

## **\*\*Medical Report - Patient 004-12574\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 351524 \* \*\*Patient Health System Stay ID:\*\* 302154 \* \*\*Unique Patient ID:\*\* 004-12574 \*  
\*\*Gender:\*\* Male \* \*\*Age:\*\* 39 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 125 \* \*\*Ward ID:\*\* 174 \* \*\*Unit Type:\*\*  
Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX 17:19:00 \* \*\*Unit Admit Source:\*\* Step-Down Unit (SDU) \* \*\*Unit Visit  
Number:\*\* 2 \* \*\*Unit Stay Type:\*\* readmit \* \*\*Admission Weight:\*\* 69.9 kg \* \*\*Discharge Weight:\*\* NULL \* \*\*Unit  
Discharge Time:\*\* 2015-XX-XX 19:59:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \*  
\*\*Hospital Admit Time:\*\* 2015-XX-XX 11:28:00 \* \*\*Hospital Admit Source:\*\* Operating Room \* \*\*Hospital Discharge  
Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 21:32:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital  
Discharge Status:\*\* Alive \* \*\*Admission Height:\*\* 170.2 cm \* \*\*APACHE Admission Dx:\*\* ARDS-adult respiratory distress  
syndrome, non-cardiogenic pulmonary edema

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

NULL (Insufficient data provided)

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

The patient presented with multiple diagnoses during their ICU stay. These include:

\* \*\*Primary Diagnoses:\*\* \* ARDS (Acute Respiratory Distress Syndrome): ICD-9 code 518.81, J80. This was the primary diagnosis upon admission to the ICU, indicating its significant impact on the patient's condition. \* ARDS (Acute Respiratory Distress Syndrome): ICD-9 code 518.81, J80. This diagnosis was recorded multiple times, highlighting the ongoing severity of the ARDS. \* s/p Exploratory Laparotomy (Post-operative exploratory laparotomy): This primary diagnosis signifies a surgical intervention, suggesting abdominal complications.

\* \*\*Major Diagnoses:\*\* \* Pneumonia: ICD-9 code 486, J18.9. This secondary infection likely contributed to the severity of the patient's respiratory distress. The diagnosis was recorded multiple times, demonstrating its persistence. \* Diabetes Mellitus: This chronic condition likely contributed to the overall health status and potentially complicated the management of other conditions. Multiple entries reflect ongoing monitoring and management of the diabetes. \* Hypokalemia (Low Potassium): ICD-9 code 276.8, E87.8. Electrolyte imbalances are common in critically ill patients and require close monitoring and correction. \* Hypomagnesemia (Low Magnesium): ICD-9 code 275.2, E83.42. Similar to hypokalemia, this electrolyte imbalance needed careful attention and treatment. \* Acute Respiratory Distress: ICD-9 code 518.82. This diagnosis is closely related to ARDS and further emphasizes the severity of respiratory compromise. \* Pancreatitis: This diagnosis indicates inflammation of the pancreas, potentially linked to the exploratory laparotomy and contributing to the patient's overall critical state. The absence of ICD-9 codes for pancreatitis suggests a lack of complete coding or possibly reliance on clinical judgment instead of coding during the patient's stay. \* Alcohol Withdrawal: ICD-9 code 291.81, F10.239. This substance withdrawal condition would have affected the patient's overall clinical picture and required specific management strategies. \* Peritonitis (due to bowel perforation, spontaneous): This diagnosis indicates inflammation of the peritoneum, a serious abdominal complication likely related to the exploratory laparotomy. The lack of ICD-9 codes in several entries suggests incomplete or delayed coding. \* s/p Exploratory Laparotomy (Post-operative exploratory laparotomy): This diagnosis, recorded multiple times, underscores the ongoing impact of the surgical intervention on the patient's condition.

