

****Medical Report for Patient 006-101400****

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

* **Patient Unit Stay ID:** 650417 * **Patient Health System Stay ID:** 520722 * **Unique Patient ID:** 006-101400 *
Gender: Male * **Age:** 66 * **Ethnicity:** Caucasian * **Hospital ID:** 171 * **Ward ID:** 335 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 22:30:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:**
00:42:00 * **Unit Discharge Location:** ICU * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 20:01:00 *
Hospital Admit Source: Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:**
20:35:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 106.8 kg
* **Admission Height:** 177 cm * **APACHE Admission Dx:** Pneumonia, bacterial

****2. History****

NULL (No history information provided in the data.)

****3. Diagnoses****

The patient presented with multiple diagnoses, primarily related to pulmonary issues. The diagnoses, with their priorities and ICD-9 codes, are listed below:

* **Primary:** * Community-acquired pneumonia (486, J18.9) * Acute respiratory distress (518.82) * Pulmonary embolism (415.19, I26.99) * **Major:** * Acute respiratory distress (518.82) * Hypoxemia (799.02, J96.91) * Pulmonary embolism (415.19, I26.99) * Hypoxemia (799.02, J96.91) * Hypoxemia (799.02, J96.91)

The presence of both pneumonia and acute respiratory distress syndrome (ARDS) suggests a severe pulmonary infection leading to respiratory compromise. The additional diagnosis of pulmonary embolism indicates a potentially life-threatening complication.

****4. Treatments****

NULL (No treatment information provided in the data.)

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

The following vital signs were recorded during the physical examination:

* **Heart Rate (HR):** Current 92 bpm, Lowest 88 bpm, Highest 100 bpm * **Blood Pressure (BP):** Systolic Current 141 mmHg, Systolic Lowest 128 mmHg, Systolic Highest 138 mmHg; Diastolic Current 51 mmHg, Diastolic Lowest 47 mmHg, Diastolic Highest 69 mmHg * **Respiratory Rate (RR):** Current 34 breaths/min, Lowest 23 breaths/min, Highest 40 breaths/min * **Oxygen Saturation (O2 Sat):** Current 90%, Lowest 89%, Highest 95%

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

The patient underwent numerous laboratory tests. Key findings include:

* **Hematology:** The complete blood count (CBC) showed elevated white blood cell count (WBC) (initially 16.1 K/mcL, later 13.3 K/mcL and finally 16.2 K/mcL), suggesting infection. Hemoglobin (Hgb) levels were low (initially 10.7 g/dL, later 8.9 g/dL and finally 9.1 g/dL), indicating anemia. Platelet counts were within normal range, varying between 636 K/mcL, 741 K/mcL and 672 K/mcL. MCV, MCH, and MCHC values suggest normocytic, normochromic anemia. RDW values are elevated (initially 16%, later 16.1% and finally 16.1%), suggesting anisocytosis. * **Chemistry:** Electrolytes showed slightly low potassium (initially 3.4 mmol/L, later 4.0 mmol/L, and 3.6 mmol/L and 4.2 mmol/L) and slightly low sodium

(initially 132 mmol/L, later 137 mmol/L and 136 mmol/L). BUN and creatinine levels were mildly elevated, suggesting possible renal involvement. Glucose levels varied considerably throughout the stay, ranging from 161 mg/dL to 340 mg/dL, indicating fluctuating glycemic control. Other chemistry tests revealed elevated alkaline phosphatase (initially 180 U/L, later 175 U/L and 235 U/L), AST (initially 36 U/L, later 58 U/L and 77 U/L), and ALT (initially 54 U/L, later 72 U/L and 128 U/L), indicating liver stress. Total bilirubin and albumin levels were within the normal range. BNP was elevated (248 pg/mL), suggesting possible cardiac involvement. * **Blood Gases (ABG):** The ABG showed a low PaO₂ (55 mmHg) and a low bicarbonate (21 mmol/L), and a base excess of -3 mEq/L, indicative of respiratory acidosis. FiO₂ varied between 40% and 70%. pH was 7.48, indicating a slightly alkaline state, which could be a compensatory mechanism for respiratory acidosis. * **Other:** Lactate levels were elevated (1.8 mmol/L), suggesting tissue hypoxia. Ferritin was also elevated (105 ng/mL), indicating iron overload, which could be related to the anemia. PT was initially 15 seconds, and INR was 1.2, suggesting a possible bleeding risk. Transferrin was elevated (195 mg/dL).

7. Microbiology Tests

NULL (No microbiology test information provided in the data.)

8. Physical Examination Results

A structured physical exam was performed. The patient's weight at admission was 106.8 kg. Fluid balance showed a net positive balance of +410 ml. GCS score was 15 (4,5,6), indicating normal neurological function. The physical exam was performed and documented.

Note: This report is based solely on the provided data. Additional clinical information would enhance the comprehensiveness of this report.