

## **\*\*Medical Report - Patient 002-1015\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 202707 \* \*\*Patient Health System Stay ID:\*\* 176710 \* \*\*Unique Patient ID:\*\* 002-1015 \*  
\*\*Gender:\*\* Female \* \*\*Age:\*\* 78 years \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 73 \* \*\*Ward ID:\*\* 100 \* \*\*Unit Type:\*\*  
Neuro ICU \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Admit Time:\*\* 04:22:00 \* \*\*Unit Discharge Time:\*\*  
04:05:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Source:\*\* Direct Admit \*  
\*\*Hospital Admit Time:\*\* 04:22:00 \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 23:25:00 \* \*\*Hospital  
Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 50.6 kg \* \*\*Discharge  
Weight:\*\* 67.6 kg \* \*\*Admission Height:\*\* 157.5 cm \* \*\*APACHE Admission Diagnosis:\*\* Head only trauma

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

NULL (Insufficient data provided)

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

The patient presented with multiple diagnoses during her ICU stay. The primary diagnoses, entered 18 minutes after unit admission, were intracranial injury with subdural hematoma (ICD-9 codes: 852.20, S06.5) and intracranial injury with subarachnoid hemorrhage (ICD-9 codes: 852.00, S06.6). A major diagnosis was thrombocytopenia (ICD-9 codes: 287.5, D69.6), also entered at 18 minutes post-admission, and recorded again at 739 and 2155 minutes post-admission. Other major diagnoses included hypotension (458.9, I95.9) and bradycardia, both recorded at 739 minutes and again at 2155 minutes post-admission. Additional diagnoses recorded were hepatic dysfunction with cirrhosis (ICD-9 codes: 571.5, K74.60) and diabetes mellitus, with multiple entries at various time points during the stay. The diagnoses of thrombocytopenia, diabetes mellitus, and both hypotension entries were still active upon discharge from the unit. The timing of diagnosis entries suggests a complex presentation involving multiple organ systems. The negative offset for two diagnoses (intracerebral hemorrhage and subdural hematoma) suggests that these may have been pre-existing conditions.

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

NULL (Insufficient data provided)

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

NULL (Insufficient data provided. Data on heart rate, blood pressure, respiratory rate, and oxygen saturation would be needed.)

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

The provided lab data shows multiple blood tests performed at various time points during the patient's stay, including complete blood counts (CBCs) with differential, blood chemistry panels, and bedside glucose measurements. The CBCs reveal fluctuations in several parameters, including WBC, Hgb, Hct, MCV, MCH, MCHC, platelets, and RDW. The bedside glucose levels show significant hyperglycemia. Trends in these lab values over time would require visualization to identify patterns and correlations with the patient's diagnoses and clinical course.

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

NULL (Insufficient data provided)

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

A structured physical exam was performed at 4 minutes post-admission. The exam included recording vital signs (heart rate, blood pressure, oxygen saturation), and a Glasgow Coma Scale (GCS) score (Eyes: 4, Verbal: 5, Motor: 6). The heart rate was recorded as 56 bpm, and the systolic blood pressure as 161 mmHg, and the diastolic as 60 mmHg. Oxygen saturation was 100%. The GCS score of 15 indicates that the patient was alert and oriented at the time of the examination.