**Medical Report for Patient 003-1599**

**1. Patient Information**

* **Patient Unit Stay ID:** 263279 * **Unique Patient ID:** 003-1599 * **Gender:** Male * **Age:** 83 * **Ethnicity:** NULL * **Hospital Admission Time:** 2014-XX-XX 15:39:00 * **Hospital Discharge Time:** 2014-XX-XX 15:35:00 * **Hospital Discharge Status:** Expired * **Hospital Admit Source:** Floor * **Hospital Discharge Location:** Death * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 13:01:00 * **Unit Admission Source:** Floor * **Unit Discharge Time:** 2014-XX-XX 15:35:00 * **Unit Discharge Status:** Expired * **Unit Discharge Location:** Death * **Admission Weight:** 78.7 kg * **Discharge Weight:** 78.7 kg * **Admission Height:** 175.3 cm

**2. History**

Admission history indicates the patient was admitted from the floor with a primary diagnosis of Cardiac arrest (with or without respiratory arrest). Further details regarding the patient's medical history prior to this ICU admission are not provided in the available data. The patient's unit stay was characterized by a number of secondary diagnoses, including anemia, fever, septic shock, thrombocytopenia, chronic renal insufficiency, primary lung cancer, and cardiac arrest (witnessed, <15 minutes CPR and initial rhythm: pulseless electrical activity), as well as leukocytosis. This suggests a complex clinical picture with multiple organ system involvement. More detailed information about the patient's history, including family history and social history, is needed for a comprehensive assessment. The lack of specific details on the onset and progression of symptoms hinders a complete understanding of the patient's illness trajectory. Additional information is required regarding the patient's past medical encounters, surgical procedures, and medication use to provide a more detailed history. The timeline of events leading to the cardiac arrest is also crucial and unavailable in this dataset.

**3. Diagnoses**

The patient presented with a complex array of diagnoses. The primary diagnosis was cardiac arrest, however, several secondary diagnoses were concurrently active upon discharge. These include:

* **Hematology:** Anemia, Thrombocytopenia, Leukocytosis * **Infectious Diseases:** Fever, Septic Shock * **Renal:** Chronic Renal Insufficiency * **Oncology:** Primary Lung Cancer * **Cardiovascular:** Cardiac Arrest (witnessed, <15 minutes CPR; initial rhythm: pulseless electrical activity)

The ICD-9 codes are partially missing, preventing a complete diagnostic picture. The absence of ICD-9 codes limits the ability to conduct accurate epidemiological analysis and further complicates the understanding of the patient's diagnoses. More granular and comprehensive diagnostic information is required for a thorough analysis. The temporal relationship between these diagnoses is unclear; further investigation into the order of diagnosis entry could help establish a potential causal sequence. The diagnosis priorities are all listed as “Other”, indicating that none were deemed primary or major in the initial assessment. This needs further clarification within the clinical record.

**4. Treatments**

The patient received a multi-faceted treatment regimen targeting multiple organ systems. Specific treatments included:

* **Infectious Diseases:** Vancomycin, Piperacillin/Tazobactam, Fluconazole * **Cardiovascular:** Phenylephrine, Epinephrine, Norepinephrine, Potassium, Magnesium * **Renal:** Sodium Bicarbonate * **Gastrointestinal:** Pantoprazole, TPN * **Hematology:** Packed Red Blood Cells, Platelet Concentrate * **Diagnostics:** Urine Culture, Blood Culture

The specific dosages and routes of administration for these medications are not specified. The effectiveness of each treatment requires further investigation within the complete clinical record. The duration of each treatment is also missing, which is critical for assessing their overall impact. Further information about supportive care measures, such as respiratory support, is needed to provide a comprehensive overview of the patient's treatment.

**5. Vital Trends** NULL

**6. Lab Trends**

The available lab data shows the following:

* **Hemoglobin (Hgb):** 7.3 g/dL (initial) and 7.9 g/dL (later), indicating anemia. * **Hematocrit (Hct):** 21.6% (initial) and 22.1% (later), consistent with anemia. * **Mean Corpuscular Volume (MCV):** 81 fL (initial) and 83 fL (later), suggesting normocytic anemia. * **Mean Corpuscular Hemoglobin Concentration (MCHC):** 33.7 g/dL (initial) and 35.7 g/dL (later), indicating normochromic anemia. * **Mean Corpuscular Hemoglobin (MCH):** 28.2 pg (initial) and 28.8 pg (later). * **Platelets:** 50 K/mcL (initial) and 28 K/mcL (later), showing thrombocytopenia. * **White Blood Cell Count (WBC):** 48.3 K/mcL (initial) and 23.1 K/mcL (later), indicating leukocytosis. * **Prothrombin Time (PT):** 20.2 sec (initial) * **Prothrombin Time-International Normalized Ratio (PT-INR):** 1.7 (initial) * **Partial Thromboplastin Time (PTT):** 67.7 sec (initial) * **Red Blood Cell Count (RBC):** 2.59 M/mcL (initial) and 2.74 M/mcL (later). * **Red Cell Distribution Width (RDW):** 15.2% (initial) and 15% (later).

The data indicates multiple abnormalities consistent with the diagnosed hematologic issues. A temporal analysis of these lab values is necessary to assess trends over the course of the ICU stay. Complete blood count values were assessed on two occasions, with significant variations observed in multiple indicators.

**7. Microbiology Tests** NULL

**8. Physical Examination Results**

The physical examination documented the following:

* **Heart Rate (HR):** 75-95 bpm (range), irregular rhythm. * **Blood Pressure (BP):** 30/2 mmHg (low point), 64/29 mmHg (current), 150/60 mmHg (high point) – indicating significant hemodynamic instability. * **Respiratory Rate:** 32-47 breaths/min (range). * **Oxygen Saturation (O2 Sat):** 66-82% (range). * **Weight:** 78.7 kg (admission and discharge). * **Fluid Balance:** 0 mL net (intake and output). * **Neurological Status:** Coma, GCS 1-4-4, unable to assess orientation, calm affect. The patient was ill-appearing and ventilated.

**The information provided is limited. The absence of vital signs trends and complete microbiology results, and the sparse nature of some data fields, prevents a truly comprehensive report.**