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

The patient received extensive treatment during their ICU stay. Treatments included:

\* \*\*Respiratory Support:\*\* Oxygen therapy (both >60% and <40%), non-invasive ventilation, and CPAP/PEEP therapy. This highlights the significant respiratory distress the patient experienced. \* \*\*Fluid and Electrolyte Management:\*\* Intravenous administration of fluids (hypotonic and normal saline), potassium, and magnesium. This addresses the electrolyte imbalances noted in the diagnoses. \* \*\*Pain and Sedation Management:\*\* Narcotic and non-narcotic

analgesics, continuous and bolus parenteral analgesics, and lorazepam for sedation. This is critical for managing pain and agitation in ICU patients. \* \*\*Antibiotic Therapy:\*\* Piperacillin/tazobactam and vancomycin. These address the pneumonia and potential bacterial infections. \* \*\*Antifungal Therapy:\*\* Fluconazole. This proactively addresses the risk of fungal infections which is common in critically ill patients. \* \*\*Diabetes Management:\*\* Sliding scale insulin administration. This is essential for managing the patient's diabetes mellitus. \* \*\*VTE Prophylaxis:\*\* Enoxaparin. This preventative measure is crucial for reducing the risk of venous thromboembolism, especially in immobile patients. \* \*\*Diagnostic Procedures:\*\* Chest x-rays and CT scans. These were necessary for monitoring and guiding treatment decisions. \* \*\*Vascular Catheter Placement:\*\* Central venous catheter placement. This facilitates the administration of intravenous medications and fluids. \* \*\*Psychiatry Consultation:\*\* This indicates the need for psychiatric assessment and management of potential psychological effects of the patient's critical illness.

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

NULL (Insufficient data provided)

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

The lab results show fluctuations in several key parameters:

\* \*\*Glucose:\*\* The bedside glucose levels varied significantly throughout the patient's stay, ranging from 59 mg/dL to 266 mg/dL, reflecting the challenges in managing the patient's diabetes. \* \*\*Potassium:\*\* Potassium levels ranged from 3.1 mmol/L to 4.5 mmol/L, illustrating the need for close monitoring and appropriate potassium supplementation. \* \*\*Magnesium:\*\* Magnesium levels varied from 1.3 mg/dL to 1.9 mg/dL, indicating the importance of magnesium supplementation to correct hypomagnesemia. \* \*\*Hemoglobin (Hgb) and Hematocrit (Hct):\*\* These values show a consistent pattern of low Hgb and Hct levels, suggesting anemia, potentially due to blood loss or other factors. This indicates that further investigation into the cause of the anemia is necessary. \* \*\*Blood Cell Counts:\*\* The complete blood count (CBC) results show variability in white blood cell (WBC), lymphocyte, monocyte, polymorphonuclear leukocyte (polys), and band counts. These fluctuations reflect the patient's response to infection and inflammation. \* \*\*Blood Chemistries:\*\* BUN and creatinine levels show some variation, suggesting potential fluctuations in renal function. These values reflect the patient's response to medication and disease processes. \* \*\*Arterial Blood Gases (ABGs):\*\* Measurements such as pH, PaO<sub>2</sub>, PaCO<sub>2</sub>, and base excess indicate the severity of the patient's respiratory acidosis and its response to treatment. The wide range of values suggests an evolving clinical picture.

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

NULL (Insufficient data provided)

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

At one point during the ICU stay (120 minutes post-admission), the following physical exam values were recorded:

\* \*\*Heart Rate (HR):\*\* Current 107 bpm, lowest 106 bpm, highest 111 bpm. \* \*\*Oxygen Saturation (O<sub>2</sub> Sat%):\*\* Current 95%, lowest 93%, highest 96%. \* \*\*Blood Pressure (BP):\*\* Systolic 111 mmHg, Diastolic 62 mmHg. \* \*\*Respiratory Rate:\*\* 25 breaths per minute. \* \*\*Glasgow Coma Scale (GCS):\*\* Scored. The individual components of the GCS (Eye, Verbal, Motor) were recorded as 4, 4, and 6 respectively, suggesting a level of altered consciousness. \* \*\*Respiration Mode:\*\* Spontaneous. \* \*\*Weight:\*\* 69.9 kg. \* \*\*I&O:\*\* Urine output 1450 ml, total intake 0 ml, total net -1450 ml. \* \*\*FiO<sub>2</sub>: 100%

This report is generated based on the provided data. Additional data, such as detailed medical history and progression of vital signs and lab results over time, would allow for a more comprehensive assessment.