

****Medical Report for Patient 006-101785****

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

* **Patient Unit Stay ID:** 608375 * **Patient Health System Stay ID:** 495524 * **Unique Patient ID:** 006-101785 *
Gender: Male * **Age:** 57 * **Ethnicity:** Caucasian * **Hospital ID:** 155 * **Ward ID:** 362 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 16:07:00 (Assuming a date is available in the omitted data) * **Unit
Admit Source:** Acute Care/Floor * **Unit Discharge Time:** 2015-XX-XX 20:34:00 (Assuming a date is available in the
omitted data) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission
Weight:** 102.8 kg * **Discharge Weight:** 112.9 kg * **Admission Height:** 177.9 cm (Assuming cm is the unit) *
Hospital Admit Time: 2015-XX-XX 00:00:00 (Assuming a date is available in the omitted data, calculated from offset) *
Hospital Admit Source: PACU * **Hospital Discharge Time:** 2015-XX-XX 22:16:00 (Assuming a date is available in
the omitted data, calculated from offset) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive *
APACHE Admission Dx: Sepsis, GI

****2. History****

NULL (Insufficient information provided in the JSON data to describe the patient's medical history.)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses, both present at admission and discharge, were:

* **Gastrointestinal|post-GI surgery|s/p exploratory laparotomy:** This indicates a post-operative condition following exploratory laparotomy (abdominal surgery). The lack of ICD-9 codes suggests further details may be present in the patient's chart. It is noteworthy that this diagnosis was active upon discharge. * **Pulmonary|respiratory failure|hypoxemia:** This diagnosis points to respiratory failure and low blood oxygen levels (hypoxemia). ICD-9 codes 799.02 and J96.91 were recorded for this diagnosis. This diagnosis was also active upon discharge.

Multiple entries for both diagnoses suggest ongoing assessment and potential fluctuations in severity throughout the ICU stay.

****4. Treatments****

The patient received the following treatments during their ICU stay:

* **Mechanical Ventilation:** The patient required mechanical ventilation to support their breathing, indicating the severity of their respiratory issues. This treatment was not active upon discharge. * **Exploratory Laparotomy:** This surgical procedure was performed, consistent with their gastrointestinal diagnosis. This treatment was active upon discharge. *
Non-invasive Ventilation: The use of non-invasive ventilation suggests an attempt to manage respiratory issues before resorting to full mechanical ventilation. This was not active upon discharge.

The duration and specific parameters of these treatments are not detailed in the provided data.

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

NULL (While some vital signs are present in Physical Exam, continuous time-series data are needed for trends.)

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

The provided lab data represents a snapshot in time, rather than a time series. Therefore, trends cannot be definitively established without more complete data. However, the results show:

* **Hematology:** The patient's Hemoglobin (Hgb) was 11.5 g/dL, Hematocrit (Hct) was 33.7%, Red Blood Cell count (RBC) was 4.09 M/mcL, Mean Corpuscular Volume (MCV) was 82 fL, Mean Corpuscular Hemoglobin Concentration (MCHC) was 34.1 g/dL, Mean Platelet Volume (MPV) was 11 fL, and Platelets were 244 K/mcL. These values indicate a need for further analysis to determine if they fall within normal ranges for the patient, and if any trends exist over time. *
* **Chemistry:** Blood urea nitrogen (BUN) was 16 mg/dL, Creatinine was 0.64 mg/dL, Chloride was 108 mmol/L, Albumin was 2.4 g/dL, Total Protein was 5.3 g/dL, Calcium was 8 mg/dL, Potassium was 4.4 mmol/L, Sodium was 141 mmol/L, Glucose was 122 mg/dL, Total Bilirubin was 1.3 mg/dL, AST (SGOT) was 15 Units/L, ALT (SGPT) was 22 Units/L, Alkaline Phosphatase was 44 Units/L, and Anion Gap was 6. Again, further data is needed to establish trends. *
* **Arterial Blood Gas (ABG):** There are multiple ABG results from different time points. The data shows variations in pH (7.386 and 7.306), PaCO₂ (36.9 mmHg and 46.4 mmHg), PaO₂ (72.3 mmHg and 91.9 mmHg), HCO₃ (22.3 mmol/L and 21.5 mmol/L), O₂ Saturation (94.5% and 96.4%), FiO₂ (0.8%, 45%, and 100%), PEEP (8 cm H₂O and 10 cm H₂O), and Base Excess (-2.4 mEq/L and -3.5 mEq/L). These variations underscore the need for a time-series analysis to assess respiratory status changes. *
* **Miscellaneous:** Bedside glucose levels were measured at 105, 107, and 111 mg/dL and Lactate was measured at 2.1 mmol/L and 2.6 mmol/L.

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

NULL (No microbiology test results are included in the provided JSON data.)

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

Physical exams were performed at multiple time points. The recorded values include heart rate (HR), blood pressure (BP), respiratory rate (Resp), oxygen saturation (O₂ Sat%), FiO₂, PEEP, and weight. These values, however, are only snapshots and lack the complete picture needed for trend analysis. A GCS score of 15 was recorded in the initial exam, and the patient's weight increased by 10.1 kg during the unit stay.

The detailed path strings within the physical exam data provide a structured way to categorize the results, but require more context to interpret fully. Note that most of the measurements were repeated on multiple occasions, indicating ongoing monitoring of the patient's condition.