

****Medical Report: Patient 004-10675****

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

*** **Patient Unit Stay ID:** 342371 * **Unique Patient ID:** 004-10675 * **Gender:** Male * **Age:** 21 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 14:48:00 * **Hospital Admit Source:** Operating Room * **Unit Admit Time:** 2015-XX-XX 22:26:00 * **Unit Admit Source:** Operating Room * **Unit Discharge Time:** 2015-XX-XX 18:00:00 * **Unit Discharge Location:** Floor * **Unit Type:** Med-Surg ICU * **Admission Weight:** 86.1 kg * **Admission Height:** 167.1 cm**

****2. History:****

The patient was admitted to the Med-Surg ICU following an appendectomy performed in the operating room. The exact details of the surgical procedure and the perioperative course are not available in this dataset. Further information would be needed to complete a thorough history. The admission diagnosis was appendectomy, and the patient presented with symptoms consistent with acute appendicitis, possibly complicated by perforation and peritonitis. The limited data suggests a relatively straightforward post-operative course. More information is required to provide a comprehensive account of the patient's pre-operative status, including any relevant medical history, family history, or social history. A review of the patient's electronic health record would be necessary to obtain a more complete history. The patient was discharged from the unit to the floor.

****3. Diagnoses:****

*** **Primary:** Acute appendicitis with perforation (540.0, K35.2) * **Primary:** Acute appendicitis with peritonitis (540.0, K35.2) * **Major:** Post-appendectomy * **Major:** Post-exploratory laparoscopy**

The patient's diagnoses are consistent with a surgical intervention for acute appendicitis complicated by perforation and peritonitis. The post-operative diagnoses indicate the nature of the surgical procedure and the likely need for additional management to address the complications. The absence of ICD-9 codes for some diagnoses suggests the possibility of incomplete data entry, which limits the ability to provide a completely accurate diagnostic picture. Further clarification from the medical record is necessary. The severity of the patient's condition is indicated by the multiple primary and major diagnoses listed.

****4. Treatments:****

The patient received the following treatments during their ICU stay:

*** CT scan (pelvis and abdomen) * Metronidazole (antibiotic) * Ondansetron (antiemetic) * Ertapenem (carbapenem antibiotic) * Normal saline administration (IV fluids) * Bolus parenteral analgesics * Nasal cannula oxygen therapy (<40%)**

The treatments administered are consistent with the diagnoses of acute appendicitis, perforation, and peritonitis. Antibiotics are indicated to combat infection, while analgesics are used to manage pain. IV fluids and oxygen therapy are standard supportive measures in the post-operative setting. The use of CT scans reflects the need for diagnostic imaging to assess the extent of the disease and guide treatment decisions. The specific dosages and durations of the medications are not available in this dataset. More detailed information is needed from the patient's medical record to provide a complete account of the treatments received. The treatments listed show a multidisciplinary approach to managing this patient's condition.

****5. Vital Trends:** NULL**

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

The following laboratory results were obtained:

* **Sodium:** 134 mmol/L * **Albumin:** 3.8 g/dL * **Creatinine:** 1.4 mg/dL * **Glucose:** 130 mg/dL * **Hematocrit (Hct):** 42.7% * **Blood Urea Nitrogen (BUN):** 11 mg/dL * **White Blood Cell Count (WBC):** 17.3 K/mcL * **FiO2:** 28% * **Total Bilirubin:** 1.0 mg/dL

The lab results provide a snapshot of the patient's biochemical status at a single point in time. The elevated WBC count suggests an inflammatory response, consistent with the diagnosis of peritonitis. The other laboratory values are within normal ranges, or at least do not indicate severe abnormalities. A more comprehensive trend analysis would require serial laboratory measurements to assess changes over time. Longitudinal data would allow for a more nuanced interpretation of the patient's response to treatment.

7. Microbiology Tests: NULL

8. Physical Examination Results:

* **GCS Score:** 15 (Eyes: 4, Verbal: 5, Motor: 6) * **Weight (kg):** 86.1 * **Heart Rate:** 101 bpm * **Systolic Blood Pressure:** 131 mmHg * **Diastolic Blood Pressure:** 68 mmHg * **Respiratory Rate:** 23 breaths/min * **Oxygen Saturation:** 98% * **FiO2:** 28% * **Respiratory Mode:** Spontaneous

The physical examination reveals a patient with normal neurological function as indicated by the GCS score of 15. The vital signs are relatively stable, although the respiratory rate is slightly elevated. The oxygen saturation is good, although the patient is receiving supplemental oxygen via nasal cannula. The physical exam findings are generally consistent with a post-operative patient recovering from abdominal surgery. More frequent and detailed physical examination data would be needed to establish trends and assess the patient's overall progress. The data is limited to a single point in time, preventing a comprehensive assessment of changes in the patient's condition.