

## **\*\*Medical Report: Patient 002-10949\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 225206 \* \*\*Unique Patient ID:\*\* 002-10949 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* > 89 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 56 \* \*\*Ward ID:\*\* 82 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2014-XX-XX 20:25:00 (Assuming a date) \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2014-XX-XX 14:39:00 (Assuming a date) \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 19:30:00 (Assuming a date) \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 18:57:00 (Assuming a date) \* \*\*Hospital Discharge Location:\*\* Nursing Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 46.7 kg \* \*\*Discharge Weight:\*\* 48.7 kg \* \*\*Admission Height:\*\* 152.4 cm (Assuming cm as a standard unit) \* \*\*Admission Diagnosis:\*\* Sepsis, pulmonary

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

NULL (Insufficient data provided to elaborate on patient history.)

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

\* \*\*Primary Diagnosis:\*\* Cardiovascular|Shock / Hypotension|Sepsis (ICD-9: 038.9, A41.9) \* \*\*Major Diagnosis:\*\* Pulmonary|Respiratory Failure|Acute Respiratory Distress (ICD-9: 518.82) \* \*\*Major Diagnosis:\*\* Pulmonary|Pulmonary Infections|Pneumonia (ICD-9: 486, J18.9) \* \*\*Major Diagnosis:\*\* Pulmonary|Respiratory Failure|Hypoxemia (ICD-9: 799.02, J96.91)

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

NULL (Insufficient data provided to elaborate on treatments administered.)

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

NULL (No vital sign data provided.)

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

The provided lab data includes complete blood count (CBC) results, blood gas analysis (ABG), and basic metabolic panel (BMP) results from two different time points. The first set of labs (at approximately 2350 minutes post-admit) shows a low hemoglobin (9.3 g/dL), low platelet count (410 K/mcL), and a slightly elevated white blood cell count (11.2 K/mcL). The second set (around 933 minutes post admit) indicates similar trends, with some improvement in platelet count (323 K/mcL). There are also chemistry results indicating some abnormalities in liver function tests (AST 178 Units/L, ALT 163 Units/L) and elevated anion gap (12 mmol/L), consistent with the sepsis diagnosis. The ABG results (at 5 minutes post-admit) show a normal pH (7.43), but a slightly elevated PaCO<sub>2</sub> (32 mm Hg), suggesting possible respiratory compromise. The low lymphocyte count in both sets of CBC results may indicate immune suppression. The data lacks information about the time sequence of lab results, making it difficult to accurately portray trends. Additional data points are needed to better understand the progression of the patient's condition and response to treatment.

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

NULL (No microbiology test results are available in the provided data.)

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

\* A structured physical exam was performed. \* The patient's admission weight was 46.7 kg, and current weight is 46.7 kg (no weight change). \* Glasgow Coma Scale (GCS) score: 15 (Eyes: 4, Verbal: 5, Motor: 6). This indicates normal neurological function.

**\*\*Note:\*\*** The report lacks crucial details, including specific dates and times for events. The absence of vital signs and treatment information significantly limits the comprehensiveness of this report. The lab data, while present, needs additional context and time-series data to establish clear trends and monitor response to treatment. More complete data would allow for a more informative and detailed report.