

****Medical Report for Patient 003-12237****

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

* **Patient Unit Stay ID:** 260647 * **Patient Health System Stay ID:** 223930 * **Unique Patient ID:** 003-12237 *
* **Gender:** Male * **Age:** 69 * **Ethnicity:** Caucasian * **Hospital ID:** 95 * **Ward ID:** 126 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 18:38:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:**
18:20:00 * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Hospital Admit Time:**
18:00:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge
Time:** 18:25:00 * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Admission
Weight:** 105 kg * **Discharge Weight:** 104.3 kg * **Admission Height:** 177.8 cm * **APACHE Admission Diagnosis:**
Sepsis, pulmonary

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their priority, and active status upon discharge are detailed below:

* **Primary Diagnoses:** * Sepsis (ICD-9 codes: 038.9, A41.9) - Entered at 1343 minutes post-unit admission. Inactive upon discharge. * Sepsis (ICD-9 codes: 038.9, A41.9) - Entered at 1373 minutes post-unit admission. Inactive upon discharge. * Sepsis (ICD-9 codes: 038.9, A41.9) - Entered at 1420 minutes post-unit admission. Active upon discharge. * Sepsis (ICD-9 codes: 038.9, A41.9) - Entered at 293 minutes post-unit admission. Inactive upon discharge. * Sepsis (ICD-9 codes: 038.9, A41.9) - Entered at 735 minutes post-unit admission. Inactive upon discharge.

* **Major Diagnoses:** * Pneumonia (ICD-9 codes: 486, J18.9) - Entered at 1343 minutes post-unit admission. Inactive upon discharge. * Pneumonia (ICD-9 codes: 486, J18.9) - Entered at 1420 minutes post-unit admission. Active upon discharge. * Pneumonia (ICD-9 codes: 486, J18.9) - Entered at 735 minutes post-unit admission. Inactive upon discharge. * Pneumonia (ICD-9 codes: 486, J18.9) - Entered at 293 minutes post-unit admission. Inactive upon discharge. * Pneumonia (ICD-9 codes: 486, J18.9) - Entered at 1373 minutes post-unit admission. Inactive upon discharge.

* **Other Diagnoses:** * Lactic Acidosis (ICD-9 codes: 276.2, E87.2) - Multiple entries at various times, some active and some inactive upon discharge. * Acute Renal Failure (ICD-9 codes: 584.9, N17.9) - Multiple entries at various times, some active and some inactive upon discharge. * DVT - Multiple entries at various times, some active and some inactive upon discharge. * Pulmonary Embolism (ICD-9 codes: 415.19, I26.99) - Multiple entries at various times, some active and some inactive upon discharge.

****4. Treatments****

The patient received various treatments during their ICU stay. The treatments, their start times, and active status upon discharge are as follows:

* Oxygen therapy (face mask) – Multiple instances, some active and some inactive at discharge. * Acetaminophen (non-narcotic analgesic) - Started at 293 minutes post-unit admission. Inactive upon discharge. * Ondansetron (serotonin antagonist) - Started at 293 minutes post-unit admission. Inactive upon discharge. * Coumadin (anticoagulant) - Multiple instances, some active and some inactive at discharge. * IV furosemide (intravenous diuretic) - Started at 293 minutes post-unit admission. Inactive upon discharge. * Pantoprazole (stress ulcer prophylaxis) - Multiple instances, some active and some inactive at discharge. * Ceftriaxone (third-generation cephalosporin) - Started at 293 minutes post-unit admission. Inactive upon discharge. * Azithromycin (macrolide) - Started at 293 minutes post-unit admission. Inactive upon discharge. * Intravenous Heparin - Multiple instances, some active and some inactive at discharge.

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

NULL (Insufficient information provided)

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

The following lab results were recorded:

* Hematological Labs: MCV, Hct, Hgb, WBC x 1000, -bands, -eos, -lymphs, -polys, platelets x 1000, MCH, RDW, PT, PTT, PT-INR. Multiple measurements taken, some pre-admission and some during the stay. Values show some fluctuation in the Hemoglobin and Platelet counts over time. Further analysis is needed to establish clear trends.

* Chemistry Labs: Albumin, sodium, AST (SGOT), ALT (SGPT), glucose, calcium, creatinine, BUN, lactate, total protein, total bilirubin, anion gap. Multiple measurements taken, some pre-admission and some during the stay. Lactate levels suggest possible metabolic acidosis, and creatinine and BUN values indicate renal function impairment. Further analysis is needed to establish clear trends.

* Miscellaneous Labs: Urinary specific gravity, urinary sodium, urinary creatinine. These were also measured multiple times and warrant further analysis to assess trends.

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

NULL (Insufficient information provided)

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

Physical exams were performed at 23 minutes, 1369 minutes and 1419 minutes post-unit admission. The patient was consistently noted as ill-appearing, well-developed, and not in acute distress. Vital signs (HR, BP, Respiration Rate, O2 saturation) were recorded at each exam. The Glasgow Coma Scale (GCS) was scored as 15 initially. Further analysis of these trends is needed.