

## **\*\*Medical Report for Patient 004-11678\*\***

### **\*\*1. Patient Information:\*\***

\* \*\*Patient Unit Stay ID:\*\* 403279 \* \*\*Patient Health System Stay ID:\*\* 344634 \* \*\*Unique Patient ID:\*\* 004-11678 \*  
\*\*Gender:\*\* Female \* \*\*Age:\*\* 52 \* \*\*Ethnicity:\*\* African American \* \*\*Hospital ID:\*\* 138 \* \*\*Ward ID:\*\* 195 \* \*\*Unit Type:\*\*  
Med-Surg ICU \* \*\*Admission Time (24-hour format):\*\* 16:21:00 \* \*\*Admission Source:\*\* Emergency Department \*  
\*\*Admission Weight (kg):\*\* 72.7 \* \*\*Discharge Time (24-hour format):\*\* 16:55:00 \* \*\*Discharge Location:\*\* Floor \*  
\*\*Discharge Status:\*\* Alive \* \*\*Hospital Admission Time (24-hour format):\*\* 13:06:00 \* \*\*Hospital Admission Source:\*\*  
Emergency Department \* \*\*Hospital Discharge Time (24-hour format):\*\* 00:42:00 \* \*\*Hospital Discharge Location:\*\* Home  
\* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Height (cm):\*\* 162.5 \* \*\*Discharge Weight (kg):\*\* NULL

### **\*\*2. History:\*\***

The patient was admitted to the Med-Surg ICU from the Emergency Department with a primary diagnosis of lower urinary tract infection and secondary diagnoses of pressure sore, multiple sclerosis, severe hypokalemia, and diabetes mellitus. The admission history indicates a presentation consistent with sepsis, with renal and urinary tract infection involvement. Further details regarding the patient's medical history prior to admission are not available in this data set. The timeline of symptom onset and progression is not explicitly detailed in the provided information.

### **\*\*3. Diagnoses:\*\***

\* \*\*Primary Diagnosis:\*\* Lower Urinary Tract Infection (595.9, N30.9) \* \*\*Major Diagnoses:\*\* \* Burns/Trauma/Pressure Sore (707.00, L89.90) \* Neuromuscular Disorders/Motor Neuropathy/Multiple Sclerosis (340, G35) \* Severe Hypokalemia (< 2.8 mEq/dL) (276.7, E87.8) \* Diabetes Mellitus

### **\*\*4. Treatments:\*\***

The patient received the following treatments during their ICU stay:

\* Acetaminophen (Non-narcotic analgesic for pain/agitation/altered mentation) \* Oral electrolyte correction (Potassium and other electrolytes) \* Omeprazole (Stress ulcer prophylaxis) \* Coumadin (Anticoagulant administration) \*  
Piperacillin/Tazobactam (Therapeutic antibacterial) \* Diazepam (Sedative agent for pain/agitation/altered mentation) \* Oral furosemide (Diuretic) \* Foley catheter (Urinary catheter) \* Telmisartan (Angiotensin II receptor blocker for hypertension)

### **\*\*5. Vital Trends:\*\***

Based on the available physical exam data, the following vital signs were recorded at one point in time: \* \*\*Heart Rate (HR):\*\* 73 bpm (Current, Lowest, Highest) \* \*\*Blood Pressure (BP) Systolic:\*\* 168 mmHg (Current, Lowest, Highest) \*  
\*\*Blood Pressure (BP) Diastolic:\*\* 88 mmHg (Current, Lowest, Highest) \* \*\*Oxygen Saturation (O2 Sat):\*\* 98-99% (Current, Lowest, Highest) \* \*\*Respiratory Rate (Resp):\*\* 17 breaths per minute \* \*\*Respiratory Mode:\*\* Spontaneous \*  
\*\*Glasgow Coma Scale (GCS) Score:\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6)

More detailed vital sign trends over time are needed for a complete analysis. The data provided only shows a single point in time.

### **\*\*6. Lab Trends:\*\***

The following lab results were obtained at one point in time:

\* \*\*Sodium:\*\* 142 mEq/L \* \*\*Glucose:\*\* 90 mg/dL \* \*\*Creatinine:\*\* 1.0 mg/dL \* \*\*BUN:\*\* 15.01 mg/dL \* \*\*Hematocrit (Hct):\*\* 34.4% \* \*\*Total Bilirubin:\*\* 0.5 mg/dL \* \*\*White Blood Cell Count (WBC):\*\* 9.7 K/mcL \* \*\*FiO2:\*\* 21% \*

**Potassium:** 2.6 mEq/L

Longitudinal lab data is required to observe trends and assess the effectiveness of treatment. The current data only reflects a single time point.

**7. Microbiology Tests:** NULL

**8. Physical Examination Results:**

A structured physical exam was performed. The provided data shows a single point in time measurement for vital signs. More comprehensive information on other findings from the physical examination is missing. The GCS score suggests intact neurological function at the time of examination.