

****Patient Medical Report****

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

* **Patient Unit Stay ID:** 332658 * **Patient Health System Stay ID:** 286708 * **Gender:** Male * **Age:** 43 *
* **Ethnicity:** Caucasian * **Hospital ID:** 125 * **Ward ID:** 174 * **Admission Diagnosis:** Pancreatitis * **Admission
Height:** 180.3 cm (Assuming cm, unit unspecified in data) * **Hospital Admit Time:** 2014, 20:15:00 * **Hospital Admit
Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 17:00:00 *
* **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 00:56:00 * **Unit Admit
Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 97.9 kg *
* **Discharge Weight:** NULL * **Unit Discharge Time:** 12:35:00 * **Unit Discharge Location:** Floor * **Unit Discharge
Status:** Alive * **Unique Patient ID:** 004-13643

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis upon admission was acute pancreatitis (577.0, K85.9). Other significant diagnoses included:

* Leukocytosis (288.8, D72.829): This indicates an elevated white blood cell count, suggesting an infection or inflammatory response. * Schizophrenia (295.90, F20.9): A pre-existing chronic mental health condition. * Agitation and severe pain (308.2, F43.0): These symptoms likely contributed to the patient's altered mental status and required pain management. * Nausea and vomiting (787.02, R11.0, 787.03, R11.10): Gastrointestinal symptoms often associated with pancreatitis.

The diagnoses of schizophrenia, severe agitation and pain, and nausea/vomiting remained active upon discharge from the unit.

****4. Treatments****

The patient received a wide range of treatments, including:

* **Imaging:** CT scans of the abdomen and pelvis were performed to assess the extent of the pancreatitis. * **Pain Management:** Both narcotic analgesics and bolus parenteral analgesics were administered for pain control. Physical restraints were also used to manage agitation. * **Anti-emetics:** Ondansetron, a serotonin antagonist, was used to manage nausea and vomiting. * **Antibiotics:** Ertapenem, a carbapenem antibiotic, was administered to address any potential infection, although the data doesn't specify the reason for its use. * **Fluid Management:** Normal saline was administered intravenously. * **Nutritional Support:** Oral feeds were commenced during the later part of the stay. * **VTE Prophylaxis:** Compression boots were used to prevent venous thromboembolism. * **Chest X-Ray:** A chest x-ray was performed. The reason is not specified in the provided data.

Several of these treatments, including the use of ondansetron, ertapenem, IV fluids, and physical restraints, were active at the time of discharge.

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

NULL (Insufficient data provided. Vitals like heart rate, blood pressure, respiratory rate, and oxygen saturation are mentioned in the physical exam, but no trends are available.)

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

Two sets of laboratory tests were performed, one early in the admission and one later. Significant findings include:

* **Elevated Lipase:** The initial lipase level was 7893 IU/L, and a subsequent level was 3584 IU/L, strongly indicative of pancreatitis. * **Elevated Amylase:** The initial amylase level was 1484 Units/L, and a subsequent level was 739 Units/L, further supporting the diagnosis of pancreatitis. * **Elevated Liver Enzymes:** Both ALT (17 IU/L and 14 IU/L) and AST (19 IU/L and 10 IU/L) were elevated, potentially indicating liver involvement or damage related to the pancreatitis. * **Leukocytosis:** The WBC count was significantly elevated (20.3 K/CMM and 19.2 K/CMM), consistent with the leukocytosis diagnosis. * **Slightly Elevated Creatinine:** Creatinine levels were slightly elevated (1.1 mg/dL and 1.0 mg/dL), possibly indicating some degree of kidney impairment.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Initial physical examination findings included:

* Heart Rate: 115 bpm * Blood Pressure: 147/92 mmHg (Systolic/Diastolic) * Respiratory Rate: 23 breaths/min * Oxygen Saturation: 95% * Glasgow Coma Scale (GCS): 15 (Eyes: 4, Verbal: 5, Motor: 6) The GCS indicates a normal level of consciousness.

The provided data only reflects the initial physical exam. No subsequent exams are recorded.