\*\*Medical Report for Patient 003-10988\*\*

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

\* \*\*Patient Unit Stay ID:\*\* 251111 \* \*\*Patient Health System Stay ID:\*\* 215352 \* \*\*Unique Patient ID:\*\* 003-10988 \* 
\*\*Gender:\*\* Female \* \*\*Age:\*\* 83 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 92 \* \*\*Ward ID:\*\* 143 \* \*\*Unit Type:\*\*

Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2014-XX-XX 18:28:00 \* \*\*Unit Admit Source:\*\* Operating Room \* \*\*Unit Discharge Time:\*\* 2014-XX-XX 16:00:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 10:58:00 \* \*\*Hospital Admit Source:\*\* Operating Room \* \*\*Hospital Discharge Year:\*\* 2014 \* 
\*\*Hospital Discharge Time:\*\* 2014-XX-XX 01:20:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 51.7 kg \* \*\*Discharge Weight:\*\* 51.7 kg \* \*\*Admission Height:\*\* 152.4 cm \* 
\*\*APACHE Admission Dx:\*\* Cancer-colon/rectal, surgery for (including abdominoperineal resections)

\*\*2. History\*\*

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. The APACHE admission diagnosis suggests a recent colorectal surgery, but further details are needed.)

\*\*3. Diagnoses\*\*

The patient presented with multiple diagnoses during her ICU stay:

\* \*\*Primary Diagnosis:\*\* Post-operative surgery for intestinal obstruction (Active upon discharge) \* Diagnosis ID: 5256848 \* Diagnosis Offset: 1096 minutes \* ICD-9 Code: (Missing) \* \*\*Other Diagnoses:\*\* \* Hypothyroidism (Inactive upon discharge): Diagnosis ID: 4478102, 5417057; Diagnosis Offset: 54 minutes, 1096 minutes; ICD-9 Code: 244.9, E03.9 \* Anemia (Active upon discharge): Diagnosis ID: 5191725; Diagnosis Offset: 1096 minutes; ICD-9 Code: (Missing) \* Chronic Kidney Disease (Active upon discharge): Diagnosis ID: 4604216, 5417057; Diagnosis Offset: 54 minutes, 1096 minutes; ICD-9 Code: 585.9, N18.9 \* Post-operative surgery for intestinal obstruction (Inactive upon discharge): Diagnosis ID: 4874548; Diagnosis Offset: 54 minutes; ICD-9 Code: (Missing)

\*\*4. Treatments\*\*

The patient received the following treatments:

\* \*\*Active Upon Discharge:\*\* \* Normal Saline Administration (Renal) \* Bolus Parenteral Analgesics (Neurologic - Pain Management) \* Pantoprazole (Gastrointestinal - Stress Ulcer Treatment) \* Compression Stockings (Cardiovascular - VTE Prophylaxis) \* Subcutaneous Heparin (Cardiovascular - VTE Prophylaxis) \* Wound Care (Surgery) \* Nasal Cannula Oxygen Therapy (<40%) (Pulmonary) \* Narcotic Analgesic (Neurologic - Pain Management) \* Thyroid Hormone (Endocrine) \* Cefoxitin (Infectious Disease) \* Midazolam (Neurologic - Sedation) \* Ondansetron (Gastrointestinal - Antiemetic) \* Physical Therapy Consult (General) \* Lactated Ringer's Administration (Renal) \* \*\*Inactive Upon Discharge:\*\* All other treatments listed were inactive upon discharge.

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

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

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

The provided lab data includes multiple chemistry and hematology tests. These results show fluctuations in various parameters over time. Specific trends require time-series visualization to accurately interpret.

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

NULL (No microbiology test data is included in the JSON.)

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

The physical exam, performed at 13 minutes post-unit admission, indicated the patient was a healthy appearing, well-developed, 83-year-old female who was not in acute distress. The Glasgow Coma Scale (GCS) was scored as 15 (Eyes: 4, Verbal: 5, Motor: 6). Her mental status was normal with appropriate affect. Weight at admission was 51.7 kg. Heart rhythm was described as a regular sinus rhythm. Respiratory mode was spontaneous.

\*\*Note:\*\* Many data points, such as specific lab result times and vital signs are missing from the input and therefore are not included in this report. A more complete dataset is needed for a comprehensive assessment.