Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 514387 * **PatientHealthSystemStayID:** 434956 * **UniquePID:** 005-12042 * **Gender:** Female * **Age:** 81 * **Ethnicity:** Caucasian * **HospitalID:** 140 * **WardID:** 261 * **Unit Type:** Med-Surg ICU * **Admission Height (cm):** 157.5 * **Admission Weight (kg):** 58.8 * **Hospital Admit Time:** 2014-XX-XX 17:22:00 (Hospital admit offset: -192 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 22:10:00 (Hospital discharge offset: 5856 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2014-XX-XX 20:34:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2014-XX-XX 01:36:00 (Unit discharge offset: 1742 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **APACHE Admission Dx:** Bleeding, GI-location unknown

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others resolved during the ICU stay. The diagnoses, along with their priority and ICD-9 codes are listed below:

* **Primary Diagnoses:** * GI Bleeding (578.9, K92.2) - Active upon discharge * GI Bleeding (578.9, K92.2) - Resolved during stay * GI Bleeding (578.9, K92.2) - Resolved during stay * **Major Diagnoses:** * Coagulopathy/Coumadin Administration (286.9, D68.32) - Active upon discharge * Acute Renal Failure due to Hypovolemia (584.9, N17.9) - Active upon discharge * Acute Renal Failure due to Hypovolemia (584.9, N17.9) - Resolved during stay * Controlled Hypertension (401.9, I10) - Active upon discharge * Controlled Hypertension (401.9, I10) - Resolved during stay * Controlled Hypertension (401.9, I10) - Resolved during stay * Hypertension - Resolved during stay * Hyperlipidemia (272.4, E78.5) - Resolved during stay * Hyperlipidemia (272.4, E78.5) - Active upon discharge * Atrial Fibrillation with Controlled Ventricular Response (427.31, I48.0) - Resolved during stay * Atrial Fibrillation with Controlled Ventricular Response (427.31, I48.0) - Active upon discharge * Primary Hypothyroidism (244.9, E03.9) - Active upon discharge * Anemia - Resolved during stay * Acute Blood Loss Anemia (285.1, D62) - Active upon discharge * Acute Blood Loss Anemia (285.1, D62) - Resolved during stay

4. Treatments

The patient received several treatments during her ICU stay. Some treatments continued through discharge, while others were discontinued.

* **Active upon discharge:** * Spironolactone (oral diuretic for ventricular dysfunction) * Verapamil (calcium channel blocker for hypertension) * Levothyroxine (T4, for thyroid disorder) * Oral glucocorticoid administration * Pantoprazole (oral, for stress ulcer prophylaxis) * Ondansetron (antiemetic, serotonin antagonist) * Pulmonary/CCM consultation * Gastroenterology consultation * **Discontinued treatments:** * Packed Red Blood Cells (1-2 units) * Fresh Frozen Plasma * Vitamin K * IV Pantoprazole (for stress ulcer treatment) * IV Pantoprazole (stress ulcer prophylaxis)

5. Vital Trends

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6. Lab Trends

The provided lab data includes multiple blood tests conducted at different time points. Detailed trends require a time series analysis not possible with the current data structure. However, some notable lab values are presented below:

* **Hematology:** Significant variations observed in Hemoglobin (Hgb), Hematocrit (Hct), Platelets, and other blood cell counts over time. Initial values show low Hgb and Hct, suggesting anemia. Subsequent tests indicate improvement in these parameters. * **Chemistry:** Electrolyte imbalances were observed, particularly hyponatremia (low sodium) and potentially hypocalcemia (low calcium), which were observed at the beginning of the ICU stay. Phosphate and magnesium levels were checked and were within normal limits at the time of discharge. BUN and Creatinine levels are noted. Further analysis is needed to define the trends.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

Multiple physical examinations were performed. The patient initially appeared ill-appearing, with an irregular, narrow-complex heart rhythm. Her blood pressure and heart rate fluctuated. Respiratory rate was somewhat elevated. The neurological exam revealed a GCS score of 15 (4, 5, 6), suggesting normal neurological function. Her other physical findings were largely within normal limits.