

****Medical Report: Patient 003-10109****

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

* **Patient Unit Stay ID:** 294032 * **Unique Patient ID:** 003-10109 * **Gender:** Male * **Age:** 61 * **Ethnicity:** Caucasian * **Admission Height:** 172.7 cm * **Admission Weight:** 57.8 kg * **Discharge Weight:** 57.6 kg * **Hospital Admit Time:** 2014-10-26 23:20:00 * **Hospital Discharge Time:** 2014-10-28 21:05:00 * **Unit Admit Time:** 2014-10-26 23:56:00 * **Unit Discharge Time:** 2014-10-28 18:17:00 * **Unit Type:** Med-Surg ICU * **Admission Source:** Direct Admit * **Discharge Location (Unit):** Floor * **Discharge Location (Hospital):** Home * **Discharge Status (Unit):** Alive * **Discharge Status (Hospital):** Alive

****2. History****

NULL (Insufficient information provided in the JSON data.)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, along with their priority and active status upon discharge, are listed below:

* **Primary Diagnosis (Active upon Discharge):** Sepsis (038.9, A41.9) - Entered at 3955 minutes post-unit admit. * **Major Diagnosis (Active upon Discharge):** Pneumonia (486, J18.9) - Entered at 3955 minutes and 2651 minutes post-unit admit. * **Major Diagnosis (Inactive upon Discharge):** Acute Respiratory Distress (518.82) - Entered at 458 minutes and 629 minutes post-unit admit. * **Major Diagnosis (Inactive upon Discharge):** Septic Shock (785.52, R65.21) - Entered at 458 minutes and 629 minutes post-unit admit. * **Other Diagnosis (Active upon Discharge):** Hypoxemia (799.02, J96.91) - Entered at 3955 minutes post-unit admit. * **Other Diagnosis (Inactive upon Discharge):** Sinus Tachycardia (785.0, R00.0) - Entered at 458 minutes and 629 minutes post-unit admit. * **Other Diagnosis (Inactive upon Discharge):** Leukocytosis (288.8, D72.829) - Entered at 458 minutes, 2651 minutes and 3955 minutes post-unit admit. * **Other Diagnosis (Inactive upon Discharge):** Lactic Acidosis (276.2, E87.2) - Entered at 458 minutes, 2651 minutes and 3955 minutes post-unit admit. * **Other Diagnosis (Inactive upon Discharge):** Severe COPD (491.20, J44.9) - Entered at 49 minutes post-unit admit. * **Other Diagnosis (Inactive upon Discharge):** Chest Pain (786.50, R07.9) - Entered at 49 minutes post-unit admit.

Multiple diagnoses of pneumonia, septic shock, and lactic acidosis were recorded at different times, suggesting a complex and evolving clinical picture.

****4. Treatments****

The patient received a range of treatments, including:

* **Active upon Discharge:** Aspirin (antiplatelet agent), Azithromycin (macrolide), Ceftriaxone (third-generation cephalosporin), Methylprednisolone (systemic glucocorticoid), Pantoprazole (stress ulcer prophylaxis), Normal saline administration (intravenous fluid), Subcutaneous conventional heparin therapy (VTE prophylaxis). * **Inactive upon Discharge:** Numerous other treatments related to managing sepsis, shock, pain, and respiratory distress were also administered.

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

NULL (Insufficient information provided in the JSON data.)

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

The provided lab data shows multiple blood tests conducted over the course of the patient's stay. Key lab values included blood gases (pH, PaO₂, PaCO₂, Base Excess), complete blood count (CBC) with differential (-eos, -basos, -monos, -lymphs, -polys, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets), and basic metabolic panel (BMP) (sodium, potassium, chloride, bicarbonate, BUN, creatinine, glucose, phosphate, alkaline phosphate, lactate, prealbumin, urinary specific gravity). There is limited data to show trends, but available data suggests a fluctuating status of the patient. More frequent and comprehensive lab data would be required to establish definitive trends.

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

The patient underwent urine and blood cultures (at different time points during their stay), indicating an investigation into the cause of their infections.

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

Physical exam findings recorded at 12 minutes and 437 minutes post-unit admission indicate that the patient was ill-appearing and cachectic. Vital signs at 437 minutes post-admission showed a heart rate between 90 and 103 bpm, a systolic blood pressure between 95 and 127 mmHg, a diastolic blood pressure between 42 and 54 mmHg, and a respiratory rate between 15 and 28 breaths per minute. The patient's Glasgow Coma Scale (GCS) score was 15, and their level of consciousness was normal, with appropriate affect and orientation. Further physical exam findings are needed to complete a comprehensive assessment.