\*\*Medical Report: Patient 005-10903\*\*

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

\* \*\*Patient Unit Stay ID:\*\* 454584 \* \*\*Patient Health System Stay ID:\*\* 386422 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 63 \* 
\*\*Ethnicity:\*\* African American \* \*\*Hospital ID:\*\* 144 \* \*\*Ward ID:\*\* 267 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit 
Time:\*\* 2015-XX-XX 20:29:00 (Assuming a date is missing and needs to be added) \* \*\*Unit Admit Source:\*\* Emergency 
Department \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 06:29:00 (Assuming a date is missing and needs to be added) \* \*\*Unit 
Discharge Location:\*\* Other External \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 40.9 kg \* \*\*Discharge 
Weight:\*\* 54.9 kg \* \*\*Admission Height:\*\* 157.48 cm \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 12:37:00 (Assuming a date is 
missing and needs to be added) \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 
\* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 05:30:00 (Assuming a date is missing and needs to be added) \* \*\*Hospital 
Discharge Status:\*\* NULL \* \*\*Unique Patient ID:\*\* 005-10903 \* \*\*APACHE Admission Dx:\*\* Arrest, respiratory (without 
cardiac arrest)

\*\*2. History\*\*

NULL. The provided data lacks details on the patient's medical history prior to admission. A complete report would include information about past illnesses, surgeries, medications, allergies, family history, and social history. This information is crucial for understanding the context of the current ICU stay.

\*\*3. Diagnoses\*\*

Upon admission to the Med-Surg ICU, the patient received multiple diagnoses:

\* \*\*Neurologic:\*\* Altered mental status/pain, Encephalopathy (ICD-9 code: 348.30, G93.40). Diagnosis priority marked as 'Other'. \* \*\*Endocrine:\*\* Glucose metabolism, Diabetes mellitus (ICD-9 code: NULL). \* \*\*Endocrine:\*\* Glucose metabolism, Hypoglycemia (ICD-9 code: 251.1, E16.2). Diagnosis priority marked as 'Other'. \* \*\*Pulmonary:\*\* Respiratory failure/respiratory arrest (ICD-9 code: 799.1, R09.2). Diagnosis priority marked as 'Other'. \* \*\*Hematology:\*\* Bleeding and red blood cell disorders, Anemia (ICD-9 code: NULL). Diagnosis priority marked as 'Other'. \* \*\*Neurologic:\*\* Altered mental status/pain, Obtundation (ICD-9 code: 780.09, R40.0). Diagnosis priority marked as 'Other'. \* \*\*Cardiovascular:\*\* Ventricular disorders, Congestive heart failure (ICD-9 code: 428.0, I50.9). Diagnosis priority marked as 'Other'.

All diagnoses were active upon discharge from the unit.

\*\*4. Treatments\*\*

The patient received the following treatments during their ICU stay:

\* Tracheal suctioning \* Low molecular weight heparin for VTE prophylaxis \* Glucocorticoid administration \* D5NS glucose administration \* Vancomycin (antibacterial) \* Bronchodilator \* Mechanical ventilation \* CPAP/PEEP therapy \* Foley catheter \* Ceftriaxone (third-generation cephalosporin, antibacterial) \* Piperacillin/tazobactam (penicillin, antibacterial) \* Oxygen therapy (40% to 60%) \* Sliding scale insulin administration \* Subcutaneous dose of regular insulin \* Pantoprazole (stress ulcer prophylaxis) \* ACE inhibitor for hypertension \* Pulmonary medicine consultation \* Cardiology consultation \* Social work consult

All treatments were active upon discharge from the unit.

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

NULL. The provided data does not contain any time-series data on vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation, etc.). A complete report should include these trends, preferably graphically represented.

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

The provided data includes numerous lab results, but lacks the crucial time dimension (when each test was performed). Without timestamps, trends cannot be established. A complete report would display trends over time for key lab values such as complete blood count (CBC) components, electrolytes, liver function tests, kidney function tests, and blood gases.

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

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

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

The physical examination at 231 minutes post-unit admission revealed:

\*\*\*Heart Rate Rhythm:\*\* Sinus \* \*\*Respiratory Mode:\*\* Ventilated \* \*\*Appearance:\*\* Critically ill-appearing \* \*\*Nutritional Status:\*\* Well developed \* \*\*Acuity:\*\* Not in acute distress \* \*\*Heart Rate (Lowest):\*\* 79 bpm \* \*\*Heart Rate (Highest):\*\* 90 bpm \* \*\*Systolic Blood Pressure (Lowest):\*\* 117 mmHg \* \*\*Systolic Blood Pressure (Highest):\*\* 146 mmHg \* \*\*Diastolic Blood Pressure (Lowest):\*\* 64 mmHg \* \*\*Diastolic Blood Pressure (Highest):\*\* 98 mmHg \* \*\*Respiratory Rate (Lowest):\*\* 15 breaths/min \* \*\*Respiratory Rate (Highest):\*\* 21 breaths/min \* \*\*Oxygen Saturation (Lowest):\*\* 100% \* \*\*Oxygen Saturation (Highest):\*\* 100% \* \*\*FiO2:\*\* 50% \* \*\*PEEP:\*\* 5 cm H2O \* \*\*Ventilator Rate:\*\* 16 breaths/min \* \*\*GCS Score:\*\* Scored, with individual scores of 1 (Eyes), 1 (Verbal), and 5 (Motor) at 150 minutes post-unit admission.

Additional physical exam data were also recorded at 150 minutes post unit admission, mirroring the above results. Intake/output data were also recorded.