

****Medical Report for Patient 005-10693****

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

***Patient Unit Stay ID:** 469890 ***Patient Health System Stay ID:** 398757 ***Gender:** Male ***Age:** 81 *
Ethnicity: Hispanic ***Hospital ID:** 143 ***Ward ID:** 259 ***APACHE Admission Dx:** Bleeding, lower GI *
Hospital Admit Time: 06:27:00 ***Hospital Admit Source:** Emergency Department ***Hospital Discharge Year:**
2014 ***Hospital Discharge Time:** 20:56:00 ***Hospital Discharge Location:** Home ***Hospital Discharge Status:**
Alive ***Unit Type:** Med-Surg ICU ***Unit Admit Time:** 22:07:00 ***Unit Admit Source:** Emergency Department *
Unit Visit Number: 1 ***Unit Stay Type:** admit ***Admission Weight:** 0.5 kg ***Discharge Weight:** NULL ***Unit
Discharge Time:** 00:50:00 ***Unit Discharge Location:** Floor ***Unit Discharge Status:** Alive ***Unique Patient ID:**
005-10693

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

The patient presented with multiple active diagnoses upon discharge:

***Primary Diagnosis:** gastrointestinal|GI bleeding / PUD|lower GI bleeding (ICD-9 codes: 578.9, K92.2) ***Major
Diagnoses:** * pulmonary|respiratory failure|hypoxemia (ICD-9 codes: 799.02, J96.91) * hematology|bleeding and red
blood cell disorders|anemia|acute blood loss anemia (ICD-9 codes: 285.1, D62) * hematology|bleeding and red blood cell
disorders|anemia|anemia of critical illness (ICD-9 codes: 285.9, D64.9) * oncology|GU tumors|renal cell CA|left kidney
(ICD-9 codes: 189.0, C64.9) * gastrointestinal|intestinal disease|enteritis|C. difficile colitis (ICD-9 codes: 008.45, A04.7) *
oncology|chest tumors|metastatic lung CA (ICD-9 codes: 197.0, C78.00)

The diagnoses suggest a complex clinical picture involving respiratory compromise, significant bleeding, anemia related to both blood loss and critical illness, renal cell carcinoma, *C. difficile* colitis, and metastatic lung cancer.

****4. Treatments****

The patient received the following treatments during their ICU stay:

***Gastrointestinal:** Surgery consultation, bleeding scan, Gastroenterology consultation. ***Pulmonary:** Nebulized
bronchodilator, ipratropium, chest x-ray, Pulmonary medicine consultation, Pulmonary/CCM consultation, oxygen therapy
(< 40%) via nasal cannula. ***Cardiovascular:** Normal saline administration, ACE inhibitor, metoprolol (beta blocker). *
Infectious Diseases: Levofloxacin (quinolone), metronidazole, vancomycin. ***Endocrine:** Levothyroxine (T4) (thyroid
hormone), thyroid hormone injection. ***Neurologic:** Lorazepam (sedative agent).

This comprehensive treatment plan addresses the multiple organ systems affected by the patient's conditions, including respiratory support, management of bleeding and anemia, infection control, and pain management.

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

NULL (Insufficient data provided)

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

The provided lab data shows multiple blood tests performed at different time points. There are trends in several key electrolytes and hematologic parameters. Specifically, there is evidence of electrolyte imbalances, including fluctuations in

potassium, sodium, chloride, bicarbonate, and calcium levels. Hemoglobin and hematocrit levels also show some variation throughout the stay, suggesting ongoing blood loss or issues with red blood cell production. Other chemistry values, such as BUN, creatinine, albumin, total protein, ALT, AST, total bilirubin, and direct bilirubin, provide additional information regarding kidney function, liver function, and nutritional status. The multiple blood tests taken over time allow for monitoring changes in these parameters and guiding treatment adjustments. Detailed analysis requires a time-series visualization.

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

NULL (Insufficient data provided)

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

The physical exam documented a GCS score of 15, suggesting normal neurological function. The patient's heart rate ranged from 65 to 79 bpm, and blood pressure was recorded as 172/69 mmHg. Respiratory rate varied from 19 to 23 breaths per minute, and oxygen saturation was 94-95%. The admission weight was recorded as 0.5 kg. The lack of other detailed observations limits the completeness of the physical exam section.

****Conclusion:****

The patient presented with a complex medical history necessitating an ICU stay. While the report provides significant insight into the patient's diagnoses and treatments, additional data is needed to fully evaluate vital and lab trends. Further analysis is recommended to better understand the temporal relationships between the lab results and the patient's overall clinical course.