Patient Information

Patient Unit Stay ID: 334902 Unique Patient ID: 004-13127 Gender: Male Age: 42 Ethnicity: NULL Hospital Admit Time: 2015-08-19 08:19:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 2015-08-20 16:20:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2015-08-19 14:38:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2015-08-20 16:20:00 Unit Discharge Location: Home Unit Discharge Status: Alive Admission Weight: 75.8 kg Admission Height: 177.8 cm

Medical History

The patient was admitted to the hospital through the Emergency Department with a primary diagnosis of upper GI bleeding. The patient's history includes several other significant diagnoses discovered during the ICU stay: altered mental status/agitation, coagulopathy, thrombocytopenia, and Hepatitis C. There is also a history of hypertension noted. The initial presentation suggested a complex clinical picture involving both gastrointestinal and neurological symptoms. The medical history prior to this admission is not available in this data set.

Diagnoses

* **Primary Diagnoses:** * Upper GI bleeding (ICD-9: 456.0, I85.01) - Active upon discharge * Upper GI bleeding (ICD-9: 456.0, I85.01) - Not Active upon discharge * **Secondary Diagnoses:** * Altered mental status / agitation (ICD-9: 308.2, F43.0) - Active upon discharge * Coagulopathy (ICD-9: 286.9, D68.9) - Active upon discharge * Coagulopathy (ICD-9: 286.9, D68.9) - Not Active upon discharge * Thrombocytopenia (ICD-9: 287.5, D69.6) - Active upon discharge * Hepatitis C (ICD-9: 573.1, 070.51, B17.1) - Active upon discharge * Hepatitis C (ICD-9: 573.1, 070.51, B17.1) - Not Active upon discharge * Hypertension (ICD-9: 401.9, I10) - Active upon discharge * Hypertension (ICD-9: 401.9, I10) - Not Active upon discharge

The multiple diagnoses highlight the complexity of the patient's condition, requiring a multi-faceted approach to treatment.

Treatments

The patient received a range of treatments during the ICU stay, addressing both the primary diagnosis of upper GI bleeding and secondary diagnoses. Treatments included:

* **Gastrointestinal:** Stress ulcer prophylaxis (Pantoprazole), Antiemetic (Ondansetron, Promethazine), Hormonal therapy for varices (Octreotide), Blood product administration (Packed red blood cells, Platelet concentrate), intravenous fluid administration (Normal saline). Multiple units of Packed Red Blood Cells were transfused. An esophagogastroduodenoscopy was also performed. * **Neurologic:** Sedative agent (Lorazepam) for pain, agitation, and altered mentation. * **Analgesics:** Pain management medications were administered.

The timing of treatment initiation varied. Some treatments, like stress ulcer prophylaxis, began early in the admission, while others were initiated later in response to the patient's evolving condition. Many treatments were still active upon discharge.

Vital Trends

NULL. Vital sign data is not included in the provided dataset.

Lab Trends

The following lab results were obtained:

* **Creatinine:** 0.8 mg/dL * **Sodium:** 142 mEq/L * **Albumin:** 3.3 g/dL * **WBC x 1000:** 5.7 K/mcL * **BUN:** 15 mg/dL * **Hct:** 41.7 % * **FiO2:** 21 % * **Glucose:** 102 mg/dL * **Total Bilirubin:** 1.7 mg/dL

These lab values provide a snapshot of the patient's renal, hepatic, and hematologic function at a single point in time. More frequent lab data is needed to assess trends over time.

Microbiology Tests

NULL. Microbiology test results are not available in this data set.

Physical Examination Results

The physical exam documented a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), spontaneous respirations, heart rate of 71 bpm, blood pressure of 111/62 mmHg, respiratory rate of 20 breaths per minute, and oxygen saturation of 95% on 21% FiO2. The patient's admission weight was 75.8 kg. A structured physical exam was performed.

The GCS score indicates that the patient was neurologically intact at the time of the physical exam. The other vital signs suggest a relatively stable physiological state, though interpretation requires additional context and trend data.