

****Medical Report - Patient 003-10109****

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

* **Patient Unit Stay ID:** 287848 * **Unique Patient ID:** 003-10109 * **Gender:** Male * **Age:** 62 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 22:34:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 16:00:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 22:39:00 * **Unit Admission Source:** Direct Admit * **Unit Discharge Time:** 2015-XX-XX 20:57:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 46.8 kg * **Discharge Weight:** 47.6 kg * **Admission Height:** 172.72 cm

****2. History****

The provided data does not contain a detailed patient history. Further information is needed to complete this section. NULL

****3. Diagnoses****

Multiple diagnoses were recorded during the patient's ICU stay. These include, but may not be limited to:

* **Pneumonia:** (ICD-9 codes: 486, J18.9) Recorded multiple times, both active and inactive at different points during the stay. This suggests an ongoing concern throughout the ICU admission. * **Sepsis:** (ICD-9 codes: 038.9, A41.9) This diagnosis was active upon discharge, highlighting the severity of the patient's condition. * **Signs and Symptoms of Sepsis (SIRS):** (ICD-9 code: 995.90) Multiple instances of this diagnosis were recorded, indicating a fluctuating clinical picture. * **Fever:** (ICD-9 codes: 780.6, R50.9) Also recorded multiple times, indicating intermittent fever throughout the admission. * **COPD:** (ICD-9 codes: 491.20, J44.9) A pre-existing condition, active at discharge, which likely contributed to the patient's respiratory issues. * **Leukocytosis:** (ICD-9 codes: 288.8, D72.829) Active upon discharge, indicating an elevated white blood cell count, consistent with infection.

All listed diagnoses were marked as 'Other' in terms of priority, implying the presence of a primary diagnosis not explicitly detailed in this dataset. Additional information is needed to determine the primary diagnosis.

****4. Treatments****

The patient received various treatments, including:

* **Oxygen Therapy:** Initially with nasal cannula, later escalating to a face mask, suggesting worsening respiratory status requiring increased oxygen support. Oxygen therapy was ongoing at the time of discharge. * **Antibacterials:** Treatment with antibacterials was administered, indicating the management of suspected or confirmed bacterial infection. * **Glucocorticoid Administration:** This treatment was administered, likely to manage inflammation associated with the patient's condition. This was active at discharge. * **Stress Ulcer Prophylaxis:** Treatment to prevent stress ulcers was implemented; this was active at the time of discharge. * **VTE Prophylaxis:** Treatment to prevent venous thromboembolism (blood clots) was administered. * **Cultures:** Cultures were taken, demonstrating an attempt to identify the causative agent(s) of infection.

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

The provided data only includes a single set of vital signs at admission (HR: 122, BP systolic: 109, BP diastolic: 71, Resp Rate: 21, O2 Sat: 93%, FiO2: 32%). A more extensive timeseries of vital signs is required for proper trend analysis. NULL

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

Laboratory results show several key trends:

* **Hematological findings:** Initial complete blood count (CBC) revealed leukocytosis (elevated WBC) at 32.6 K/uL. Later, CBC showed a reduced WBC count (9.7 K/uL), possibly indicating a response to treatment. Note there are multiple lab entries for several different hematologic markers, which warrant a detailed time-series analysis to determine patterns. *

Chemistry and blood gas analysis: Chemistry and blood gas results were also obtained, demonstrating an elevated anion gap, which is consistent with metabolic acidosis. The bicarbonate levels were initially low and subsequently improved, suggesting improvement in metabolic status. The pH, pCO₂, pO₂, and Base Excess values show a pattern consistent with respiratory acidosis and metabolic acidosis, which require a time series analysis to determine if these values improved.

7. Microbiology Tests

The data indicates that cultures were performed. However, the results are not provided. NULL

8. Physical Examination Results

The physical exam notes indicate the patient was ill-appearing on admission, with a GCS score of 15 (Eyes: 4, Verbal: 5, Motor: 6), and normal level of consciousness, orientation, and affect. A complete physical examination is required for comprehensive documentation. Weight on admission was 46.8 kg.

The physical exam was not performed later in the ICU stay.