This indicates the medication's level in the blood after a dose is complete. The therapeutic range needs to be checked against this value. * **Other Hematological Parameters:** MCV, MCH, MCHC, RDW, lymphocytes, monocytes, eosinophils, basophils, and polys were all measured with some showing trends or deviations that require further investigation.

7. Microbiology Tests

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

8. Physical Examination Results

The physical exam recorded vital signs at two different timepoints, approximately 21 and 29 minutes post-admission.

* **Blood Pressure (BP):** Systolic BP ranged from 101-102 mmHg, diastolic BP ranged from 50-58 mmHg. * **Heart Rate (HR):** HR was 65 bpm, with no variation between highest and lowest measurements. * **Respiratory Rate:** Respiratory rate was 25 breaths per minute. * **Oxygen Saturation (O2 Sat):** O2 saturation was 96%. * **Weight:** Admission weight was recorded as 127.0058 kg. This differs from the admission weight in the patient data. This discrepancy needs clarification. * **Neurological Examination:** GCS score of 15 (4+5+6) suggests normal neurological function. * **Physical Exam Note:** The physical exam was noted as 'Performed - Structured'.

Note: The discrepancies in weights and the lack of longitudinal vital signs data limit the comprehensive nature of this report. Further data is required for a more thorough assessment.