

## **\*\*Patient Medical History Report\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 926317 \* \*\*Patient Health System Stay ID:\*\* 686311 \* \*\*Unique Patient ID:\*\* 006-100175 \*  
\*\*Gender:\*\* Female \* \*\*Age:\*\* 78 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 154 \* \*\*Ward ID:\*\* 394 \* \*\*Unit Type:\*\*  
Med-Surg ICU \* \*\*Unit Admit Time:\*\* 23:22:00 \* \*\*Unit Admit Source:\*\* Floor \* \*\*Unit Discharge Time:\*\* 18:41:00 \* \*\*Unit  
Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\* 23:43:00 \*  
\*\*Hospital Admit Offset (minutes from unit admit):\*\* -10059 \* \*\*Hospital Admit Source:\*\* Floor \* \*\*Hospital Discharge  
Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 01:58:00 \* \*\*Hospital Discharge Offset (minutes from unit admit):\*\* 18876 \*  
\*\*Hospital Discharge Location:\*\* Other External \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Height (cm):\*\* 162.5 \*  
\*\*Admission Weight (kg):\*\* 74.9 \* \*\*Discharge Weight (kg):\*\* NULL

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

The provided data does not include a detailed patient history. This section would typically contain information about the patient's presenting complaint, relevant past medical history (including previous hospitalizations, surgeries, allergies, and significant illnesses), family history of relevant conditions, social history (including smoking, alcohol use, drug use, and occupation), and medication history. Further information is needed to populate this section. The admission diagnosis from the patient record indicates sepsis and pulmonary issues were present upon admission to the hospital.

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

The patient received multiple diagnoses during their ICU stay. The diagnoses, listed in order of priority (though note that `diagnosisPriority` was not consistently recorded), are:

\* \*\*Primary Diagnoses:\*\* \* Sepsis (ICD-9 codes: 038.9, A41.9) \* Severe Sepsis (ICD-9 codes: 995.92, R65.2) (recorded multiple times) \* \*\*Major Diagnoses:\*\* \* Acute Respiratory Failure (ICD-9 codes: 518.81, J96.00) (recorded multiple times)

The multiple entries for Sepsis and Acute Respiratory Failure suggest these conditions were repeatedly evaluated and potentially fluctuated in severity during the patient's stay. The lack of consistent `diagnosisPriority` values limits the certainty of the relative importance of these conditions.

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

The following treatments were administered:

\* \*\*Mechanical Ventilation:\*\* This indicates the patient required respiratory support. The duration of ventilation is not specified in the provided data. \* \*\*Fluid Bolus (Normal Saline):\*\* This suggests the patient received intravenous fluids, likely to address dehydration or hypovolemia associated with sepsis. The total volume of fluids administered is not specified. The timing of the boluses are noted as 23 minutes and 320 minutes into the stay.

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

NULL. Vital signs data (heart rate, blood pressure, respiratory rate, temperature, oxygen saturation) are missing from the provided dataset. These are crucial for tracking the patient's physiological status over time.

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

The laboratory data show multiple blood tests performed at various times before and during the ICU stay. Significant trends include:

\* \*\*Blood Gas Analysis (ABG):\*\* Multiple ABGs were performed, revealing fluctuations in pH, PaO<sub>2</sub>, PaCO<sub>2</sub>, HCO<sub>3</sub>, and Base Excess, indicating the severity and progression of the patient's respiratory and metabolic acidosis. A trend analysis would help determine how these values evolved in response to treatment. There is evidence of significant respiratory alkalosis at 711 minutes (pH: 7.518), and then improvement at 1853 minutes (pH: 7.47) with further improvement at discharge (-2661 minutes). \* \*\*Chemistry Panel:\*\* Chemistry results, including troponin-I, lactate, total protein, albumin, BUN, creatinine, sodium, potassium, chloride, calcium, and ALT (SGPT) were obtained, indicating an assessment of organ function. The troponin-I levels suggest potential myocardial injury, and lactate levels show evidence of metabolic acidosis. Serial measurements of these values are needed to show trends over time. \* \*\*Complete Blood Count (CBC):\*\* Hematological data, including Hgb, Hct, WBC, platelets, MCV, MCH, MCHC, RDW, lymphocytes, monocytes, eosinophils, basophils, and polys were obtained, indicating an assessment of blood cell counts and indices. The frequent measurements of these values show a trend towards improving blood counts throughout the stay. \* \*\*Bedside Glucose:\*\* Multiple bedside glucose measurements were taken showing elevated glucose levels throughout the stay. \* \*\*BNP:\*\* A BNP level of 9354 pg/mL was recorded, indicating probable heart failure.

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

NULL. The data does not include information about any microbiology tests (blood cultures, sputum cultures, etc.) performed to identify the causative organism of the sepsis.

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

The physical exam shows that a structured physical exam was performed. Specific values recorded at the time of the exam are: Heart rate (HR): 66 bpm; Blood Pressure (BP): 112/68 mmHg; Respiratory Rate: 14 breaths/minute; Oxygen Saturation (SpO<sub>2</sub>): 94%; Weight: 74.9 kg; Glasgow Coma Scale (GCS): 14 (Eyes: 4, Verbal: 4, Motor: 6).

This information is limited to a single time point. Serial physical exam findings would be needed to demonstrate trends.