**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

**Medical History:**

NULL (Insufficient data provided)

**Diagnoses:**

The patient presented with the following diagnoses:

* **Primary:** gastrointestinal|post-GI surgery|s/p exploratory laparotomy (entered at 26 minutes and 82 minutes post unit admission) * **Major:** gastrointestinal|pancreatic disease|pancreatitis (entered at 26 minutes and 82 minutes post unit admission) * **Major:** endocrine|glucose metabolism|diabetes mellitus (entered at 26 minutes and 82 minutes post unit admission)

Note that the ICD-9 codes are missing from the provided data. The multiple entries for each diagnosis suggest potential reassessments or clarification throughout the stay. The lack of temporal information beyond the entry time makes a precise chronological interpretation difficult. Further investigation into the patient's chart is needed to fully understand the evolution of the diagnoses.

**Treatments:**

The patient received the following treatments during their ICU stay:

* Narcotic analgesic (26 and 82 minutes post unit admission) * Ondansetron (26 minutes post unit admission) * Lorazepam (82 minutes post unit admission) * Vancomycin (26 and 82 minutes post unit admission) * Foley catheter (82 minutes post unit admission) * Nasal cannula oxygen therapy (<40%) (82 minutes post unit admission) * Hypotonic fluid administration (26 and 82 minutes post unit admission) * Continuous parenteral analgesics (26 and 82 minutes post unit admission) * Blood cultures (26 and 82 minutes post unit admission) * CT scan (26 and 82 minutes post unit admission) * Piperacillin/tazobactam (26 and 82 minutes post unit admission)

Similar to the diagnoses, the multiple entries for several treatments may reflect adjustments to the treatment plan. The absence of dosage and duration information limits the comprehensive understanding of the treatment regimen. A detailed review of the patient's medication administration record (MAR) is necessary to obtain a complete picture.

**Vital Trends:**

NULL (Insufficient data provided)

**Lab Trends:**

The following laboratory test results were recorded:

* **Hematology:** Multiple blood tests including Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Red Blood Cell count

(RBC), White Blood Cell count (WBC), Platelet count, and differential counts (% eosinophils, % basophils, % lymphocytes, % monocytes, % polymorphonuclear leukocytes, % bands). Results show variations in Hemoglobin and hematocrit levels, indicating potential changes in the patient's oxygen-carrying capacity. The high WBC count suggests an inflammatory response. Additional information, including trends over time, is needed for proper interpretation. * **Chemistry:** Blood tests for creatinine, albumin, total bilirubin, BUN, glucose, alkaline phosphatase, chloride, sodium, potassium, amylase, AST, ALT, lactate, phosphate, CPK, troponin-I, BNP. These results indicate some abnormalities in liver function (ALT, AST, alkaline phosphatase, bilirubin), renal function (creatinine, BUN), and possibly electrolyte imbalances (potassium). The high lipase and amylase levels are consistent with pancreatitis. The elevated glucose indicates uncontrolled diabetes. * **Arterial Blood Gas (ABG):** Measurements of FiO2, PaO2, PaCO2, pH, and Base Deficit were also recorded, but the exact time points are missing. These values provide information about the patient's respiratory status and acid-base balance, but without a time series, it is difficult to assess the overall trends.

**Microbiology Tests:**

Blood cultures were obtained (at 26 and 82 minutes post unit admission), indicating a search for potential bloodstream infections. The results of these cultures are missing from the data.

**Physical Examination Results:**

The physical examination revealed the following:

* **Glasgow Coma Scale (GCS):** Eyes: 4, Motor: 6, Verbal: 4. This suggests moderate neurological impairment, requiring further clinical context. * **Heart Rate (HR):** Current, lowest, and highest rates were all recorded as 108, indicating a consistent heart rate at the time of the recorded examination. Further data is needed to determine trends. * **Blood Pressure (BP):** Systolic: Current 116, lowest 116, highest 151; Diastolic: Current 66, lowest 66, highest 98. This indicates some blood pressure variability. More data is needed to analyze trends. * **Oxygen Saturation (O2 Sat%):** Current, lowest, and highest values were all 100%, suggesting adequate oxygenation at the time of the recorded examination. * **Weight:** Admission weight was 72.6 kg. Discharge weight is missing.

The physical exam data is limited to a single time point. Serial physical examinations are essential for assessing changes in the patient's condition over time. The absence of other pertinent physical exam findings prevents a holistic assessment.