

## **\*\*Medical Report: Patient 004-12574\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 351526 \* \*\*Unique Patient ID:\*\* 004-12574 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 39 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 11:28:00 \* \*\*Hospital Admit Source:\*\* Operating Room \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 21:32:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX 02:45:00 \* \*\*Unit Admit Source:\*\* Operating Room \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 17:10:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 72.6 kg \* \*\*Admission Height:\*\* 170.2 cm

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

Admission history indicates the patient was admitted from the operating room following a GI perforation/rupture requiring surgery. The patient presented with symptoms consistent with acute pancreatitis and was also diagnosed with diabetes mellitus. Further details regarding the presenting symptoms, duration of symptoms prior to admission, and family history are not available in the provided data. A complete medical history from external sources would be necessary to provide a more comprehensive assessment. The patient's pre-operative status and the specifics of the surgical procedure undertaken are also missing from the provided data. More information is needed to fully understand the patient's history leading up to this ICU admission.

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

\* \*\*Primary Diagnosis:\*\* Post-GI surgery (s/p exploratory laparotomy) \* \*\*Major Diagnoses:\*\* Pancreatitis, Diabetes Mellitus

The diagnoses were recorded 26 and 82 minutes after the patient's ICU admission. The absence of ICD-9 codes limits the precision of diagnostic categorization. The available information suggests a complex clinical picture involving post-surgical complications, pancreatitis, and diabetes, indicating potential interactions between these conditions that warrant further investigation.

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

The patient received a range of treatments during their ICU stay, including:

\* \*\*Analgesics/Sedatives/NMBA:\*\* Narcotic analgesic and lorazepam were administered. The specific dosages and durations are unavailable. \* \*\*Antiemetics:\*\* Ondansetron was administered. Dosage and frequency information is not included. \* \*\*Antibiotics:\*\* Vancomycin was administered. Details on the dosage regimen and duration are absent. \* \*\*Intravenous Fluids:\*\* Hypotonic fluid administration was implemented. The specific fluids, volumes, and rates are unspecified. \* \*\*Oxygen Therapy:\*\* Nasal cannula oxygen therapy was provided (less than 40%). Flow rates and duration are not available. \* \*\*Foley Catheter:\*\* A Foley catheter was placed. Removal time is not specified. \* \*\*Blood Cultures:\*\* Blood cultures were obtained. Results are not included in the dataset. \* \*\*CT Scan:\*\* A CT scan was performed. The findings of the CT scan are not provided. \* \*\*Continuous Parenteral Analgesics:\*\* The specifics of the medication used and the administration schedule are missing.

The treatments administered suggest a multi-faceted approach managing pain, nausea, infection, and fluid balance. However, without detailed information regarding dosage, frequency, and response to treatment, a complete evaluation is impossible. Further information is crucial for a thorough analysis of the patient's treatment plan and its effectiveness.

**\*\*5. Vital Trends\*\*** NULL: No vital sign data is included in the provided dataset.

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

The following lab results are available from multiple time points:

\* \*\*Hematology:\*\* Hemoglobin, hematocrit, white blood cell count, platelet count, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), red cell distribution width (RDW), and percentages of lymphocytes, monocytes, eosinophils, basophils, and bands. Significant variations are observed in some values across different time points, necessitating a temporal analysis for a better interpretation of trends. Further analysis is required to determine the clinical significance of these findings. \* \*\*Chemistry:\*\* Glucose, blood urea nitrogen (BUN), creatinine, albumin, total bilirubin, alkaline phosphatase, aspartate aminotransferase (AST), alanine aminotransferase (ALT), total protein, chloride, sodium, potassium, amylase, lipase, phosphate, lactate, BNP, and bedside glucose measurements. The wide range of chemistry tests suggests an investigation into multiple organ systems. A longitudinal analysis of these values is required to identify trends and their clinical implications. \* \*\*Arterial Blood Gas (ABG):\*\* pH, partial pressure of oxygen (PaO<sub>2</sub>), partial pressure of carbon dioxide (PaCO<sub>2</sub>), bicarbonate, base deficit, and FiO<sub>2</sub> were measured at one or more time points. These values provide insights into the patient's respiratory and acid-base status; however, additional data points would enhance the interpretation of any trends.

\*\*7. Microbiology Tests\*\* NULL: While blood cultures were collected, results are not provided.

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

The physical exam recorded a Glasgow Coma Scale (GCS) score with Eyes 4, Verbal 4, and Motor 6. Heart rate was recorded as 108 bpm (current, highest, and lowest values were identical). Systolic blood pressure was 116 mmHg (current and lowest values identical), and the highest value was 151 mmHg. Diastolic blood pressure was 66 mmHg (current and lowest values identical), with a highest value of 98 mmHg. Oxygen saturation was 100%. Admission weight was 72.6 kg. No other physical exam findings are reported.

The GCS score and vital signs indicate a relatively stable neurological and cardiovascular status at one point in time. The lack of complete physical examination notes, however, prevents a thorough evaluation of the patient's overall condition at different points throughout the ICU stay.