

****Medical Report: Patient 005-10468****

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

*****Patient Unit Stay ID:** 525046 * **Patient Health System Stay ID:** 443569 * **Unique Patient ID:** 005-10468 ***
****Gender:** Female * **Age:** 38 * **Ethnicity:** Other/Unknown * **Hospital ID:** 144 * **Ward ID:** 267 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 20:03:00 (2015) * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 21:56:00 (2015) * **Unit Discharge Status:** Expired * **Hospital Admit Time:** 17:09:00 (2015) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 22:35:00 (2015) * **Hospital Discharge Status:** Expired * **Admission Weight:** 62 kg * **Discharge Weight:** 62.6 kg * **Admission Height:** 157.5 cm * **Admission Diagnosis:** Nontraumatic coma due to anoxia/ischemia**

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

*****Primary Diagnosis:** Neurologic: Altered Mental Status/Pain/Encephalopathy/Post-Anoxic (ICD-9 codes: 348.1, G93.1)**
*****Major Diagnosis 1:** Pulmonary: Respiratory Failure/Acute Respiratory Failure (ICD-9 codes: 518.81, J96.00) * **Major Diagnosis 2:** Neurologic: Altered Mental Status/Pain/Depression (ICD-9 codes: 311, F32.9) * **Major Diagnosis 3:** Neurologic: Altered Mental Status/Pain/Bipolar Disorder (ICD-9 codes: 296.80, F31.9)**

****4. Treatments****

*****Cardiovascular:** Shock, Vasopressors (Norepinephrine > 0.1 micrograms/kg/min) * **Pulmonary:** Consultations (Pulmonary/CCM consultation) * **Neurologic:** Pain/Agitation/Altered Mentation, Analgesics (Acetaminophen) ***
****Cardiovascular:** Hypertension, ACE Inhibitor (Enalapril, IV) * **Gastrointestinal:** Medications, Antiemetic (Ondansetron) * **Cardiovascular:** Vascular disorders, Anticoagulant administration (Enoxaparin) * **Gastrointestinal:** Medications, Stress Ulcer Prophylaxis (Pantoprazole, IV) * **Neurologic:** Procedures/Diagnostics, Head CT scan ***
****Neurologic:** Consultations, Neurology consultation * **Pulmonary:** Ventilation and Oxygenation, Mechanical Ventilation (Volume Controlled)**

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

NULL (Insufficient information provided. While some vital signs are present in the physical exam, a time series is needed for a trend analysis.)

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

The provided lab data includes multiple blood gas analyses, complete blood counts (CBC), and basic metabolic panels (BMP) at different time points during the patient's ICU stay. Significant findings include:

*****Elevated Liver Enzymes:** Markedly elevated ALT (SGPT) and AST (SGOT) levels suggest significant liver injury. The levels show a peak around 507 minutes from admit time and remain elevated throughout the stay. Further investigation is needed to determine the cause. * **Metabolic Acidosis:** The patient exhibited a significant metabolic acidosis, indicated by low blood pH and bicarbonate levels. Base excess values were substantially negative, indicative of a significant acid-base imbalance. The acidosis appears to improve somewhat after 2536 minutes from admit time. * **Hypoxemia:** Low PaO2 levels initially indicate hypoxemia, this improved after 2536 minutes from admit time. This was likely managed with supplemental oxygen, as reflected in the FiO2 data. * **Hematological Abnormalities:** CBC results show elevated WBC counts, which may reflect an inflammatory response. The patient's platelet count was also low initially, which could contribute to bleeding risk. * **Creatinine:** Creatinine levels were elevated, indicating potential renal impairment. These values are elevated initially and show some improvement during the stay. * **Electrolytes:** Potassium and sodium levels**

fluctuate indicating possible electrolyte imbalances.

Detailed numerical values and time-series analysis will be provided in the CSV data section below.

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

NULL (Insufficient information provided)

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

* **Initial Physical Exam (23 minutes post-admission):** The patient was initially scored with a GCS of 3 (Eyes: 1, Verbal: 1, Motor: 1), indicating severe neurological impairment. Heart rate was 107 bpm (lowest 106, highest 107), respiratory rate was 15/min (lowest 10, highest 15), and blood pressure was 137/102 mmHg (systolic lowest 130, highest 135; diastolic lowest 95, highest 102). Oxygen saturation was 95% (lowest 95%, highest 100%). The patient was ventilated, with a FiO2 of 50% and PEEP of 5 cm H2O, and a vent rate of 16/min. Admission weight was 62 kg. * **Later Physical Exam (4221 minutes post-admission):** The patient remained ventilated. Heart rate was between 56 and 148 bpm. Blood pressure was between 96 and 128 mmHg systolic, and 54 and 93 mmHg diastolic. Respiratory rate was between 0 and 20 breaths per minute. Oxygen saturation was between 72% and 100%. FiO2 was 50% and PEEP was 5 cm H2O; vent rate was 20/min. Current weight was 62.6 kg.