

****Patient Medical Report****

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

***Patient Unit Stay ID:** 626098 ***Patient Health System Stay ID:** 506196 ***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 ***Unit Discharge Time:**
00:43:00 ***Unit Discharge Location:** Acute Care/Floor ***Unit Discharge Status:** Alive ***Hospital Admit Time:**
23:55:00 ***Hospital Admit Source:** Emergency Department ***Hospital Discharge Year:** 2015 ***Hospital Discharge
Time:** 17:30:00 ***Hospital Discharge Location:** Home ***Hospital Discharge Status:** Alive ***Admission Weight:**
93.7 kg ***Discharge Weight:** 93.7 kg ***Admission Height:** 185.4 cm ***APACHE Admission Dx:** Bleeding, lower GI

****2. History****

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

****3. Diagnoses****

The patient presented with lower gastrointestinal (GI) bleeding and peptic ulcer disease (PUD). The diagnosis was initially recorded 10 minutes after unit admission (diagnosis ID: 11918131), and again at 854 minutes after unit admission (diagnosis ID: 10837353). Both entries specified the diagnosis as 'Primary' and used the ICD-9 codes 578.9 and K92.2. A third entry (diagnosis ID: 10541557), made at 1347 minutes after unit admission, also indicated lower GI bleeding and PUD as the primary diagnosis, remaining active upon discharge. This suggests a persistent and potentially serious condition requiring ongoing monitoring and treatment.

****4. Treatments****

The patient received treatment for their cardiovascular and gastrointestinal issues. Specifically, 10 minutes after unit admission, they received a transfusion of 1-2 units of packed red blood cells (treatment ID: 24015876). This points to the severity of the bleeding. At 1347 minutes after unit admission, the patient underwent an esophagogastroduodenoscopy (EGD) (treatment ID: 27439448), a procedure commonly used to diagnose and treat upper and lower GI bleeding. This treatment remained active upon the patient's discharge, indicating a likely ongoing therapeutic strategy.

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

NULL (No vital sign data provided in the JSON.)

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

The provided lab data includes multiple blood tests taken at different time points. There are results from both before and after unit admission. The lab results show some fluctuations in several key parameters: sodium, BUN, anion gap, bicarbonate, potassium, chloride, total bilirubin, calcium, total protein, hemoglobin (Hgb), hematocrit (Hct), MCV, MCH, MCHC, RDW, platelets, WBC, lactate, PT, PTT, and PT-INR. A detailed analysis of these trends requires a visual representation to identify patterns and correlations. The presence of both initial and subsequent lab results suggests ongoing monitoring of the patient's condition. Initial values for several parameters are different from later values, suggesting a response to treatment and/or progression of the underlying condition.

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

NULL (No microbiology test data is included in the JSON.)

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

The initial physical exam was recorded as "Not Performed" at 1346 minutes after unit admission (physical exam ID: 24959587). However, a subsequent entry 5 minutes after unit admission (physical exam IDs: 29638298, 29638299, 29638303, 29638304, 29638305) indicates that a structured physical exam was performed, with a Glasgow Coma Scale (GCS) score of 15 (Eyes: 4, Verbal: 5, Motor: 6). This suggests the patient's neurological status was initially assessed and found to be normal. The discrepancy in physical exam documentation needs clarification.