Medical Report for Patient 004-17087

1. Patient Information:

* **Patient Unit Stay ID:** 351717 * **Unique Patient ID:** 004-17087 * **Gender:** Female * **Age:** 61 * **Ethnicity:** NULL * **Hospital Admission Time:** 2015-XX-XX 00:40:00 * **Hospital Admission Source:** NULL * **Hospital Discharge Time:** 2015-XX-XX 05:10:00 * **Hospital Discharge Status:** Expired * **Hospital Discharge Location:** Death * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 02:46:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 05:10:00 * **Unit Discharge Status:** Expired * **Unit Discharge Location:** Death * **Admission Weight:** 82.7 kg * **Discharge Weight:** NULL * **Admission Height:** 175.3 cm * **APACHE Admission Diagnosis:** Encephalopathies (excluding hepatic)

2. History:

Insufficient data provided to generate a detailed patient history. The report only includes structured data elements. A comprehensive history would require free-text clinical notes and physician documentation not provided in the JSON data. More information is needed regarding the patient's presenting complaint, relevant past medical history, family history, social history, and medication history.

3. Diagnoses:

The patient presented with multiple significant diagnoses, all active upon discharge:

* **Primary:** Hepatic Encephalopathy (ICD-9: 572.2) * **Major:** Severe Hypokalemia (ICD-9: 276.8, E87.6) * **Major:** Depression (ICD-9: 311, F32.9) and Altered Mental Status / Pain * **Major:** Hypotension (ICD-9: 458.9, I95.9) * **Major:** Lactic Acidosis (ICD-9: 276.2, E87.2) * **Major:** Change in Mental Status (ICD-9: 780.09, R41.82) * **Major:** Hypothermia (not due to cold environment) (ICD-9: 780.99, R68.0) * **Major:** Alcohol Withdrawal Syndrome (ICD-9: 291.81, F10.239) * **Major:** Hypoglycemia (ICD-9: 251.1, E16.2) * **Major:** Anemia (ICD-9: NULL) * **Other:** Hypertension (ICD-9: 401.9, I10)

The multiplicity of diagnoses suggests a complex clinical picture, possibly indicating a critical illness. The presence of hepatic encephalopathy, hypokalemia, hypotension, and lactic acidosis points towards significant organ dysfunction.

4. Treatments:

The patient received a wide range of treatments during their ICU stay, including:

* Gastrointestinal support: Pantoprazole (IV), Oral Feeds, Lactulose, Ondansetron. * Neurological assessment: Head CT Scan. * Renal support: Electrolyte administration (Potassium, Magnesium, IV fluids), Sodium Bicarbonate. * Cardiovascular support: Hypotonic Fluid Administration (D5 half-normal saline), Fluid bolus (Normal Saline). * Hematological support: Packed Red Blood Cells. * Endocrine support: Active external rewarming (warming blanket). * Pulmonary support: Oxygen therapy (25-30%, Nasal Cannula). * Toxicology assessment: Drug Levels.

This comprehensive treatment approach reflects the severity and complexity of the patient's condition, addressing multiple organ systems simultaneously.

5. Vital Trends: NULL

6. Lab Trends:

Initial lab results revealed:

* Sodium: 140 mEq/L * Albumin: 2.5 g/dL * Glucose: 107 mg/dL * BUN: 11 mg/dL * Total Bilirubin: 4.4 mg/dL * Creatinine: 1.8 mg/dL * Hematocrit (Hct): 24.5% * White Blood Cell Count (WBC): 10.8 K/mcL * Ammonia: 121 mcg/dL * FiO2: 28%

These values suggest potential electrolyte imbalances, hepatic dysfunction (elevated bilirubin and ammonia), and renal impairment (elevated creatinine).

7. Microbiology Tests: NULL

8. Physical Examination Results:

The physical examination documented the patient as critically ill-appearing. Vital signs recorded at admission were: Heart Rate (HR): 77 bpm, Blood Pressure (BP): 88/57 mmHg, Respiratory Rate: 24 breaths/min. The Glasgow Coma Scale (GCS) was scored as 11 (E=4, V=2, M=5), indicating moderate neurological impairment. The patient's respiratory mode was spontaneous. Weight at admission was 82.66 kg.

Conclusion: The patient presented with a complex and severe multi-organ failure. The provided data highlights a critical illness with a fatal outcome. The lack of time-series data limits the ability to fully analyze the patient's progression and response to treatment. Further data would be needed for a more comprehensive analysis.