

****Medical Report: Patient 003-10535****

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

*****Patient Unit Stay ID:** 264276 * **Patient Health System Stay ID:** 227184 * **Unique Patient ID:** 003-10535 ***
****Gender:** Male * **Age:** 37 years * **Ethnicity:** Native American * **Hospital ID:** 92 * **Ward ID:** 143 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 16:04:00 (Assuming a date is available but not provided) ***
****Unit Admit Source:** Floor * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 129.1 kg ***
****Discharge Weight:** 116.2 kg * **Unit Discharge Time:** 2015-XX-XX 06:26:00 (Assuming a date is available but not provided) * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2015-XX-XX 03:18:00 (Assuming a date is available but not provided, calculated from offset) * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 06:20:00 (Assuming a date is available but not provided, calculated from offset) * **Hospital Discharge Location:** Other * **Hospital Discharge Status:** Alive * **Admission Height:** 188 cm (Assuming cm as unit)**

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses, some of which were active upon discharge. The diagnoses listed below do not necessarily reflect order of severity as indicated by the data's `diagnosisPriority` field:

*****Acute Respiratory Failure (518.81, J96.00):** This was listed as both Primary and other diagnosis on multiple occasions. This suggests that respiratory failure was a significant and recurring issue throughout the patient's stay. ***
****Acute Renal Failure (584.9, N17.9):** Listed as Major diagnosis, indicating a serious kidney function impairment. ***
****Hypokalemia (276.8, E87.8):** A Major diagnosis, reflecting low potassium levels in the blood, often associated with other medical conditions. * **Anemia (various types, including anemia of renal disease and multifactorial anemia):** Recorded as Major and Other, indicating a significant blood disorder, likely linked to the renal failure. * **Aspiration Pneumonia (507.0, J69.0):** Listed as both Major and Other, indicating lung infection likely due to aspiration of substances into the lungs. * **Altered Mental Status/Encephalopathy (348.30, G93.40):** This neurologic diagnosis was present throughout the stay. * **Hypotension (458.9, I95.9):** Low blood pressure, potentially contributing to or resulting from other conditions. * **Lower GI Bleeding/PUD (578.9, K92.2):** Bleeding in the lower gastrointestinal tract, potentially related to peptic ulcer disease. * **Alcohol Withdrawal (291.81, F10.239):** Indicates alcohol withdrawal symptoms. * **Transfusion Reaction (999.8, T80.9):** Suggests a reaction to blood transfusions. * **Cardiac Arrest (witnessed, < 15 minutes CPR) (427.5, I46.9):** A serious event indicating heart failure requiring CPR. This was listed on multiple occasions.**

****4. Treatments****

The patient received a variety of treatments, reflecting the complexity of their condition. Treatments include:

*****Mechanical Ventilation:** The patient required mechanical ventilation, suggesting significant respiratory distress. ***
****Oxygen Therapy:** Various levels of oxygen therapy were administered, further emphasizing respiratory issues. ***
****Vasopressors and Inotropic Agents:** These medications were used to support blood pressure and heart function, suggesting circulatory instability. * **Blood Product Administration (Packed Red Blood Cells):** Transfusions were administered, likely in response to the anemia and GI bleeding. * **Octreotide:** This medication is used to treat gastrointestinal bleeding. * **Stress Ulcer Prophylaxis:** Medication to prevent stomach ulcers, a common complication in critically ill patients. * **VTE Prophylaxis (Compression Boots):** Measures to prevent blood clots, a risk in hospitalized patients. * **Psychiatry Consultation:** Consultation with a psychiatrist was requested, likely due to the alcohol withdrawal and/or altered mental status.**

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

NULL (Insufficient data provided)

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

NULL (Insufficient data to present trends. Data needs time series information)

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

NULL (No microbiology data provided)

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

The initial physical exam indicated the patient was ill-appearing, obtunded, and not oriented, with a Glasgow Coma Scale (GCS) score of 7 (1+2+4). Heart rate was 74 bpm, systolic blood pressure was 72 mmHg (lowest) and 82 mmHg (highest), diastolic blood pressure was 36 mmHg (lowest) and 41 mmHg (highest). The patient's respiratory rate was 23 breaths per minute. Oxygen saturation was 96%. The patient's admission weight was 111.584 kg. Subsequent physical exams were not performed. Hematologic labs indicated anemia (low Hemoglobin and Hematocrit) and thrombocytopenia (low platelets).