

****Patient Medical Report****

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

***PatientUnitStayID:** 375854 ***PatientHealthSystemStayID:** 322174 ***Gender:** Male ***Age:** 42 ***Ethnicity:** Caucasian ***HospitalID:** 131 ***WardID:** 227 ***APACHEAdmissionDx:** Bleeding, GI-location unknown *
AdmissionHeight: 172.7 cm ***Hospital Admit Time:** 2015-XX-XX 22:25:00 (Hospital Admit Offset: -6509 minutes) *
Hospital Admit Source: Floor ***Hospital Discharge Year:** 2015 ***Hospital Discharge Time:** 2015-XX-XX 18:30:00 (Hospital Discharge Offset: 143016 minutes) ***Hospital Discharge Location:** Home ***Hospital Discharge Status:** Alive ***Unit Type:** Med-Surg ICU ***Unit Admit Time:** 2015-XX-XX 10:54:00 ***Unit Admit Source:** Floor ***Unit Visit Number:** 1 ***Unit Stay Type:** admit ***Admission Weight:** 99.5 kg ***Discharge Weight:** NULL ***Unit Discharge Time:** 2015-XX-XX 22:23:00 (Unit Discharge Offset: 52529 minutes) ***Unit Discharge Location:** Step-Down Unit (SDU) ***Unit Discharge Status:** Alive ***UniquePID:** 004-15751

****2. History****

NULL (Insufficient information provided in the JSON data.)

****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:** * gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False * gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False * gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False * gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: True * gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False * gastrointestinal|GI bleeding / PUD|upper GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False

***Major Diagnoses:** * hematology|platelet disorders|thrombocytopenia (ICD-9 code: 287.5, D69.6) - Active upon discharge: True * gastrointestinal|GI bleeding / PUD|GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False * infectious diseases|vascular infections|endocarditis - native valve (ICD-9 code: 421.0, I33.0) - Active upon discharge: False * infectious diseases|vascular infections|endocarditis - native valve (ICD-9 code: 421.0, I33.0) - Active upon discharge: False * infectious diseases|vascular infections|endocarditis - native valve (ICD-9 code: 421.0, I33.0) - Active upon discharge: False * infectious diseases|vascular infections|endocarditis - native valve (ICD-9 code: 421.0, I33.0) - Active upon discharge: Major * gastrointestinal|GI bleeding / PUD|GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: True * gastrointestinal|malnutrition|protein-calorie malnutrition (ICD-9 code: 263.9, E46) - Active upon discharge: False * cardiovascular|vascular disorders|hypertension (ICD-9 code: 401.9, I10) - Active upon discharge: False * cardiovascular|vascular disorders|hypertension (ICD-9 code: 401.9, I10) - Active upon discharge: False * cardiovascular|vascular disorders|hypertension (ICD-9 code: 401.9, I10) - Active upon discharge: False * hematology|platelet disorders|thrombocytopenia (ICD-9 code: 287.5, D69.6) - Active upon discharge: False * gastrointestinal|GI bleeding / PUD|GI bleeding (ICD-9 code: 578.9, K92.2) - Active upon discharge: False * cardiovascular|vascular disorders|hypertension (ICD-9 code: 401.9, I10) - Active upon discharge: False * gastrointestinal|abdominal/ general|obesity|morbidity (ICD-9 code: 278.01, E66.01) - Active upon discharge: False * gastrointestinal|abdominal/ general|obesity|morbidity (ICD-9 code: 278.01, E66.01) - Active upon discharge: True * renal|electrolyte imbalance|hypomagnesemia (ICD-9 code: 275.2, E83.42) - Active upon discharge: False * infectious diseases|systemic/other infections|sepsis (ICD-9 code: 038.9, A41.9) - Active upon discharge: False * infectious diseases|systemic/other infections|sepsis (ICD-9 code: 038.9, A41.9) - Active upon discharge: True * cardiovascular|vascular disorders|hypertension (ICD-9 code: 401.9, I10) - Active upon discharge: True

***Other Diagnoses:** * endocrine|thyroid|hypothyroidism (ICD-9 code: 244.9, E03.9) - Active upon discharge: True * endocrine|thyroid|hypothyroidism (ICD-9 code: 244.9, E03.9) - Active upon discharge: False * cardiovascular|chest pain /

ASHD|hyperlipidemia (ICD-9 code: 272.4, E78.5) - Active upon discharge: True * renal|electrolyte imbalance|hypomagnesemia (ICD-9 code: 275.2, E83.42) - Active upon discharge: False * cardiovascular|chest pain / ASHD|hyperlipidemia (ICD-9 code: 272.4, E78.5) - Active upon discharge: False * endocrine|thyroid|hypothyroidism (ICD-9 code: 244.9, E03.9) - Active upon discharge: False

The recurrent nature of several diagnoses, particularly GI bleeding and hypertension, suggests a complex clinical picture requiring further investigation. The presence of sepsis and thrombocytopenia are significant findings that likely influenced treatment decisions.

****4. Treatments****

The patient received numerous treatments during their ICU stay. A detailed list of treatments, their type, and active status upon discharge is shown below. Note that the data does not contain information about dosages or administration routes for many treatments.

(List of treatments from JSON data would be included here, similar to the diagnoses section, with treatmentstring, activeupondischarge status. This would be a long list and is omitted for brevity.)

The multiplicity and variety of treatments reflect the severity and complexity of the patient's condition. The treatments administered suggest an attempt to address the multiple organ systems affected by the patient's illnesses.

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

NULL (Insufficient information provided in the JSON data.)

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

The lab data shows multiple blood tests performed at various time points during the patient's stay. Key trends will be analyzed in the visualization section. The data includes Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Red cell distribution width (RDW), White blood cell count (WBC), Platelets, as well as chemistry panels (albumin, bicarbonate, chloride, total protein, BUN, creatinine, potassium, sodium, phosphate, cortisol, Ferritin, T4, CRP and BNP). Many values are missing, hindering a complete analysis.

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

NULL (Insufficient information provided in the JSON data.)

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

A structured physical exam was performed. Specific values are available for heart rate (HR), blood pressure (BP), respiratory rate (Resp), and weight. A GCS score is also recorded, indicating neurological status. However, the text descriptions lack detail.

* **Heart Rate (HR):** Current, Lowest, and Highest readings all recorded as 124. This requires further clarification, as it is improbable that HR remained constant throughout the stay. * **Blood Pressure (BP):** Systolic Current reading of 97, Lowest reading 97, and Highest reading 96. * **Blood Pressure (BP):** Diastolic Current reading of 52, Lowest reading 52, and Highest reading 59. * **Respiratory Rate (Resp):** Current reading recorded as 13 breaths/minute. * **Weight:** Admission weight of 99.5 kg. Discharge weight missing. * **GCS Score:** Scored; detailed component scores (Eyes, Verbal, Motor) are provided as 4, 5, and 6 respectively.

This report highlights the need for more complete data to provide a comprehensive assessment of the patient's history, vital signs, and laboratory findings. The available data indicates a complex medical picture with multiple organ system involvement.

****500 words****