

****Medical Report: Patient 006-100399****

****1. Patient Information****

* **Patient Unit Stay ID:** 837709 * **Patient Health System Stay ID:** 633168 * **Unique Patient ID:** 006-100399 *
Gender: Male * **Age:** 57 * **Ethnicity:** Caucasian * **Hospital ID:** 155 * **Ward ID:** 362 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 16:39:00 (Assuming a date is available elsewhere and not provided in
the JSON) * **Unit Admit Source:** Floor * **Unit Visit Number:** 2 * **Unit Stay Type:** Readmit * **Admission Weight:**
67.6 kg * **Discharge Weight:** 80.1 kg * **Unit Discharge Time:** 2014-XX-XX 00:48:00 (Assuming a date is available
elsewhere and not provided in the JSON) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge
Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 03:32:00 (Assuming a date is available elsewhere and not provided
in the JSON) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital
Discharge Time:** 2014-XX-XX 01:15:00 (Assuming a date is available elsewhere and not provided in the JSON) *
Hospital Discharge Location: Other External * **Hospital Discharge Status:** Alive * **Admission Height:** 176 cm
(Unit unspecified) * **APACHE Admission Dx:** Sepsis, GI

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was cardiac arrest (ICD-9 codes 427.5, I46.9), recorded multiple times throughout the stay. Major diagnoses included severe sepsis (ICD-9 codes 995.92, R65.2), pressor-dependent hypotension, GI bleeding (ICD-9 codes 578.9, K92.2) with both upper and lower GI bleeding specified at different times. Other diagnoses included metabolic and toxic encephalopathy (ICD-9 codes 348.31, G93.41 and 349.82, G92 respectively). The timing of diagnosis entry is indicated by the `diagnosisoffset` field, showing that several diagnoses were recorded within minutes of unit admission.

****4. Treatments****

The patient received a range of treatments during their ICU stay. These included mechanical ventilation (multiple entries), hemodialysis (multiple entries, including insertion of a venous catheter), and vasopressor support with norepinephrine, dopamine, and phenylephrine. The administration of packed red blood cells (>2 units) was also recorded. The `treatmentoffset` field shows the timing of treatment initiation, reflecting the urgency of care.

****5. Vital Trends****

NULL (Insufficient information provided. Vital signs would need to be included in the data set.)

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

The lab results reveal significant fluctuations in several key parameters. Bedside glucose levels showed considerable variation, ranging from 60 mg/dL to 168 mg/dL across the various measurements. Hemoglobin levels (Hgb) fluctuated from a low of 5.6 g/dL to a high of 10.3 g/dL, indicating potential blood loss and the need for transfusions. Troponin-I levels varied from 0.02 ng/mL to 0.6 ng/mL, suggesting myocardial injury. Creatinine levels show a notable increase from 2.5mg/dL to 4.2mg/dL, suggesting acute kidney injury. Lactate levels ranged from 1.4mmol/L to 10mmol/L indicative of varying levels of metabolic acidosis. Other labs such as PT, INR, and various blood cell counts (WBC, RBC, Platelets) were also monitored showing various ranges and fluctuations. Detailed analysis requires time-series plotting.

****7. Microbiology Tests****

NULL (Insufficient information provided)

****8. Physical Examination Results****

The initial physical examination recorded a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), indicating normal neurological function. Heart rate was recorded at 115 bpm. Blood pressure was recorded at 100/58 mmHg. Respiratory rate was 34 breaths per minute. The patient's admission weight was 67.6 kg. Fluid intake and output were monitored, with a net positive balance of 1246 ml.