

## **\*\*Patient Medical Report\*\***

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

\*\*\*PatientUnitStayID:\*\* 284517 \* \*\*UniquePID:\*\* 003-13187 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 67 \* \*\*Ethnicity:\*\* Caucasian \*  
\*\*HospitalID:\*\* 95 \* \*\*WardID:\*\* 126 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Admission Height (cm):\*\* 177.8 \* \*\*Admission  
Weight (kg):\*\* 79.3 \* \*\*Discharge Weight (kg):\*\* 79.3 \* \*\*Hospital Admit Time:\*\* 08:50:00 \* \*\*Hospital Admit Source:\*\*  
Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 16:45:00 \* \*\*Hospital  
Discharge Location:\*\* Other External \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Admit Time:\*\* 08:50:00 \* \*\*Unit Admit  
Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 16:41:00 \* \*\*Unit Discharge Location:\*\* Other Hospital \*  
\*\*Unit Discharge Status:\*\* Alive \* \*\*APACHE Admission Dx:\*\* Sepsis, pulmonary

### **\*\*2. History\*\***

NULL (Insufficient data provided)

### **\*\*3. Diagnoses\*\***

The patient presented with multiple diagnoses, some active upon discharge and others resolved during the ICU stay.  
Major diagnoses included:

\* \*\*Sepsis:\*\* (ICD-9 codes: 038.9, A41.9) Listed as both Primary and Major diagnosis. This indicates a severe systemic infection. \* \*\*Hypotension/Pressor Dependent Shock:\*\* Listed as both Major and Other diagnosis. This suggests the patient experienced significant low blood pressure requiring medication to maintain adequate perfusion. \* \*\*Colon Cancer:\*\* (ICD-9 codes: 153.9, C18.9) Listed as a Major diagnosis. This is a significant underlying condition that likely contributed to the patient's presentation. \* \*\*Leukocytosis:\*\* (ICD-9 codes: 288.8, D72.829) Listed as a Major diagnosis. This indicates an elevated white blood cell count, consistent with the sepsis diagnosis. \* \*\*Acute Respiratory Failure:\*\* (ICD-9 codes: 518.81, J96.00) Listed as a Major diagnosis. This suggests compromised respiratory function, a common complication of sepsis. \* \*\*Metabolic Acidosis (Lactic Acidosis):\*\* (ICD-9 codes: 276.2, E87.2) Listed as a Major diagnosis. This indicates an imbalance of acid-base levels in the blood, often associated with shock and organ dysfunction. \* \*\*Muscular Dystrophy/Myopathy:\*\* (ICD-9 codes: 359.89, G72.89) Listed as both Major and Other diagnosis. The presence of this pre-existing condition might have influenced the patient's response to illness and treatment.

Other diagnoses, not active upon discharge, included metabolic acidosis, muscular dystrophy/myopathy, and sepsis. These were likely addressed during the ICU stay.

### **\*\*4. Treatments\*\***

The patient received a range of treatments throughout their ICU stay. Active treatments upon discharge included:

\* \*\*Intravenous Normal Saline Administration:\*\* Fluid resuscitation is a key component of managing sepsis and hypotension. \* \*\*Compression Boots (VTE Prophylaxis):\*\* These prevent blood clots, a common risk in hospitalized patients. \* \*\*Ondansetron (Antiemetic):\*\* This medication reduces nausea and vomiting. \* \*\*Methylprednisolone (Systemic Glucocorticoid):\*\* This anti-inflammatory medication is often used in severe illness. \* \*\*Piperacillin/Tazobactam (Antibiotic):\*\* This broad-spectrum antibiotic targets bacterial infections. \* \*\*Vancomycin (Antibiotic):\*\* This antibiotic is used to treat serious bacterial infections, often those resistant to other antibiotics. \* \*\*Nebulized Bronchodilator:\*\* This treatment helps open the airways, improving breathing. \* \*\*Mechanical Ventilation:\*\* This life support measure assisted the patient's breathing. \* \*\*Bolus Parenteral Analgesics:\*\* This indicates the use of pain medication given intravenously. \* \*\*Chest X-ray:\*\* A standard imaging test to assess lung function and potential infections. \* \*\*Head CT Scan:\*\* This neuroimaging study was likely performed to assess for any neurological complications.

Inactive treatments included beta-agonist bronchodilator, oxygen therapy, and more. These treatments may have been administered and discontinued as the patient's condition improved.

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

NULL (Insufficient data provided)

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

The lab results show fluctuations in various parameters. Initial values revealed elevated lactate (10.1 mmol/L), anion gap (23 mmol/L), and CRP (114.8 mg/L), all suggestive of sepsis and tissue hypoxia. Hematological parameters showed leukocytosis (WBC x 1000: 28.2 K/mcL) and low lymphocytes (2%). There was also metabolic acidosis evidenced by low bicarbonate (14.9 mmol/L) and low blood pH (7.2). Creatinine levels were initially slightly elevated (0.7 mg/dL) but decreased upon discharge. Repeat lab values drawn later showed improvement, such as a reduction in lactate (4.8 mmol/L) and anion gap (12 mmol/L). Oxygen saturation was initially low (84%) but improved (95%).

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

NULL (Insufficient data provided)

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

Physical exam findings at 398 minutes post-admission indicated the patient was ill-appearing, in acute distress, and sedated. Vital signs recorded included a heart rate of 112 bpm (with a low of 109 and high of 129), blood pressure of 91/67 mmHg (low of -12/-19 mmHg, high of 127/82 mmHg), respiratory rate of 21 breaths per minute (low of 14, high of 43), and oxygen saturation of 93% (low of 88%). The GCS was 12, though estimated due to medication influence. Initial exam (16 minutes post-admission) indicated a GCS of 3 (E1M1V1) indicating severe impairment of consciousness. The patient's weight remained stable at 79.3 kg.