

## **\*\*Medical Report: Patient 006-10118\*\***

### **\*\*1. Patient Information\*\***

**\*\*Patient Unit Stay ID:\*\*** 852424 **\*\*Unique Patient ID:\*\*** 006-10118 **\*\*Gender:\*\*** Female **\*\*Age:\*\*** 79 **\*\*Ethnicity:\*\*** Caucasian **\*\*Hospital ID:\*\*** 171 **\*\*Ward ID:\*\*** 335 **\*\*Unit Type:\*\*** Med-Surg ICU **\*\*Unit Admit Time:\*\*** 01:44:00 **\*\*Unit Admit Source:\*\*** Step-Down Unit (SDU) **\*\*Unit Discharge Time:\*\*** 20:15:00 **\*\*Unit Discharge Location:\*\*** Floor **\*\*Unit Discharge Status:\*\*** Alive **\*\*Admission Weight:\*\*** 66.5 kg **\*\*Hospital Admit Time:\*\*** 05:55:00 **\*\*Hospital Admit Source:\*\*** Floor **\*\*Hospital Discharge Time:\*\*** 22:57:00 **\*\*Hospital Discharge Location:\*\*** Home **\*\*Hospital Discharge Status:\*\*** Alive

### **\*\*2. History\*\***

NULL (Insufficient information provided)

### **\*\*3. Diagnoses\*\***

The patient presented with multiple significant diagnoses upon admission to the Med-Surg ICU:

**\*\*Primary Diagnosis:\*\*** Cardiovascular | Ventricular disorders | Cardiomyopathy | Dilated | Ischemic (ICD-9 codes: 425.8, I25.5) **\*\*Major Diagnosis:\*\*** Renal | Disorder of kidney | Acute renal failure (ICD-9 codes: 584.9, N17.9) **\*\*Major Diagnosis:\*\*** Cardiovascular | Shock / Hypotension | Hypotension (ICD-9 codes: 458.9, I95.9) **\*\*Major Diagnosis:\*\*** Cardiovascular | Shock / Hypotension | Cardiogenic shock (ICD-9 codes: 785.51, R57.0) **\*\*Major Diagnosis:\*\*** Neurologic | Altered mental status / pain | Encephalopathy (ICD-9 codes: 348.30, G93.40) **\*\*Major Diagnosis:\*\*** Gastrointestinal | Hepatic disease | Hepatic dysfunction | Acute (ICD-9 codes: 573.9, K76.9)

All diagnoses were active upon discharge from the unit.

### **\*\*4. Treatments\*\***

The patient received the following treatment:

**\*\*Cardiovascular | Ventricular dysfunction | Inotropic agent | Dobutamine:\*\*** This treatment was active upon discharge from the unit. Further details regarding dosage, administration route, and response to treatment are unavailable in the provided data.

### **\*\*5. Vital Trends\*\***

NULL (Insufficient information provided)

### **\*\*6. Lab Trends\*\***

The provided lab data shows multiple blood tests performed at various time points during the ICU stay. Significant findings include:

**\*\*Elevated Liver Enzymes:\*\*** Markedly elevated AST (SGOT) and ALT (SGPT) levels were observed, suggesting significant liver injury. The highest recorded values were 1447 IU/L (AST) and 1359 IU/L (ALT) at 546 minutes post-unit admission, indicating acute hepatic dysfunction. There was subsequent improvement, but levels remained elevated. **\*\*Electrolyte Imbalances:\*\*** The patient exhibited hypokalemia (low potassium) at admission and later showed low sodium (124 mmol/L at 546 minutes and 127-128 mmol/L at 2023 minutes). There was also increased anion gap (12 at 546 minutes), suggesting metabolic acidosis. These imbalances are consistent with the diagnoses of acute renal failure and cardiogenic shock. **\*\*Elevated Bilirubin:\*\*** Total bilirubin was elevated (1.7 mg/dL and 2.1 mg/dL), consistent with the

hepatic dysfunction. \* \*\*Hematological abnormalities:\*\* The complete blood count (CBC) showed significant leukocytosis (elevated white blood cells), with the highest level being 17.4 K/mcL, suggestive of an inflammatory response or infection. Also, decreased hemoglobin and hematocrit are observed, indicating anemia. This anemia is likely due to a combination of factors, including the patient's underlying conditions. RDW (Red cell distribution width) was elevated, suggesting anisocytosis (variation in red blood cell size). \* \*\*Renal Function:\*\* Creatinine levels were elevated, indicating impaired renal function, consistent with the diagnosis of acute renal failure. Levels fluctuated during the ICU stay, but improved. BUN (Blood Urea Nitrogen) also showed elevation. \* \*\*Glucose levels:\*\* Bedside glucose levels varied considerably, with multiple readings above 200 mg/dL indicating hyperglycemia, which is a common finding in critically ill patients and in the context of the patient's condition.

#### \*\*7. Microbiology Tests\*\*

NULL (Insufficient information provided)

#### \*\*8. Physical Examination Results\*\*

NULL (Insufficient information provided)

**\*\*Note:\*\*** This report is based solely on the provided data. Additional information is needed for a complete assessment of the patient's condition and care.