

## **\*\*Medical Report for Patient 004-17307\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 420865 \* \*\*Patient Health System Stay ID:\*\* 359012 \* \*\*Unique Patient ID:\*\* 004-17307 \*  
\*\*Gender:\*\* Female \* \*\*Age:\*\* 68 years \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 115 \* \*\*Ward ID:\*\* 242 \* \*\*Unit Type:\*\*  
Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2014-XX-XX 22:54:00 \* \*\*Unit Admit Source:\*\* Direct Admit \* \*\*Unit Discharge  
Time:\*\* 2014-XX-XX 19:09:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit  
Time:\*\* 2014-XX-XX 22:45:00 \* \*\*Hospital Admit Source:\*\* Direct Admit \* \*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital  
Discharge Time:\*\* 2014-XX-XX 19:09:00 \* \*\*Hospital Discharge Location:\*\* Skilled Nursing Facility \* \*\*Hospital Discharge  
Status:\*\* Alive \* \*\*Admission Height:\*\* 160 cm \* \*\*Admission Weight:\*\* 38 kg \* \*\*Discharge Weight:\*\* NULL

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

The provided data does not contain a detailed patient history. The APACHE admission diagnosis indicates Sepsis and Gastrointestinal issues as the primary reasons for admission. More information is needed to fully elaborate on the patient's medical history prior to this ICU stay. This would typically include information on previous medical conditions, surgeries, allergies, family history, social history, and a detailed account of the events leading up to the admission. NULL

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

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon admission was sepsis (ICD-9 codes: 038.9, A41.9), and acute pancreatitis (ICD-9 codes: 577.0, K85.9) was also a significant factor. Major diagnoses that were active upon discharge included anemia, hypovolemia (ICD-9 codes: 276.52, E86.1), hypotension (ICD-9 codes: 458.9, I95.9), diabetes mellitus, COPD (ICD-9 codes: 491.20, J44.9), and nausea with vomiting (ICD-9 codes: 787.01, R11.2). Thrombocytopenia (ICD-9 codes: 287.5, D69.6) was also diagnosed but was not active upon discharge. The temporal relationship between these diagnoses and their evolution during the ICU stay is unclear without additional data. The absence of ICD-9 codes for some diagnoses suggests incomplete data entry.

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

The patient received a variety of treatments during her ICU stay. Active treatments upon discharge included: combination beta-agonist/anticholinergic bronchodilators (for pulmonary issues), low molecular weight heparin (for VTE prophylaxis), hypotonic fluid administration (D5 half-normal saline), oral analgesics, bolus parenteral analgesics, lorazepam (a sedative), ondansetron (an antiemetic), diphenhydramine (an antiemetic), and piperacillin/tazobactam (an antibiotic). The patient also underwent CT scans of the abdomen and pelvis. Physical therapy was consulted. Several treatments were initiated but not active at discharge. This suggests that the patient's condition improved during her stay, but more data would be necessary to ascertain the effectiveness of each treatment.

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

NULL. The physical examination includes single point measurements (Heart Rate: 99 bpm, Systolic Blood Pressure: 122 mmHg, Diastolic Blood Pressure: 64 mmHg, Respiratory Rate: 17 breaths/min, Oxygen Saturation: 99%, GCS: 15) but lacks time-series data to depict vital sign trends during the ICU stay.

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

The lab data shows several key trends. Bedside glucose levels fluctuated throughout the stay, ranging from 111 mg/dL to 169 mg/dL. There is evidence of elevated liver enzymes (ALT and AST), along with elevated bilirubin (direct and total). Electrolyte levels (sodium, potassium, chloride, and bicarbonate) exhibited variability, indicating potential fluid and electrolyte imbalances. Hematological parameters (Hgb, Hct, MCV, MCH, MCHC, RBC, WBC, platelets, RDW) indicate a complex picture that requires further analysis. The patient's creatinine levels showed improvement during the stay. The lipase levels were elevated, supporting the acute pancreatitis diagnosis. The Ferritin was significantly elevated. A full analysis of the trends and their clinical significance requires a timeline for each lab result. NULL

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

NULL. No microbiology test data is provided.

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

At some point during the ICU stay, a structured physical examination was performed. The recorded values include a heart rate of 99 bpm, systolic blood pressure of 122 mmHg, diastolic blood pressure of 64 mmHg, respiratory rate of 17 breaths per minute, oxygen saturation of 99%, and a Glasgow Coma Scale (GCS) score of 15 (Eyes: 4, Verbal: 5, Motor: 6). The FiO2% was 28%. The temporal aspect of these findings is unknown without additional information.