

****Medical Report for Patient 005-10425****

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

* **Patient Unit Stay ID:** 486824 * **Unique Patient ID:** 005-10425 * **Gender:** Female * **Age:** 63 * **Ethnicity:** Other/Unknown * **Hospital Admit Time:** 2015-XX-XX 02:38:00 (Hospital ID: 144, Ward ID: 267, Admit Source: Floor) * **Hospital Discharge Time:** 2015-XX-XX 02:08:00 (Discharge Location: Home, Status: Alive) * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 07:35:00 (Admit Source: Floor, Visit Number: 1, Stay Type: Admit) * **Unit Discharge Time:** 2015-XX-XX 00:12:00 (Discharge Location: Floor, Status: Alive) * **Admission Weight:** 48 kg * **Discharge Weight:** 48.5 kg * **Admission Height:** 152.4 cm * **Admission Diagnosis:** Chest pain, unknown origin

****2. History****

NULL (Insufficient data provided to reconstruct a detailed patient history.)

****3. Diagnoses****

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

* **Gastrointestinal:** Vomiting (ICD-9: 787.03, R11.10), GI bleeding/PUD (ICD-9: 578.9, K92.2) - Both marked as 'Other' priority. * **Cardiovascular:** Chest pain (ICD-9: 786.50, R07.9) - Marked as 'Other' priority. * **Pulmonary:** Aspiration pneumonia (ICD-9: 507.0, J69.0) - Marked as 'Other' priority.

All diagnoses were active upon discharge from the unit.

****4. Treatments****

The patient received the following treatments during their ICU stay:

* Urine culture * Gastroenterology consultation * Bronchodilator medication * Normal saline intravenous fluid administration * Blood culture * Penicillin antibiotics * Pantoprazole (stress ulcer prophylaxis) * Cardiology consultation

All treatments were active upon discharge.

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

Based on physical examination findings:

* **Heart Rate (HR):** The patient's HR ranged from 63 to 71 bpm during the monitored period. * **Blood Pressure (BP):** Systolic BP ranged from 72 to 115 mmHg, and diastolic BP ranged from 30 to 48 mmHg. * **Respiratory Rate (RR):** RR ranged from 12 to 21 breaths per minute. * **Oxygen Saturation (SpO2):** SpO2 ranged from 95% to 100%.

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

Multiple lab tests were conducted. Significant findings include:

* **Hemoglobin (Hgb):** Showed a decrease from 12.3 g/dL initially to 10.7 g/dL later. * **Hematocrit (Hct):** Decreased from 37% to 32.5% during the stay. * **Troponin-I:** Elevated levels were observed (0.05 ng/mL to 0.39 ng/mL), suggesting possible myocardial injury. Further analysis is required to determine the clinical significance of these findings. * **Platelets:** The platelet count showed some variation (274 K/mcL to 265 K/mcL), but remained within a generally acceptable range. * **Other Chemistry and Blood Gas Values:** A range of blood chemistry values were obtained,

including electrolytes (sodium, potassium, chloride, bicarbonate), liver function tests (ALT, AST, alkaline phosphatase, bilirubin), and blood gas values (pH, PaO₂, PaCO₂, Base Excess, Methemoglobin). These values require careful review in context with the patient's overall clinical picture.

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

The patient underwent urine and blood cultures. Results are pending.

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

The patient was initially noted as ill-appearing, but not in acute distress. The physical exam was performed using a structured format, and documented vital signs and neurological assessments (GCS: 15). There was a weight gain of 0.5 kg during the stay.

****Note:**** Precise time-series data for vital signs is needed for a more comprehensive analysis. Similarly, the lack of specific results for microbiology tests and a more complete history limits the depth of this report. Further information is required for a complete evaluation.