Medical Report: Patient 002-13199

1. Patient Information

* **Patient Unit Stay ID:** 190446 * **Unique Patient ID:** 002-13199 * **Patient Health System Stay ID:** 167147 * **Gender:** Female * **Age:** 60 * **Ethnicity:** Caucasian * **Hospital ID:** 61 * **Ward ID:** 120 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 01:30:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 16:53:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 01:20:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 04:20:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height (cm):** 162.6 * **Admission Weight (kg):** 71.66 * **Discharge Weight (kg):** 71.8 * **Admission Diagnosis:** Sepsis, cutaneous/soft tissue

2. History

NULL (Insufficient data provided)

3. Diagnoses

* **Primary:** Sepsis (ICD-9 codes: 038.9, A41.9) * **Major:** Wound infection * **Other:** Deep Vein Thrombosis (DVT)

The patient presented with sepsis as the primary diagnosis, accompanied by a major diagnosis of wound infection and an additional diagnosis of DVT. The timing of these diagnoses suggests a potential causal link between the wound infection and the development of sepsis. The DVT may be a complication of prolonged immobility during the course of treatment for the other conditions, or it may be unrelated. Further information is needed to determine the exact relationships among these diagnoses. The lack of ICD-9 codes for the wound infection and DVT hinders comprehensive coding and analysis.

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

* **Heart Rate (HR):** Current: 105 bpm, Lowest: 105 bpm, Highest: 110 bpm * **Respiratory Rate (RR):** Current: 25 breaths/min, Lowest: 23 breaths/min, Highest: 25 breaths/min * **Oxygen Saturation (O2 Sat):** Current: 96%, Lowest: 96%, Highest: 98%

The vital signs recorded indicate a slightly elevated heart rate and respiratory rate. Oxygen saturation is within the normal range. A continuous monitoring of these parameters throughout the ICU stay would offer a more complete picture of the patient's physiological stability and response to treatment. This snapshot gives limited information. More frequent recordings are required for meaningful trend analysis.

6. Lab Trends

The provided lab data includes multiple blood tests taken at different time points (-330, 570, 1450, 2020, 3500, 6960, 7130 minutes from unit admission). There are multiple instances of the same lab test being conducted at different times, which suggests that the patient's condition was monitored closely and underwent some change. A detailed analysis of these trends requires a time-series visualization to observe the dynamics of each lab result over time. Specific trends, such as changes in complete blood count (CBC) parameters (Hgb, Hct, WBC, platelets), liver function tests (ALT, AST, alkaline phosphatase, total bilirubin, total protein, albumin), renal function tests (BUN, creatinine), and electrolytes (sodium, potassium, chloride, bicarbonate), need to be examined to assess the patient's overall health condition and the effectiveness of treatment interventions. The presence of PT and PT-INR indicate that coagulation status was also monitored and may indicate the patient received anticoagulation therapy. The presence of inflammatory markers such as

CRP further supports the sepsis diagnosis and would require ongoing monitoring. The TSH lab test at the end of the stay may indicate a general assessment of thyroid hormone function, although more context is needed to interpret its significance in the overall picture.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

The physical exam documentation indicates that a structured physical exam was performed. Specific findings include:

* Heart Rate (HR): 105 bpm (current, lowest, and highest values are identical, suggesting only one measurement was recorded) * Respiratory Rate (RR): 25 breaths/min (current, lowest, and highest values are identical, suggesting only one measurement was recorded) * Oxygen Saturation (O2 Sat): 96% (current, lowest, and highest values are identical, suggesting only one measurement was recorded) * Admission Weight (kg): 71.66 * Current Weight (kg): 71.8 * Weight Change (kg): +0.14 * Fluid Balance: Intake 0 mL, Output 500 mL, Net Balance -500 mL * Glasgow Coma Scale (GCS): Score = 15 (Eye 4, Verbal 5, Motor 6)

The GCS score of 15 suggests the absence of neurological impairment. The negative fluid balance suggests that the patient experienced fluid loss, possibly due to the infection, and may have received fluid management therapy. As with vital signs, the limited number of measurements prevents a thorough assessment of the patient's physical condition over time. More frequent physical exam recordings are necessary for comprehensive evaluation.