

## **\*\*Medical Report for Patient 003-10552\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 260961 \* \*\*Unique Patient ID:\*\* 003-10552 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 71 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2015, 20:55:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2015, 21:40:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 20:56:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 23:43:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 90.7 kg \* \*\*Discharge Weight:\*\* 90.5 kg \* \*\*Admission Height:\*\* 172.7 cm

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

The patient was admitted to the hospital through the Emergency Department with a primary diagnosis of GI bleeding (578.9, K92.2) at 20:55:00. The patient presented with symptoms consistent with gastrointestinal bleeding; however, the exact location of the bleed was unknown upon admission. Additional diagnoses at admission included coagulopathy related to Coumadin administration (286.9, D68.32). The initial presentation suggested a significant event requiring immediate intervention. Further details regarding the patient's medical history prior to admission are not available within this dataset. The patient's admission was deemed urgent based on the severity of the bleeding. The patient received initial treatment in the Emergency Department before being transferred to the Med-Surg ICU at 20:56:00.

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

\* \*\*Primary Diagnosis:\*\* Gastrointestinal bleeding / PUD (578.9, K92.2) – This diagnosis was active upon discharge from the unit, indicating ongoing concern. \* \*\*Other Diagnoses:\*\* \* Gastrointestinal bleeding / PUD (578.9, K92.2) – This diagnosis was documented multiple times throughout the ICU stay. \* Coagulopathy related to Coumadin administration (286.9, D68.32) – This was also documented multiple times, highlighting the complexity of the patient's condition.

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

The patient received a comprehensive range of treatments during their ICU stay. Treatment included:

\* \*\*Oxygen therapy (< 40%):\*\* Initially administered, but discontinued upon discharge. \* \*\*IV Pantoprazole (Stress ulcer treatment):\*\* Administered to prevent stress ulcers, a common complication of critical illness. \* \*\*Blood product administration (Packed Red Blood Cells and Fresh Frozen Plasma):\*\* Multiple transfusions of packed red blood cells (1-2 units) and fresh frozen plasma were administered, indicating significant blood loss. \* \*\*Prednisone (Glucocorticoids):\*\* Administered to manage potential inflammation and other endocrine issues. \* \*\*Surgery Consultation:\*\* A surgery consultation was conducted, suggesting consideration of surgical intervention, although the specific actions taken are unknown. \* \*\*Vitamin K:\*\* Likely used to reverse the effects of Coumadin and improve clotting factors.

The active treatments upon discharge highlight ongoing management of the GI bleed and coagulopathy.

### **\*\*5. Vital Trends:\*\* NULL**

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

The provided lab data shows multiple blood tests, including hematology and chemistry panels. Trends within these lab results are not readily apparent without time-series data to contextualize the values.

### **\*\*7. Microbiology Tests:\*\* NULL**

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

The physical examination recorded on admission indicated a weight of 90.7 kg and an initial FiO<sub>2</sub>% of 21. At the time of the physical examination, the patient had a heart rate of 85 bpm, with a blood pressure of 96/54 mmHg, and a respiratory rate of 17 breaths per minute. Pulse oximetry showed 99% saturation. The patient was described as ill-appearing but well developed, not in acute distress. A GCS score of 15 (E4V5M6) was recorded. A subsequent physical exam was not performed.

**\*\*Note:\*\*** This report is limited by the available data. More comprehensive data, particularly time-series data for vital signs and lab results, would allow for a more detailed and insightful analysis of the patient's condition and treatment response.