

****Medical Report for Patient 006-10190****

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

****Patient Unit Stay ID:**** 827084 ****Unique Patient ID:**** 006-10190 ****Gender:**** Female ****Age:**** 78 ****Ethnicity:**** Caucasian ****Hospital Admit Time:**** 2014-XX-XX 00:09:00 ****Hospital Discharge Time:**** 2014-XX-XX 03:30:00 ****Hospital Discharge Status:**** Expired ****Unit Type:**** Med-Surg ICU ****Unit Admit Time:**** 2014-XX-XX 00:13:00 ****Unit Admit Source:**** Operating Room ****Unit Discharge Time:**** 2014-XX-XX 16:19:00 ****Unit Discharge Status:**** Alive ****Admission Weight:**** 69.5 kg ****Admission Height:**** 162.6 cm

****2. History****

The patient was admitted to the Med-Surg ICU from the Operating Room following an exploratory laparotomy. The admission diagnosis was GI obstruction requiring surgery, including lysis of adhesions. Additional diagnoses included acute respiratory failure. The patient's respiratory status was a major concern, necessitating mechanical ventilation. The exact details of the surgical procedure, including specifics about the GI obstruction and the extent of the adhesions, are not provided in the available data. Further details regarding the patient's pre-operative condition, including any comorbidities or prior medical history, are also unavailable. The timeline of events leading up to the surgery is not explicitly documented. Information on the patient's family history and social history is also missing. A complete understanding of the patient's history requires access to additional medical records beyond the ICU stay data provided. The patient's hospital stay ended in death. The reason for death is not included in the provided data. More information is needed to fully understand the patient's history.

****3. Diagnoses****

****Primary:**** gastrointestinal|post-GI surgery|s/p exploratory laparotomy (recorded twice, at 22 and 983 minutes post-unit admission) ****Major:**** pulmonary|respiratory failure|acute respiratory failure (recorded twice, at 22 and 983 minutes post-unit admission). ICD-9 codes 518.81 and J96.00 were associated with this diagnosis.

****4. Treatments****

****Gastrointestinal:**** exploratory laparotomy (at 22 and 983 minutes post-unit admission) ****Pulmonary:**** mechanical ventilation (at 22 and 983 minutes post-unit admission) ****Renal:**** normal saline administration (fluid bolus, at 321 minutes post-unit admission)

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

NULL. Vital sign data is not included in the provided dataset.

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

The provided lab data shows multiple blood tests performed at different time points during the ICU stay. Several chemistries and hematology parameters were monitored, including: sodium, potassium, chloride, bicarbonate, anion gap, BUN, creatinine, albumin, total protein, total bilirubin, ALT (SGPT), AST (SGOT), glucose, RBC, Hct, Hgb, MCV, MCH, MCHC, platelets, RDW, and arterial blood gas (ABG) parameters (paO2, paCO2, pH, Base Excess, FiO2, TV and PEEP). However, the exact time series data for these values is not directly available. Trend analysis would require more structured time-series data.

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

NULL. Microbiology test results are not provided in this dataset.

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

* A structured physical exam was performed (at 14 minutes post unit admission). * Blood pressure (systolic) was recorded as 170 mmHg (Current, Highest, and Lowest). * Blood pressure (diastolic) was recorded as 79 mmHg (Current, Highest, and Lowest). * Admission weight: 69.5 kg. * Glasgow Coma Scale (GCS) score: scored 15 (Eyes: 4, Verbal: 5, Motor: 6)