

## **\*\*Patient Medical Report\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 219981 \* \*\*Unique Patient ID:\*\* 002-11976 \* \*\*Patient Health System Stay ID:\*\* 190098 \*  
\* \*\*Gender:\*\* Female \* \*\*Age:\*\* 58 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 56 \* \*\*Ward ID:\*\* 82 \* \*\*Admission  
Diagnosis:\*\* Sepsis, pulmonary \* \*\*Admission Height:\*\* 152.4 cm \* \*\*Hospital Admit Time:\*\* 09:34:00 \* \*\*Hospital Admit  
Source:\*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 16:19:00 \*  
\* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit  
Time:\*\* 09:36:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Visit Number:\*\* 1 \* \*\*Unit Stay Type:\*\* admit \*  
\* \*\*Admission Weight:\*\* 107.9 kg \* \*\*Discharge Weight:\*\* 107.8 kg \* \*\*Unit Discharge Time:\*\* 02:39:00 \* \*\*Unit Discharge  
Location:\*\* Step-Down Unit (SDU) \* \*\*Unit Discharge Status:\*\* Alive

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

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history. The admission diagnosis suggests a serious condition requiring ICU admission, but details about the presenting symptoms, prior medical conditions, family history, or social history are lacking.)

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

\* \*\*Primary Diagnosis:\*\* Sepsis (likely the reason for ICU admission) \* \*\*Secondary Diagnosis:\*\* Pulmonary complication (nature of the pulmonary issue is unspecified; requires further details from the medical record)

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

NULL (No treatment information is included in the provided JSON data. This section would typically detail medications, procedures, respiratory support, and other interventions provided during the ICU stay.)

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

NULL (No vital sign data is available in the JSON data. This section should contain graphical representation of heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation over time. These trends are crucial for assessing the patient's hemodynamic stability and response to treatment.)

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

The provided lab data shows multiple blood tests performed at various times during the hospital stay. Key trends observed include:

\* \*\*Hemoglobin (Hgb):\*\* Initial Hgb levels were low (10.2 g/dL), indicating potential anemia. Levels improved slightly during the stay, reaching 11.6 g/dL, then dropping to 10.7 g/dL later. Further information is needed to determine the cause and significance of these fluctuations. \* \*\*Hematocrit (Hct):\*\* Similar to Hgb, initial Hct was low (30.2%), suggesting anemia. It increased to 34.3% and then decreased to 32.2%. Additional context is needed to interpret these changes. \* \*\*White Blood Cell Count (WBC):\*\* Significantly elevated WBC (17 K/mcL initially, rising to 30.7 K/mcL and then falling to 22.5 K/mcL) indicates an inflammatory response, consistent with the sepsis diagnosis. The high count is likely a response to infection. \* \*\*Platelets:\*\* Platelet counts were initially slightly low (148 K/mcL) but increased to 188 K/mcL, and further to 203 K/mcL, suggesting some recovery in the patient's condition. \* \*\*Electrolytes:\*\* Sodium levels were consistently low (around 118-121 mmol/L), and potassium levels were also elevated (5.3 mmol/L initially, then falling to 4.2 mmol/L). These electrolyte imbalances could be related to the sepsis or to other underlying medical conditions and require further investigation. \* \*\*Renal function:\*\* BUN and creatinine were slightly elevated, suggesting potential renal compromise which may be related to sepsis. \* \*\*Blood glucose:\*\* Frequent bedside glucose measurements show significant fluctuation, with levels ranging widely. This requires more clinical context to determine the cause and significance of these variations. \*

**\*\*Cardiac biomarkers:\*\*** Troponin-I levels were consistently below the detection limit ( $<0.02$  ng/mL), suggesting that the patient likely did not experience a cardiac event during the monitored period. \* **\*\*Liver function tests:\*\*** ALT and AST were slightly elevated, suggesting potential liver involvement; however, more detailed analysis is needed for proper interpretation.

Additional lab data points (e.g., anion gap, MCV, MCH, MCHC, RDW, and various differential counts of white blood cells) are present and could provide additional insights into the patient's overall condition, if analyzed in conjunction with other clinical data.

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

NULL (No microbiology test results are available in the provided JSON. This section would typically include culture results from blood, urine, sputum, and other specimens to identify the causative organism of the infection.)

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

The physical examination notes indicate a Glasgow Coma Scale (GCS) score of 15 (4+6+5) at the time of the initial assessment. This suggests that the patient was alert and oriented. The physical exam was documented as 'Performed - Structured'. Further details about the findings of the structured physical exam are missing.