Medical Report: Patient 007-10076

1. Patient Information

* **Patient Unit Stay ID:** 961440 * **Patient Health System Stay ID:** 707727 * **Unique Patient ID:** 007-10076 * **Gender:** Male * **Age:** 65 years * **Ethnicity:** African American * **Hospital ID:** 181 * **Ward ID:** 425 * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 16:53:00 (2015) * **Unit Admit Source:** Recovery Room * **Unit Discharge Time:** 19:39:00 (2015) * **Unit Discharge Location:** Telemetry * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 10:49:00 (2015) * **Hospital Admit Offset (minutes from unit admit):** -364 * **Hospital Admit Source:** Recovery Room * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 23:30:00 (2015) * **Hospital Discharge Offset (minutes from unit admit):** 33517 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 142.9 kg * **Discharge Weight:** 124 kg * **Admission Height:** 180.3 cm

2. History

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

3. Diagnoses

The patient presented with multiple diagnoses, all marked as 'Other' priority:

* **Diagnosis ID 12839809 & 12839805:** oncology|GI tumors|colon CA|cecum (ICD-9 code: 153.4, C18.0). These diagnoses, entered 17 and 18 minutes after unit admission respectively, indicate a Cecum Colon Cancer. * **Diagnosis ID 12759790 & 12759799:** gastrointestinal|post-GI surgery|s/p surgery for cancer. These diagnoses, also entered 17 and 18 minutes after unit admission respectively, indicate the patient underwent surgery for cancer in the gastrointestinal tract. The absence of ICD-9 codes suggests this may be an additional note clarifying the surgical procedure rather than a distinct diagnosis. The overlap with the Cecum Colon Cancer diagnosis requires further investigation to understand the exact nature and staging of the cancer.

The fact that all diagnoses are listed as 'Other' priority suggests the presence of a primary diagnosis that is not explicitly stated in this data. This missing information is crucial for a complete understanding of the patient's condition.

4. Treatments

The patient received the following treatments, none of which were active upon discharge:

* **Treatment ID 27930301 & 27931403:** surgery|analgesics /sedatives/ nmbs|analgesics. This indicates surgical intervention along with the administration of analgesics, sedatives, and neuromuscular blocking agents (NMBA's). The use of NMBAs suggests the patient may have undergone general anesthesia for the surgical procedure. * **Treatment ID 27963218 & 27963213:** surgery|exploratory surgery|exploratory laparotomy. This indicates an exploratory laparotomy was performed, a surgical procedure involving incision into the abdominal cavity. * **Treatment ID 27962926:** gastrointestinal|endoscopy/gastric instrumentation|nasogastric tube. A nasogastric tube (NGT) was inserted, likely for decompression or feeding purposes post-surgery.

The nature of the surgical procedures and the specific medications used are not detailed here. Further information is needed to give a comprehensive treatment summary.

5. Vital Trends

NULL (No vital signs data included in the JSON.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's stay. There are multiple entries for many tests, indicating repeated measurements over time. Key trends require time-series analysis (see visualization section). Note that some lab results are missing, marked as blank or '>20.0'. This absence of complete data limits the accuracy of any trend analysis.

7. Microbiology Tests

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

8. Physical Examination Results

A structured physical exam was performed, with the Glasgow Coma Scale (GCS) recorded as a total score of 14 (3+5+6). Blood pressure (BP) was recorded as 116/72 mmHg. Admission weight was 142.88 kg, and the weight at the time of the current exam was also 142.88 kg, indicating no change in weight since admission.

The limited physical exam data does not provide a complete picture of the patient's physical state. Additional information is required for a thorough assessment.