Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 294032 * **Unique Patient ID:** 003-10109 * **Gender:** Male * **Age:** 61 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 23:20:00 * **Hospital Discharge Time:** 2014-XX-XX 21:05:00 * **Unit Admission Time:** 2014-XX-XX 23:56:00 * **Unit Discharge Time:** 2014-XX-XX 18:17:00 * **Unit Type:** Med-Surg ICU * **Admission Weight:** 57.8 kg * **Discharge Weight:** 57.6 kg * **Admission Height:** 172.7 cm * **Hospital Admission Source:** NULL * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admission Source:** Direct Admit * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **APACHE Admission Diagnosis:** Sepsis, pulmonary

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon discharge was sepsis (ICD-9 codes: 038.9, A41.9). Other significant diagnoses included:

* **Major Diagnoses:** Pneumonia (ICD-9 codes: 486, J18.9), Septic shock (ICD-9 codes: 785.52, R65.21) * **Other Diagnoses:** Sinus tachycardia (ICD-9 codes: 785.0, R00.0), Metabolic acidosis, lactic acidosis (ICD-9 codes: 276.2, E87.2), Leukocytosis (ICD-9 codes: 288.8, D72.829), Hypoxemia (ICD-9 codes: 799.02, J96.91), Severe COPD (ICD-9 codes: 491.20, J44.9), Chest pain (ICD-9 codes: 786.50, R07.9). Note that some diagnoses were active upon discharge while others were not. The temporal relationship between diagnoses, including the time of diagnosis entry relative to unit admission, is recorded in the data. This suggests a complex clinical picture with an evolving presentation of illness. The presence of multiple infections and their impact on other organ systems was a prominent feature of the patient's condition.

4. Treatments

The patient received a range of treatments throughout their ICU stay. Treatments active upon discharge included:

* **Antibiotics:** Ceftriaxone, Azithromycin * **Antiplatelet Agent:** Aspirin * **Stress Ulcer Prophylaxis:** Pantoprazole * **VTE Prophylaxis:** Subcutaneous conventional heparin therapy * **IV Fluids:** Normal saline administration * **Glucocorticoid:** Methylprednisolone

Other treatments administered at various points during the ICU stay included cultures (blood and urine) and other supportive measures. The timing of treatment initiation relative to the onset of illness is crucial information available in the data. The aggressive volume resuscitation and vasopressors administered suggest a period of significant hemodynamic instability. The use of glucocorticoids points to the management of inflammatory processes. The consistent presence of antibiotic therapy underscores the ongoing fight against infection.

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

The provided lab data shows multiple tests performed at different time points. The data includes blood gas analysis (pH, PaO2, PaCO2, Base Excess), complete blood counts (WBC, Hgb, Hct, MCV, MCH, MCHC, RDW, % polys, % lymphs, % monos, % eos, % basos, platelets), and basic chemistry (creatinine, BUN, glucose, sodium, chloride, potassium, calcium,

phosphate, lactate, alkaline phos., AST, ALT, prealbumin, urinary specific gravity). There are repeated measurements of some lab values (e.g., blood gases) at different time points. These repeated measurements allow for the assessment of the patient's response to treatment, the identification of trends in various parameters, and the monitoring of the progression or resolution of the underlying conditions. Analysis of these trends can help ascertain the effectiveness of treatment interventions and guide further medical management. This is critical in the context of sepsis and other life-threatening conditions that require close monitoring of organ function.

7. Microbiology Tests

The patient underwent urine and blood cultures. NULL (Results of these tests are not provided)

8. Physical Examination Results

Physical examinations were performed at multiple time points. The patient was consistently noted as ill-appearing and cachectic. The initial GCS score was 15, indicating normal neurological function. The heart rhythm was consistently described as sinus and regular. Respiration was spontaneous. Vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation) were recorded at multiple times, showing a range of values. The repeated physical assessments provide insight into the patient’s clinical course, allowing clinicians to track changes in their condition and respond accordingly. The documentation of the patient's appearance and vital signs, along with the neurological status, provides a comprehensive picture of their overall health. The consistent observation of the patient's ill appearance and cachectic state highlights the severity and impact of their underlying conditions.