**Medical Report: Patient 005-10425**

**1. Patient Information**

* **Patient Unit Stay ID:** 486824 * **Unique Patient ID:** 005-10425 * **Gender:** Female * **Age:** 63 * **Ethnicity:** Other/Unknown * **Hospital Admit Time:** 2015-02-38:00 (Hospital Admit Offset: -1737 minutes from unit admit) * **Hospital Admit Source:** Floor * **Hospital Discharge Time:** 2015-02-08:00 (Hospital Discharge Offset: 2553 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 07:35:00 * **Unit Admit Source:** Floor * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 48 kg * **Discharge Weight:** 48.5 kg * **Unit Discharge Time:** 00:12:00 (Unit Discharge Offset: 997 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height:** 152.4 cm * **Admission Diagnosis:** Chest pain, unknown origin

**2. History**

NULL (Insufficient information provided in the JSON data to describe the patient's medical history.)

**3. Diagnoses**

The patient presented with multiple diagnoses upon admission to the Med-Surg ICU. These diagnoses, all marked as 'Other' priority, included:

* **Gastrointestinal:** Abdominal pain, vomiting (ICD-9 codes: 787.03, R11.10) * **Gastrointestinal:** GI bleeding / PUD (ICD-9 codes: 578.9, K92.2) * **Cardiovascular:** Chest pain (ICD-9 codes: 786.50, R07.9) * **Pulmonary:** Aspiration pneumonia (ICD-9 codes: 507.0, J69.0)

The presence of multiple diagnoses suggests a complex clinical picture requiring comprehensive assessment and management.

**4. Treatments**

The patient received various treatments throughout their ICU stay, including:

* Urine, blood cultures * Gastroenterology and Cardiology consultations * Bronchodilator medication * Normal saline intravenous fluid administration * Pantoprazole (stress ulcer prophylaxis) * Penicillins (therapeutic antibacterials)

The specific dosages and administration routes of these medications are not specified in the provided data. The combination of treatments points to a multi-system approach to managing the patient’s conditions.

**5. Vital Trends**

The physical examination recorded vital signs at multiple time points. There is evidence of some fluctuation:

* **Heart Rate (HR):** The recorded HR ranged from 63 to 71 bpm. * **Blood Pressure (BP):** Systolic BP varied from 72 to 115 mmHg, and diastolic BP from 30 to 48 mmHg. * **Respiratory Rate (RR):** RR ranged from 12 to 21 breaths per minute. * **Oxygen Saturation (O2 Sat):** O2 Sat was recorded between 95% and 100%.

More detailed time-series data is needed to determine the trends and patterns in these vital signs.

**6. Lab Trends**

Laboratory results indicate some abnormalities:

* **Hemoglobin (Hgb):** Fluctuated between 10.7 and 12.3 g/dL. A decrease suggests potential blood loss consistent with GI bleeding. * **Hematocrit (Hct):** Showed a similar range of 32.5% - 37%, again suggesting potential blood loss. * **Platelets:** Values varied between 265 and 274 K/uL. This is within the normal range. * **Troponin-I:** Elevated (0.05-0.39 ng/mL), suggesting possible myocardial injury. This requires further investigation. * **CPK-MB:** Elevated (1.5 ng/mL), supporting the possibility of cardiac muscle damage. * **Other labs:** Other chemistry values (e.g., sodium, potassium, chloride, bicarbonate, albumin, total protein, BUN, creatinine, direct and total bilirubin, alkaline phosphatase, ALT, AST, amylase) show some variation, requiring further analysis to determine significance.

Detailed trends over time are essential to ascertain the significance of these lab results.

**7. Microbiology Tests**

The patient underwent urine and blood cultures, suggesting the suspicion of infection. The results of these cultures are not available in the provided data.

**8. Physical Examination Results**

The physical examination described the patient as ill-appearing but not in acute distress. The patient was well developed and had a sinus rhythm. A Glasgow Coma Scale (GCS) score of 15 (4,5,6) was recorded. More detailed descriptions of the physical exam findings are needed for a complete assessment.