

**\*\*Medical Report: Patient 003-13187\*\***

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

**\*\*\*Patient Unit Stay ID:\*\* 284517 \* \*\*Unique Patient ID:\*\* 003-13187 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 67 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 08:50:00 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 16:45:00 \* \*\*Unit Admit Time:\*\* 2015-XX-XX 08:50:00 \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 16:41:00 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Location:\*\* Other External \* \*\*Unit Discharge Location:\*\* Other Hospital \* \*\*Admission Weight:\*\* 79.3 kg \* \*\*Discharge Weight:\*\* 79.3 kg \* \*\*Admission Height:\*\* 177.8 cm \* \*\*APACHE Admission Dx:\*\* Sepsis, pulmonary**

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

NULL (Insufficient data provided)

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

The patient presented with multiple active diagnoses upon discharge, indicating a complex clinical picture. Major diagnoses included:

**\*\*\*Sepsis (ICD-9 code: 038.9, A41.9):\*\*** This systemic infection was a primary diagnosis, highlighting the severity of the patient's condition. The diagnosis was recorded at 411 minutes post-unit admission. **\*\*\*Hypotension/Pressor Dependent (Cardiovascular):\*\*** This diagnosis of shock and low blood pressure requiring medication to elevate blood pressure was a major diagnosis, also recorded at 411 minutes post-unit admission. A previous instance of this diagnosis was also recorded at 201 minutes. **\*\*\*Colon CA (Oncology, ICD-9 code: 153.9, C18.9):\*\*** This diagnosis of colon cancer was a major diagnosis, indicating a pre-existing condition contributing to the patient's critical state. This diagnosis was recorded at 411 minutes post-unit admission, suggesting it played a role in the current episode. A previous instance of this diagnosis was recorded at 201 minutes post-unit admission. **\*\*\*Muscular Dystrophy/Myopathy (Neurologic, ICD-9 code: 359.89, G72.89):\*\*** This diagnosis was a major diagnosis, indicating a neuromuscular condition that may have contributed to the patient's weakness or other complications. This diagnosis was recorded at 411 minutes post-unit admission. A previous instance of this diagnosis was recorded at 201 minutes post-unit admission. **\*\*\*Leukocytosis (Hematology, ICD-9 code: 288.8, D72.829):\*\*** Elevated white blood cell count, a major diagnosis indicating an inflammatory response, potentially related to the sepsis. This diagnosis was recorded at 411 minutes post-unit admission. A previous instance of this diagnosis was recorded at 201 minutes post-unit admission. **\*\*\*Acute Respiratory Failure (Pulmonary, ICD-9 code: 518.81, J96.00):\*\*** This respiratory complication was a major diagnosis requiring respiratory support. This diagnosis was recorded at 411 minutes post-unit admission. A previous instance of this diagnosis was recorded at 201 minutes post-unit admission. **\*\*\*Lactic Acidosis (Renal, ICD-9 code: 276.2, E87.2):\*\*** This metabolic acidosis was a major diagnosis, reflecting a significant acid-base imbalance, potentially linked to the sepsis and/or other underlying conditions. This diagnosis was recorded at 411 minutes post-unit admission. A previous instance of this diagnosis was recorded at 201 minutes post-unit admission.

Other diagnoses were also documented, but were not active upon discharge.

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

Active treatments upon discharge included:

**\*\*\*Normal Saline Administration (Renal):\*\*** Intravenous fluids were administered to maintain hydration and electrolyte balance. **\*\*\*Compression Boots (Cardiovascular):\*\*** Used for VTE prophylaxis to prevent blood clots. **\*\*\*Ondansetron (Gastrointestinal):\*\*** Antiemetic medication to manage nausea and vomiting. **\*\*\*Bolus Parenteral Analgesics (Neurologic):\*\*** Pain medication administered intravenously. **\*\*\*Methylprednisolone (Neurologic):\*\*** Systemic glucocorticoid for managing inflammatory response or other neurological conditions. **\*\*\*Nebulized Bronchodilators (Pulmonary):\*\*** Medication administered via nebulizer to improve respiratory function. **\*\*\*Mechanical Ventilation (Pulmonary):\*\*** Respiratory support with a ventilator. **\*\*\*Piperacillin/Tazobactam (Infectious Diseases):\*\*** Antibiotic

treatment for infection. \* \*\*Vancomycin (Infectious Diseases):\*\* Antibiotic treatment for infection. \* \*\*Chest X-ray (Pulmonary):\*\* Radiological imaging of the chest. \* \*\*Head CT Scan (Neurologic):\*\* Computed tomography scan of the head. \* \*\*Endotracheal Tube Insertion (Pulmonary):\*\* Insertion of a tube into the trachea to assist with breathing. \* \*\*Oxygen Therapy (> 60%) (Pulmonary):\*\* Supplemental oxygen administration at high flow rates.

Inactive treatments were also recorded, reflecting the evolving management of the patient's condition during their stay.

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

NULL (Insufficient data provided)

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

The provided lab data shows multiple blood tests performed at different times during the patient's stay. There are both initial and subsequent measurements. There is evidence of metabolic acidosis (low bicarbonate and pH), elevated lactate levels, and significant inflammation (CRP). Electrolyte levels, including potassium, sodium, calcium, and chloride, showed some fluctuation.

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

NULL (Insufficient data provided)

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

The physical examination documented an ill-appearing patient in acute distress, requiring mechanical ventilation. The patient was sedated and their orientation was unable to be assessed. Heart rate (HR) ranged from 109 to 129 bpm, with an irregular rhythm. Blood pressure (BP) fluctuated, with systolic pressure ranging from -12 to 127 mmHg and diastolic pressure from -19 to 82 mmHg. Respiratory rate varied from 14 to 43 breaths/minute. Oxygen saturation (O2 Sat) was 93% at the time of the physical exam, with a low of 88%. The GCS score was initially estimated at 3, due to the administration of medications, and later scored at 12. The patient's weight remained stable at 79.3 kg. Urine output was 150 ml. The total net fluid balance was -150 ml.