**Medical Report for Patient 004-15269**

**1. Patient Information**

* **Patient Unit Stay ID:** 389703 * **Patient Health System Stay ID:** 333522 * **Unique Patient ID:** 004-15269 * **Gender:** Female * **Age:** 72 * **Ethnicity:** African American * **Hospital ID:** 131 * **Ward ID:** 227 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 21:44:00 * **Unit Admit Source:** Other Hospital * **Unit Discharge Time:** 2014-XX-XX 00:34:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Hospital Admit Time:** 2014-XX-XX 21:44:00 * **Hospital Admit Source:** Other Hospital * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 00:34:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height:** 165.1 cm * **Admission Weight:** 110.3 kg * **Discharge Weight:** NULL * **APACHE Admission Dx:** Sepsis, cutaneous/soft tissue

**2. History**

NULL (Insufficient data provided)

**3. Diagnoses**

The patient presented with multiple diagnoses, many of which were active upon discharge. These diagnoses included:

* **Primary:** Chronic respiratory failure (518.83, J96.10) * **Major:** Acute myocardial infarction (no ST elevation) (410.71, I21.4), Diabetes mellitus, DKA (250.13, E10.1), Respiratory failure (failure to wean), Cellulitis (abdomen/pelvis) (682.2, L03.90), Hypoxemia (799.02, J96.91), Sepsis (038.9, A41.9), Morbid obesity (278.01, E66.01), Hypotension (458.9, I95.9), Asthma/Bronchospasm (493.90, J45). * **Other:** Hypertension (401.9, I10), Hyperlipidemia (272.4, E78.5)

The temporal relationships between diagnoses are not fully clear from the provided data. It is apparent that multiple diagnoses developed concurrently or in close succession, suggesting a complex clinical picture.

**4. Treatments**

The patient received a wide range of treatments during her ICU stay. These included:

* **Respiratory Support:** Mechanical ventilation (multiple modes and settings), Oxygen therapy (40-50%), CPAP/PEEP therapy, Tracheal suctioning, Endotracheal tube (placement and removal). * **Cardiovascular Management:** Atorvastatin, Normal saline administration (fluid bolus), Phenylephrine (vasopressor), Cardiology consultation, Transthoracic echocardiography. * **Endocrine Management:** Insulin (multiple administration methods), D50, Juice or other oral glucose administration. * **Infectious Disease Management:** Antifungal therapy, Drainage procedure (surgical), Infectious Disease consultation. * **Renal Management:** Foley catheter, Renal ultrasound. * **Gastrointestinal Management:** Pantoprazole (stress ulcer prophylaxis), Enteral feeds (enteral formula, nutritional supplement), Nasogastric tube. * **Neurological Management:** Gabapentin, Head CT scan. * **Other:** Compression stockings, Compression boots, Acetaminophen, Palliative care consultation, Social work consult, Hematology consultation, Pulmonary/CCM consultation, Surgery consultation.

Many of these treatments were active upon discharge, indicating ongoing management needs. The data lacks information on treatment response.

**5. Vital Trends**

NULL (Insufficient data provided)

**6. Lab Trends**

The available lab data shows frequent monitoring of bedside glucose levels, with values ranging from 73 mg/dL to 213 mg/dL. There's evidence of elevated liver enzymes (ALT and AST), high total bilirubin (9.5-11.5 mg/dL), and abnormal renal function (BUN 49-57 mg/dL, Creatinine 1.15-1.29 mg/dL). Hematological parameters show elevated WBC (19.6-25.5 K/mcL), low Hgb (9.4-10.3 g/dL), low Hct (29.2-30.6%), and thrombocytopenia (59-146 K/mcL). The ABG values indicate a low pH (7.174), low HCO3 (7-10.8 mmol/L), and a significant base deficit (16.3 mEq/L). The changes in these parameters over time are not clearly presented in the data.

**7. Microbiology Tests**

NULL (Insufficient data provided)

**8. Physical Examination Results**

The physical exam recorded a systolic blood pressure of 92 mmHg, a diastolic blood pressure of 61 mmHg, a heart rate of 106 bpm, a respiratory rate of 29 breaths per minute, and oxygen saturation of 100%. The patient was ventilated (FiO2 of 40%). The Glasgow Coma Scale (GCS) score was 7 (E2V1M4). The exam was performed using a structured format.

**9. Summary** This 72-year-old African American female presented to the Med-Surg ICU with a complex clinical picture characterized by primary chronic respiratory failure and multiple major diagnoses, including acute myocardial infarction, diabetes mellitus, DKA, respiratory failure, cellulitis, hypoxemia, sepsis, morbid obesity, and hypotension. The patient received extensive treatment including mechanical ventilation, vasopressors, and insulin management, yet expired during her ICU stay. Review of complete vital sign trends and serial lab results would be necessary to fully analyze the patient’s clinical course. Additional information regarding microbiological findings and detailed history would provide a more comprehensive understanding of this case.