

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 151179 Unique Patient ID: 002-10079 Gender: Female Age: 59 Ethnicity: Caucasian Hospital Admit Time: 2014-XX-XX 17:05:00 Hospital Discharge Time: 2014-XX-XX 03:38:00 Hospital Discharge Status: Expired Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 17:06:00 Unit Discharge Time: 2014-XX-XX 02:50:00 Unit Discharge Status: Alive Hospital Admit Source: Emergency Department Unit Admit Source: Emergency Department Hospital Discharge Location: Death Unit Discharge Location: Floor Admission Height: 149.9 cm Discharge Weight: 73 kg

## **\*\*Medical History\*\***

NULL (Insufficient information provided)

## **\*\*Diagnoses\*\***

The patient presented with multiple diagnoses, both active and inactive upon discharge. The primary diagnosis was septic shock (ICD-9 codes: 785.52, R65.21). Other significant diagnoses included:

\* Metabolic acidosis (ICD-9 codes: 276.2, E87.2) \* C. difficile colitis (ICD-9 codes: 008.45, A04.7) \* Hypotension (ICD-9 codes: 458.9, I95.9) \* Hypocalcemia (ICD-9 codes: 275.41, E83.51) \* Hyponatremia (moderate, 146-155 mEq/dL) (ICD-9 codes: 276.0, E87.0) \* Infected pressure ulcer \* Infectious dermatitis \* Metastatic lung CA (inactive upon discharge)

The diagnosis priority indicates the relative severity, with septic shock being primary. Note that some diagnoses lack ICD-9 codes.

## **\*\*Treatments\*\***

NULL (Insufficient information provided)

## **\*\*Vital Trends\*\***

NULL (Insufficient information provided. Vital signs would typically be included in a time series showing trends over the ICU stay.)

## **\*\*Lab Trends\*\***

The provided lab data shows multiple blood tests performed over the patient's stay. Significant trends require a time-series analysis, but some observations from available data points are:

\* Hemoglobin (Hgb) levels fluctuated between 12.0 g/dL and 14.5 g/dL. The trend requires more data points for complete analysis. \* Hematocrit (Hct) levels varied between 37.7% and 43.3%. The trend requires more data points for complete analysis. \* White blood cell (WBC) counts ranged from 14.1 K/mcL to 49.8 K/mcL, indicating a possible infection or inflammatory response. The trend requires more data points for complete analysis. \* Platelet counts were between 296 K/mcL and 631 K/mcL. The trend requires more data points for complete analysis. \* Blood chemistry values (sodium, potassium, bicarbonate, chloride, BUN, creatinine, glucose, calcium, anion gap, ALT, AST, total protein, albumin, total bilirubin, direct bilirubin, magnesium, lipase, ionized calcium, BNP, urinary specific gravity) show significant variations indicating potential electrolyte imbalances and organ dysfunction. Further analysis is needed to determine precise trends.

## **\*\*Microbiology Tests\*\***

NULL (Insufficient information provided. Microbiology results for cultures would typically be reported here.)

## **\*\*Physical Examination Results\*\***

A structured physical exam was performed. At one point, heart rate (HR) was recorded as 125 bpm, blood pressure (BP) was recorded as 57/34 mmHg, and oxygen saturation (O2 Sat) was 94%. Central venous pressure (CVP) was measured at 11. Weight was measured as 80.7 kg. A Glasgow Coma Scale (GCS) score of 15 (Eye 4, Verbal 5, Motor 6) was recorded. The limited data points do not allow for a thorough assessment of the patient's physical condition throughout their stay. Note that the exact times for these measurements are not specified.

**\*\*Note:\*\*** This report is based on the provided data. Many sections are incomplete because the provided dataset lacks essential time-series data on vital signs and a more complete lab history. A more comprehensive dataset would significantly enrich the report and allow for robust trend analysis. The absence of information on treatments and microbiology results limits the thoroughness of the medical history.