

****Medical Report: Patient 009-10147****

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

* **Patient Unit Stay ID:** 1059935 * **Patient Health System Stay ID:** 786131 * **Unique Patient ID:** 009-10147 *
* **Gender:** Male * **Age:** 76 * **Ethnicity:** African American * **Hospital ID:** 198 * **Ward ID:** 471 * **Unit Type:** CTICU * **Unit Admit Source:** Operating Room * **Unit Admit Time:** 2015-MM-DD 18:28:00 (assuming a date is available but missing from the JSON) * **Unit Discharge Time:** 2015-MM-DD 22:39:00 (assuming a date is available but missing from the JSON) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2015-MM-DD 09:01:00 (assuming a date is available but missing from the JSON, calculated from admit offset) * **Hospital Discharge Time:** 2015-MM-DD 19:57:00 (assuming a date is available but missing from the JSON, calculated from discharge offset) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 182.3 cm (assuming cm is the unit) * **Admission Weight:** 86.9 kg * **Discharge Weight:** NULL

****2. History****

Insufficient information provided in the JSON to generate a detailed patient history. The APACHE admission diagnosis ('Infection/abscess, other surgery for') suggests a surgical intervention and subsequent infection or abscess formation. Further details regarding the nature of the surgery, pre-operative condition, and the specifics of the infection are necessary for a complete history. Details about the patient's symptoms leading to admission are also needed.

****3. Diagnoses****

* **Primary Diagnosis:** Dysphagia (787.2, R13.10) * Gastrointestinal, Abdominal/General, Dysphagia * **Other Diagnosis:** Thoracic duct injury with chyle leak * Burns/Trauma, Trauma - Chest, Thoracic Duct Injury, With Chyle Leak

The primary diagnosis of dysphagia indicates difficulty swallowing, which could be related to the other diagnosis of thoracic duct injury. A chyle leak from a thoracic duct injury can potentially lead to complications affecting the gastrointestinal system and swallowing ability. More detailed information on the severity and progression of each diagnosis is needed.

****4. Treatments****

* **Lactated Ringer's administration:** Moderate volume resuscitation (150-250 mL/hr) * **Trauma surgery consultation:**
* **Surgery consultation:**

The treatments listed suggest supportive care for fluid balance and consultations from relevant surgical specialties. The specific reasons for these consultations and any other interventions administered (e.g., antibiotics, pain management) are missing from the data. Further details on the specific type of surgery performed and the post-operative management are needed for a complete treatment section.

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

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) are needed to generate this section.

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

The provided lab data includes multiple blood tests performed at various time points during the ICU stay. These include complete blood count (CBC) parameters (Hgb, Hct, RBC, MCV, MCH, MCHC, RDW, Platelets, WBC), blood chemistry (BUN, creatinine, sodium, chloride, bicarbonate, calcium, anion gap, magnesium, glucose, albumin, prealbumin), drug levels (Vancomycin - trough, Vancomycin - random), and arterial blood gases (ABGs) (pH, PaO2, PaCO2, O2 Content, O2 Sat, Methemoglobin, Base Excess, and FiO2). Trends in these values will be analyzed in the visualization section.

****7. Microbiology Tests****

NULL. No microbiology test results are included in the provided data.

****8. Physical Examination Results****

* **Physical Exam Performed:** Yes (Performed - Structured) * **Glasgow Coma Scale (GCS) Score:** 15 (4+6+5) *
Heart Rate (HR) Current: 78 bpm * **Heart Rate (HR) Lowest:** 78 bpm * **Heart Rate (HR) Highest:** 88 bpm *
Blood Pressure (BP) Systolic Current: 132 mmHg (assuming mmHg is the unit) * **Blood Pressure (BP) Systolic
Lowest:** 132 mmHg (assuming mmHg is the unit) * **Blood Pressure (BP) Systolic Highest:** 150 mmHg (assuming
mmHg is the unit) * **Blood Pressure (BP) Diastolic Current:** 60 mmHg (assuming mmHg is the unit) * **Blood Pressure
(BP) Diastolic Lowest:** 60 mmHg (assuming mmHg is the unit) * **Blood Pressure (BP) Diastolic Highest:** 64 mmHg
(assuming mmHg is the unit) * **Respiratory Rate (Resp) Current:** 15 breaths/min (assuming breaths/min is the unit) *
Respiratory Rate (Resp) Lowest: 15 breaths/min (assuming breaths/min is the unit) * **Respiratory Rate (Resp)
Highest:** 23 breaths/min (assuming breaths/min is the unit) * **Oxygen Saturation (O2 Sat) Current:** 100% * **Oxygen
Saturation (O2 Sat) Lowest:** 99% * **Oxygen Saturation (O2 Sat) Highest:** 100% * **Admission Weight:** 86.9 kg

The physical exam shows a GCS of 15, indicating normal neurological function. Further details about the patient's appearance, respiratory effort, and other findings are needed for a more comprehensive physical exam report. The vital signs collected are limited to a single time point. Repeated measurements are required to assess trends.