

****Patient Information****

Patient Unit Stay ID: 626098 Unique Patient ID: 006-101520 Gender: Male Age: 59 Ethnicity: Caucasian Hospital ID: 164 Ward ID: 321 Unit Type: Med-Surg ICU Unit Admit Time: 00:36:00 Unit Admit Source: Emergency Department Hospital Admit Time: 23:55:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 17:30:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Discharge Time: 00:43:00 Unit Discharge Location: Acute Care/Floor Unit Discharge Status: Alive Admission Weight: 93.7 kg Discharge Weight: 93.7 kg Admission Height: 185.4 cm APACHE Admission Diagnosis: Bleeding, lower GI

****Medical History****

NULL (Insufficient data provided to elaborate on the patient's medical history beyond the admission diagnosis.)

****Diagnoses****

The patient presented with lower gastrointestinal bleeding. Three diagnosis entries were recorded:

* **Diagnosis ID 11918131 (Offset: 10 minutes):** gastrointestinal|GI bleeding / PUD|lower GI bleeding (ICD-9 codes: 578.9, K92.2), Primary diagnosis. This initial diagnosis was entered very early in the ICU stay, suggesting it was a critical finding upon arrival. * **Diagnosis ID 10837353 (Offset: 854 minutes):** gastrointestinal|GI bleeding / PUD|lower GI bleeding (ICD-9 codes: 578.9, K92.2), Primary diagnosis. This entry suggests a reiteration or further assessment of the GI bleed. * **Diagnosis ID 10541557 (Offset: 1347 minutes):** gastrointestinal|GI bleeding / PUD|lower GI bleeding (ICD-9 codes: 578.9, K92.2), Primary diagnosis. This diagnosis remained active upon discharge from the unit, implying ongoing management was required even after initial treatment.

All three diagnoses point to the same primary condition: lower GI bleeding. The multiple entries may reflect the ongoing assessment and management of this condition throughout the ICU stay.

****Treatments****

The patient received the following treatments:

* **Treatment ID 24015876 (Offset: 10 minutes):** cardiovascular|intravenous fluid|blood product administration|packed red blood cells|transfusion of 1-2 units prbc's. The early administration of packed red blood cells indicates the severity of the bleeding and the immediate need for blood volume resuscitation. * **Treatment ID 27439448 (Offset: 1347 minutes):** gastrointestinal|endoscopy/gastric instrumentation|esophagogastroduodenoscopy. This suggests an endoscopic procedure was performed to assess and potentially treat the source of the bleeding. This treatment was active upon discharge, indicating the need for further monitoring or intervention.

****Vital Trends****

NULL (No vital sign data provided.)

****Lab Trends****

The provided lab data shows multiple blood tests performed at different time points during the patient's stay. The earliest set of labs (-101 minutes from unit admit) show a low Hemoglobin (Hgb) at 4.3 g/dL, low Hematocrit (Hct) at 12.4%, elevated BUN at 19 mg/dL, and an elevated anion gap at 9. These initial values are consistent with significant blood loss and potential dehydration and kidney impairment. Subsequent labs show an improvement in Hgb and Hct (7.7, 7.8, and 8.2 g/dL for Hgb and 22.7% and 24% for Hct at different time points), suggesting a response to the blood transfusions. BUN levels also trended downwards (from 19 to 11 mg/dL), indicating improvement in renal function. Electrolyte levels (sodium, potassium, chloride, bicarbonate, calcium, magnesium, and phosphate) were monitored and show some fluctuations, but generally remain within acceptable ranges with the exception of a slightly elevated anion gap at the

beginning and then it decreased to 7 mmol/L. The changes in laboratory values reflect the progression of the patient's condition and the effectiveness of the treatments.

****Microbiology Tests****

NULL (No microbiology test data provided.)

****Physical Examination Results****

The initial physical examination was documented as "Not Performed." However, a later structured physical exam (offset 5 minutes) recorded a Glasgow Coma Scale (GCS) score of 15 (Eyes: 4, Verbal: 5, Motor: 6), indicating normal neurological function. This suggests the patient was alert and oriented upon arrival, despite the severe lower GI bleed.