

****Medical Report for Patient 002-10263****

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

* **Patient Unit Stay ID:** 230150 * **Patient Health System Stay ID:** 198025 * **Unique Patient ID:** 002-10263 *
Gender: Male * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital ID:** 56 * **Ward ID:** 82 * **Unit Type:** Med-Surg
ICU * **Unit Admit Time:** 2014-XX-XX 14:31:00 (Assuming a date) * **Unit Admit Source:** Emergency Department *
Unit Discharge Time: 2014-XX-XX 15:35:00 (Assuming a date) * **Unit Discharge Location:** Other Hospital * **Unit
Discharge Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 06:08:00 (Assuming a date, calculated from offset) *
Hospital Admit Source: Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:**
2014-XX-XX 16:15:00 (Assuming a date, calculated from offset) * **Hospital Discharge Location:** Other Hospital *
Hospital Discharge Status: Alive * **Admission Weight:** NULL * **Discharge Weight:** 76.6 kg * **APACHE
Admission Diagnosis:** Bleeding, lower GI

****2. History****

NULL (Insufficient information provided in the JSON to reconstruct a detailed patient history.)

****3. Diagnoses****

* **Diagnosis 1 (Other):** cardiovascular|shock / hypotension|hypotension (ICD-9 code: 458.9, I95.9) * **Diagnosis 2
(Other):** gastrointestinal|GI bleeding / PUD|GI bleeding (ICD-9 code: 578.9, K92.2) * **Diagnosis 3 (Other):**
cardiovascular|chest pain / ASHD|coronary artery disease|known (ICD-9 code: 414.00, I25.10)

****4. Treatments****

NULL (Insufficient information provided in the JSON to list specific treatments administered.)

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

NULL (No vital sign data is provided)

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

The provided lab data shows multiple chemistry and hematology tests performed at different time points. There are two sets of labs, one taken approximately 6 hours before admission and another set taken shortly after admission. Key observations include:

* **Initial Chemistry Panel (-2046 minutes offset):** Elevated BUN (26 mg/dL), creatinine (1.06 mg/dL), glucose (165 mg/dL), anion gap (11 mmol/L), and low albumin (2.7 g/dL) and slightly low sodium (132 mmol/L). These suggest possible dehydration, renal insufficiency, and potential liver involvement. * **Follow-up Chemistry Panel (5 minutes offset):** Shows a rise in creatinine to 1.36 mg/dL, BUN to 59 mg/dL, and anion gap to 15 mmol/L, along with improved sodium (139 mmol/L) and glucose (145 mg/dL). This indicates a worsening of renal function and metabolic acidosis. Lower bicarbonate (20 mmol/L) in the follow-up panel compared to initial (25 mmol/L) points to possible metabolic acidosis. * **Hematology Panel:** The hematology panel reveals low Hemoglobin (initially 7.5 g/dL, then 8.6, and 6.1 g/dL) and hematocrit (initially 22.5%, then 25.2%, and 18.6%), indicating anemia. The elevated white blood cell count (initially 15.2 K/mcL, then 9.2 K/mcL) suggests an inflammatory process. Platelets are low at admission (136 K/mcL) and improve to 207 K/mcL. The RDW (Red cell distribution width) is also elevated (14.4%, 15.1%), indicating variation in red blood cell size. This is consistent with anemia.

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

NULL (No microbiology test data is provided.)

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

* **Physical Exam Performed:** A structured physical exam was performed. * **Glasgow Coma Scale (GCS):** Total score of 15 (Eyes 4, Verbal 5, Motor 6). * **Blood Pressure (BP):** Systolic BP of 92 mmHg (current, highest, and lowest readings were identical). * **Blood Pressure (BP):** Diastolic BP of 57 mmHg (current, highest, and lowest readings were identical). * **Weight:** 76.6 kg (current weight only). * **Intake & Output (I&O):** Total intake 2630 ml, total output 1075 ml, net total +1555 ml (positive fluid balance).