Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 978037 * **PatientHealthSystemStayID:** 721068 * **Gender:** Male * **Age:** 63 * **Ethnicity:** Caucasian * **HospitalID:** 184 * **WardID:** 429 * **APACHEAdmissionDx:** Bleeding, lower GI * **Admission Height:** 172.72 cm * **Hospital Admit Time:** 03:23:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 20:24:00 * **Hospital Discharge Location:** Rehabilitation * **Hospital Discharge Status:** Alive * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 04:37:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 91.17 kg * **Discharge Weight:** 88.9 kg * **Unit Discharge Time:** 22:30:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **UniquePID:** 007-10069

2. History

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3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. The diagnoses included:

* **Cardiovascular|Shock / Hypotension|Hypotension (ICD-9: 458.9, I95.9):** This diagnosis was active upon discharge, indicating persistent hypotension. The diagnosis was marked as 'Other' priority. * **Gastrointestinal|GI bleeding / PUD|GI bleeding (ICD-9: 578.9, K92.2):** This diagnosis was active upon discharge and marked as 'Other' priority. This suggests ongoing gastrointestinal bleeding. * **Gastrointestinal|GI bleeding / PUD|GI bleeding (ICD-9: 578.9, K92.2):** This diagnosis was *not* active upon discharge. The diagnosis was marked as 'Other' priority. * **Cardiovascular|Shock / Hypotension|Hypotension (ICD-9: 458.9, I95.9):** This diagnosis was *not* active upon discharge. The diagnosis was marked as 'Other' priority. * **Gastrointestinal|GI bleeding / PUD|lower GI bleeding (ICD-9: 578.9, K92.2):** This diagnosis was *not* active upon discharge. The diagnosis was marked as 'Other' priority. * **Gastrointestinal|GI bleeding / PUD|lower GI bleeding (ICD-9: 578.9, K92.2):** This diagnosis was active upon discharge and marked as 'Other' priority, indicating persistent lower GI bleeding.

The presence of both hypotension and gastrointestinal bleeding raises concerns about potential circulatory compromise and the need for aggressive management of fluid balance and bleeding control.

4. Treatments

The patient received several treatments during their ICU stay. Active treatments upon discharge included:

* **Oxygen therapy (< 40%):** This suggests the patient required supplemental oxygen, indicating respiratory compromise. * **Pulmonary/CCM consultation:** A consultation with pulmonary and critical care medicine specialists was deemed necessary, highlighting the complexity of the patient's condition. * **Normal saline administration:** Intravenous fluids were administered, likely to manage dehydration or hypovolemic shock associated with GI bleeding. * **Blood product administration:** Blood products were administered, indicating the need for blood transfusion due to significant blood loss from GI bleeding. * **Esophagogastroduodenoscopy (EGD) with banding:** This procedure was performed, indicating an attempt to locate and control the source of upper GI bleeding. * **Fiberoptic colonoscopy with biopsy:** This procedure was performed to investigate and potentially treat the source of lower GI bleeding.

Treatments that were not active upon discharge include:

* **Oxygen therapy (< 40%):** The patient's oxygen requirements were managed successfully. * **Pulmonary/CCM consultation:** The consultation was completed and treatment plan established. * **Normal saline administration:** Fluid resuscitation was completed successfully. * **Blood product administration:** Successful blood transfusion.

5. Vital Trends

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6. Lab Trends

The lab results reveal fluctuating levels of several key indicators. There are multiple entries for many lab tests, reflecting serial monitoring of the patient's condition. Noteworthy trends include:

* **Hemoglobin (Hgb):** Fluctuating values, consistent with ongoing blood loss. Trend analysis is needed to determine the efficacy of blood transfusions. * **Hematocrit (Hct):** Similar fluctuations to Hgb, reflecting the changes in the patient's blood volume. * **Platelets:** Shows some variation but more data is needed to determine a trend. This is important because low platelet counts can indicate coagulopathy and increase bleeding risk. * **Blood glucose:** Consistently elevated, necessitating monitoring for hyperglycemia. * **Creatinine:** Elevated values, indicating impaired kidney function. Trend analysis is needed to assess the severity and progression of renal insufficiency. * **BUN:** Elevated values, consistent with elevated creatinine, indicating renal impairment. * **Electrolytes (Sodium, Potassium, Chloride, Bicarbonate, Anion Gap):** Electrolyte abnormalities are present, requiring close monitoring and treatment to maintain electrolyte balance. These are critical due to their impact on cardiac and neurological function. * **Liver Enzymes (ALT, AST):** Markedly elevated, suggesting liver injury, perhaps due to hypoperfusion or medication effects. Trend analysis is needed to determine whether the liver injury is resolving. * **Troponin-I:** Low elevation indicating possible myocardial injury, needs further investigation.

7. Microbiology Tests

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8. Physical Examination Results

Physical examination findings at two different time points are recorded. The first exam shows:

* **GCS Score:** 15 (scored as 4,5,6 for Eyes, Verbal, Motor respectively) indicating normal neurological function. * **Heart Rate (HR):** Between 93 and 95 bpm which is within normal range, although more data is needed to assess full trend. * **Blood Pressure (BP):** Systolic pressure between 84 and 86 mmHg, diastolic pressure between 46 and 56 mmHg. This suggests that the patient's blood pressure was somewhat low, consistent with the hypotension diagnosis. * **Respiratory Rate (RR):** Between 15 and 16 breaths per minute. This may indicate respiratory involvement. * **Oxygen Saturation (O2 Sat):** 100% indicating normal oxygen saturation. * **Weight:** 91.17 kg

The second exam, approximately 400 minutes later, shows:

* **GCS Score:** 15 (scored) * **Heart Rate (HR):** 95-110 bpm * **Blood Pressure (BP):** Systolic pressure between 87 and 125 mmHg, diastolic pressure between 55 and 84 mmHg. This suggests some fluctuation in blood pressure. * **Respiratory Rate (RR):** Between 9 and 28 breaths per minute. This suggests respiratory distress. * **Oxygen Saturation (O2 Sat):** 92-100%. This shows some fluctuation but otherwise normal oxygen saturation. * **Weight:** 88.9 kg (a loss of 2.27kg). * **Intake Total:** 2009 ml * **Output Total:** 605 ml * **Total Net:** +1404 ml

The changes in vital signs and weight between the two exams suggest a dynamic clinical picture requiring ongoing monitoring and intervention. The drop in weight and increase in total net fluid balance may be related to ongoing GI bleeding and fluid resuscitation efforts. The fluctuation in respiratory rate is concerning and requires thorough monitoring.