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**Medical Report: Patient 006-10166**
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1. Patient Information

* **Patient Unit Stay ID:** 808117 * **Patient Health System Stay ID:** 615403 * **Unique Patient ID:** 006-10166 *

Gender: Female * **Age:** 74 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Unit Type:**

Med-Surg ICU * **Unit Admit Time:** 05:35:00 * **Unit Admit Source:** Recovery Room * **Unit Discharge Time:**

22:57:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 19:36:00 * **Hospital Admit Source:** Recovery Room * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 23:54:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Weight:** 62.9 kg * **Discharge Weight:** 69 kg * **Admission Height:** 165 cm * **APACHE Admission Dx:** GI perforation/rupture, surgery for

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with two diagnoses:

* **Diagnosis ID:** 12670192 * **Patient Unit Stay ID:** 808117 * **Active Upon Discharge:** False * **Diagnosis Offset (minutes from unit admit):** 22 * **Diagnosis String:** gastrointestinal|post-GI surgery|s/p exploratory laparotomy * **ICD-9 Code:** * **Diagnosis Priority:** Primary

* **Diagnosis ID:** 12062138 * **Patient Unit Stay ID:** 808117 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 1654 * **Diagnosis String:** gastrointestinal|post-GI surgery|s/p exploratory laparotomy * **ICD-9 Code:** * **Diagnosis Priority:** Primary

Both diagnoses point to a gastrointestinal issue following exploratory laparotomy. The discrepancy in `activeupondischarge` suggests a change in the patient's condition during the ICU stay.

4. Treatments

* **Treatment ID:** 26776615 * **Patient Unit Stay ID:** 808117 * **Treatment Offset (minutes from unit admit):** 1654 * **Treatment String:** gastrointestinal|exploratory surgery|exploratory laparotomy * **Active Upon Discharge:** True

The primary treatment involved gastrointestinal management following exploratory laparotomy. Further details about specific interventions are not provided.

5. Vital Trends

NULL (Insufficient information provided. Vital signs data is needed)

6. Lab Trends

The provided lab data includes numerous blood tests (hemo, chemistry) performed at various times relative to unit admission. Key lab values such as Hemoglobin (Hgb), White Blood Cell count (WBC), Mean Platelet Volume (MPV), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin Concentration (MCHC), Red Blood Cell count (RBC), Red cell distribution width (RDW), as well as chemistry values like AST (SGOT), ALT (SGPT), total protein, albumin, bicarbonate, chloride, sodium, calcium, glucose, BUN, lipase, lactate, PT, PTT, paO2, paCO2, pH, O2 Sat (%), FiO2 and Base Excess are available. Trends in these values over time would need to be plotted to assess the patient's response to treatment and

overall condition. However, without timestamps of the measurements, detailed temporal analysis cannot be performed. The available data shows multiple measurements for several of these tests, over a significant time range, suggesting longitudinal observation.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

The physical exam indicates that a structured physical exam was performed. Specific vital signs were recorded at the time of the physical exam. The following values were recorded: * Heart Rate (Current, Lowest, Highest): 111 * Blood Pressure (Systolic, Current, Lowest, Highest): 107 * Blood Pressure (Diastolic, Current, Lowest, Highest): 71 * Respiratory Rate (Current, Lowest, Highest): 22 * Oxygen Saturation (Current, Lowest, Highest): 100% * Admission Weight: 62.9 kg * Total Intake: 0 ml * Total Output: 60 ml * Net Fluid Balance: -60 ml * Glasgow Coma Scale (GCS) - Score: scored * GCS - Motor Score: 6 * GCS - Eyes Score: 4 * GCS - Verbal Score: 5

The recorded GCS score suggests some level of neurological impairment. Further information is needed to interpret the significance of these findings in the context of the patient's overall condition.