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**Medical Report: Patient 005-10327**
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\*\*1. Patient Information\*\*

\* \*\*Patient Unit Stay ID:\*\* 431760 \* \*\*Patient Health System Stay ID:\*\* 367809 \* \*\*Unique Patient ID:\*\* 005-10327 \*

\*\*Gender:\*\* Female \* \*\*Age:\*\* 56 \* \*\*Ethnicity:\*\* Hispanic \* \*\*Hospital ID:\*\* 142 \* \*\*Ward ID:\*\* 285 \* \*\*Unit Type:\*\* CTICU

\* \*\*Unit Admit Time:\*\* 02:13:00 \* \*\*Unit Admit Source:\*\* Floor \* \*\*Unit Discharge Time:\*\* 10:09:00 \* \*\*Unit Discharge

Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\* 23:56:00 \* \*\*Hospital Admit Source:\*\* Floor \*

\*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 03:00:00 \* \*\*Hospital Discharge Location:\*\* Home \*

\*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 72.5 kg \* \*\*Discharge Weight:\*\* 72.3 kg \* \*\*Admission Height:\*\* 167.6 cm

\*\*2. History\*\*

NULL (Insufficient data provided)

\*\*3. Diagnoses\*\*

\* \*\*Primary:\*\* Anemia (hematology|bleeding and red blood cell disorders|anemia) \* \*\*Major:\*\* ESRD (end stage renal disease) (renal|disorder of kidney|ESRD (end stage renal disease)), Pain (surgery|altered mental status / pain|pain), Diabetes Mellitus (endocrine|glucose metabolism|diabetes mellitus), Cholecystitis (gastrointestinal|biliary disease|cholecystitis), S/P Cholecystectomy (gastrointestinal|post-GI surgery|s/p cholecystectomy), Leukocytosis (infectious diseases|systemic/other infections|hematological effect of infection|leukocytosis) \* \*\*Other:\*\* Hemorrhage (hematology|bleeding and red blood cell disorders|hemorrhage)

ICD-9 Codes: 585.6, N18.6, 288.8, D72.829

\*\*4. Treatments\*\*

\* Narcotic analgesic (surgery|analgesics /sedatives/ nmbs|analgesics|narcotic analgesic) \* Acetaminophen (surgery|analgesics /sedatives/ nmbs|analgesics|non-narcotic analgesic) \* IV furosemide (renal|medications|intravenous diuretic) \* Transfusion of > 2 units prbc's (hematology|red blood cell disorders|blood product administration) \* Blood culture (peripheral) (infectious diseases|cultures / immuno-assays|cultures) \* Jackson-Pratt drain (surgery|tubes and catheters|surgical drains) \* Compression boots (cardiovascular|vascular disorders|VTE prophylaxis) \* Carvedilol (cardiovascular|hypertension|alpha/beta blocker) \* Pantoprazole (gastrointestinal|medications|stress ulcer prophylaxis) \* Cardiology consultation (cardiovascular|consultations) \* Infectious Disease consultation (infectious diseases|consultations) \* Gastroenterology consultation (gastrointestinal|consultations) \* Sliding scale insulin (endocrine|glucose metabolism|insulin) \* Hemodialysis (renal|dialysis) \* Nephrology consultation (renal|consultations) \* Piperacillin/tazobactam (surgery|infection|therapeutic antibacterials) \* Bolus parenteral analgesics (surgery|analgesics /sedatives/ nmbs|analgesics) \* Losartan (cardiovascular|hypertension|angiotensin II receptor blocker) \* D5 half-normal saline (surgery|intravenous fluids / electrolytes)

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

\* \*\*Heart Rate (HR):\*\* Lowest 85 bpm, Highest 102 bpm, Current 95 bpm \* \*\*Blood Pressure (BP):\*\* Systolic: Lowest 76 mmHg, Highest 98 mmHg, Current 101 mmHg; Diastolic: Lowest 42 mmHg, Highest 55 mmHg, Current 49 mmHg \* \*\*Respiratory Rate (Resp):\*\* Lowest 10 bpm, Highest 32 bpm, Current 16 bpm \* \*\*Oxygen Saturation (O2 Sat):\*\* Lowest 96%, Highest 100%, Current 100%

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

The provided data includes numerous lab results, but lacks the temporal context (time points) necessary to create trends. Therefore, a detailed lab trend analysis is not possible. However, we can observe a range of values for various tests:

\*\*\*Bedside Glucose (mg/dL):\*\* Ranges from 85 to 262 mg/dL, with multiple measurements across the stay. This indicates fluctuations in glucose levels. \* \*\*Hemoglobin (Hgb, g/dL):\*\* Ranges from 5.7 to 9.9 g/dL. This suggests anemia, consistent with the primary diagnosis. \* \*\*Hematocrit (Hct, %):\*\* Ranges from 18.8% to 30.9%. This further supports the anemia diagnosis. \* \*\*White Blood Cell Count (WBC x 1000, K/mcL):\*\* Ranges from 10.6 to 29.04 K/mcL. This shows significant variation and potentially indicates an infectious process, consistent with the leukocytosis diagnosis. \* \*\*Creatinine (mg/dL):\*\* Ranges from 3.87 to 9.6 mg/dL. This is significantly elevated, consistent with the ESRD diagnosis. \* \*\*Potassium (mmol/L):\*\* Ranges from 3.4 to 4.8 mmol/L. This suggests some fluctuation in potassium levels. \* \*\*Other Lab Values:\*\* Numerous other lab values (PT, PTT, INR, MCV, MCH, MCHC, platelets, albumin, total protein, BUN, etc.) are present, but their trends cannot be evaluated without time series data.

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

NULL (Insufficient data provided)

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

The patient was described as obese and ill-appearing but not in acute distress at the time of examination. Vital signs at the time of examination included: HR 95 bpm (range 85-102 bpm), BP 101/49 mmHg (systolic range 76-98 mmHg, diastolic range 42-55 mmHg), respiratory rate 16 bpm (range 10-32 bpm), and O2 saturation 100% (range 96-100%). The Glasgow Coma Scale (GCS) was scored as 15 (E4V5M6). Conjunctivae were non-icteric, lung sounds were clear, heart sounds were normal (S1 and S2), and there was mild pain on palpation of the abdomen (no organomegaly or masses noted). There was no edema present.