Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 587426 * **UniquePID:** 006-115302 * **Gender:** Female * **Age:** 83 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 00:01:00 * **Hospital Discharge Time:** 2014-XX-XX 04:48:00 * **Hospital Discharge Status:** Expired * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 00:09:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 06:06:00 * **Unit Discharge Status:** Alive * **Admission Weight:** 55 kg * **Discharge Weight:** 34.7 kg

2. History

Insufficient data provided to generate a detailed patient history. The available data only indicates the patient was admitted from the Emergency Department with a primary diagnosis of sepsis and a secondary diagnosis of upper GI bleeding. Further information regarding presenting symptoms, family history, social history, and past medical history is required to provide a comprehensive history section. The patient's hospital discharge status was 'Expired', suggesting a severe underlying condition.

3. Diagnoses

* **Primary Diagnosis (Multiple Entries):** gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 Codes: 578.9, K92.2). This diagnosis was recorded multiple times, possibly reflecting ongoing assessment and management of the bleeding. The fact that it was not active upon discharge suggests the bleeding was successfully managed during the ICU stay. * **Major Diagnosis:** cardiovascular|shock / hypotension|hypotension (ICD-9 Codes: 458.9, I95.9). Hypotension, a symptom often associated with shock, was a significant concern. * **Other Diagnosis:** cardiovascular|shock / hypotension|sepsis|severe (ICD-9 Codes: 995.92, R65.2). Severe sepsis was also diagnosed. This is a life-threatening condition, consistent with the patient's ultimate outcome.

4. Treatments

* **Aggressive Volume Resuscitation:** The patient received aggressive volume resuscitation with normal saline, exceeding 250 mls/hr. This treatment suggests the patient was experiencing significant fluid loss, potentially related to the GI bleeding or sepsis. * **Norepinephrine Administration:** Norepinephrine, a vasopressor, was administered at doses greater than 0.1 micrograms/kg/min. The use of vasopressors indicates the patient was suffering from hypotension and/or shock, requiring medication to increase blood pressure. The treatment was active upon discharge, reflecting the severity of the situation.

5. Vital Trends

NULL. No vital sign data is available in the provided dataset. To generate this section, time-series data on heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation would be required.

6. Lab Trends

The provided lab data contains multiple blood tests taken at different time points, both before and after admission. There are variations in some key indicators: Initial potassium was elevated (5.1 mmol/L), as was the WBC (36.4 K/mcL) and PT (14.3 sec) indicating possible infection and coagulation issues. A later test showed a decrease in potassium (3.5 mmol/L), and a significant increase in WBC (48 K/mcL). The albumin levels were low (1.7-1.8 g/dL) indicating potential malnutrition or liver dysfunction. Hemoglobin showed a decrease from 13.6 g/dL to 11.3 g/dL over the course of the stay, indicating some degree of blood loss. Detailed time-series analysis is needed to fully interpret the trends.

7. Microbiology Tests

NULL. No microbiology test results are included in the provided data.

8. Physical Examination Results

Two physical examinations were performed (at 8 and 830 minutes post-unit admission). The initial exam recorded systolic blood pressure of 80 mmHg and diastolic blood pressure of 48 mmHg, indicating hypotension. The GCS score was 15 (Eyes 4, Verbal 5, Motor 6). The later exam showed improved blood pressure (systolic 103 mmHg, diastolic 55 mmHg), heart rate between 88 and 100 bpm, and respiratory rate between 18 and 22 breaths/min. Oxygen saturation was between 91% and 97%. The patient's weight decreased from 55 kg to 34.7 kg during the ICU stay.