Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 356684 * **UniquePID:** 004-11402 * **Gender:** Male * **Age:** 88 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 18:34:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 01:00:00 * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 19:10:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 01:00:00 * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Admission Weight:** 77.11 kg * **Admission Height:** 162.5 cm

2. History

The patient was admitted to the hospital via the Emergency Department with a primary diagnosis of GI bleeding of unknown location. The patient presented with symptoms consistent with significant blood loss, resulting in acute blood loss anemia. Concurrently, the patient exhibited signs of cardiovascular compromise, primarily atrial fibrillation and hypotension requiring pressor support. The exact timeline of symptom onset prior to admission is not explicitly stated in the data. The patient's medical history prior to this admission is unavailable in the provided data.

3. Diagnoses

The following diagnoses were recorded during the patient's ICU stay:

* **Primary:** * GI bleeding (ICD-9: 578.9, K92.2) - Active upon discharge. * **Major:** * Acute blood loss anemia (ICD-9: 285.1, D62) - Active upon discharge. * Atrial fibrillation (ICD-9: 427.31, I48.0) - Active upon discharge. * Hypotension/pressor dependent - Active upon discharge. * **Other:** * Hypotension/pressor dependent

Multiple entries for the same diagnosis exist, potentially reflecting repeated assessments or updates to the diagnosis throughout the patient's stay. The absence of ICD-9 codes for some diagnoses limits the precision of diagnostic categorization.

4. Treatments

The patient received a comprehensive range of treatments, including:

* **Fluid resuscitation:** Normal saline boluses were administered. Multiple transfusions of packed red blood cells and platelet concentrates were given to address the acute blood loss anemia. * **Vasopressor support:** Norepinephrine was used to manage hypotension. * **Electrolyte correction:** Intravenous administration of potassium and calcium was undertaken. * **Gastrointestinal management:** Stress ulcer prophylaxis (pantoprazole IV) and antiemetics (diphenhydramine) were administered. * **Respiratory support:** Nasal cannula oxygen therapy was provided. * **Diagnostic imaging:** Chest x-rays were performed.

The timing of treatments is indicated by the `treatmentoffset` values, showing a dynamic approach to treatment based on the patient's evolving condition. The `activeupondischarge` status indicates which treatments were ongoing at the time of discharge.

5. Vital Trends

NULL (Insufficient data to generate vital trends.)

6. Lab Trends

The following lab results were available:

* **BUN:** 23 mg/dL * **Total Bilirubin:** 0.3 mg/dL * **Sodium:** 150 mEq/L * **Albumin:** 0.8 g/dL * **WBC x 1000:** 52.4 K/mcL * **Creatinine:** 1.0 mg/dL * **Hct:** 9.6% * **Hgb:** 2.7 g/dL * **Glucose:** 185 mg/dL

These values were obtained at -103 minutes from unit admission. Revised values were entered at +86 minutes, but the specific values are not provided. Further lab data is needed to establish trends over time.

7. Microbiology Tests

NULL (No microbiology test data provided.)

8. Physical Examination Results

Physical examination findings at 88 minutes post-unit admission included:

* **Heart Rate (HR):** 80 bpm * **Blood Pressure (BP):** 99/58 mmHg * **Respiratory Rate:** 17 breaths/min * **Oxygen Saturation (SpO2):** 95% * **FiO2:** 22% * **Respiratory Mode:** Spontaneous * **Glasgow Coma Scale (GCS):** 11 (Eye 3, Verbal 4, Motor 4)

The GCS score of 11 suggests moderate impairment of neurological function. The low Hgb and Hct values (from the lab results) are consistent with the diagnosis of acute blood loss anemia. Other physical exam data is required to give a more complete picture.