

****Patient Medical Report****

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

* **Patient Unit Stay ID:** 308316 * **Unique Patient ID:** 003-10267 * **Gender:** Male * **Age:** 67 * **Ethnicity:** Caucasian * **Hospital ID:** 92 * **Ward ID:** 143 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 15:33:00 (Exact date missing) * **Unit Admit Source:** Floor * **Unit Discharge Time:** 2015-XX-XX 17:15:00 (Exact date missing) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2015-XX-XX 16:33:00 (Exact date missing, calculated from offset) * **Hospital Admit Source:** Floor * **Hospital Discharge Time:** 2015-XX-XX 13:21:00 (Exact date missing, calculated from offset) * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height:** 182.88 cm * **Admission Weight:** 86.3 kg * **Discharge Weight:** NULL

****2. History****

NULL (Insufficient information provided to describe patient history)

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. These include:

* **Pneumonia:** (ICD-9 code: 486, J18.9) - This diagnosis was active upon discharge from the unit, however this is an apparent contradiction to the discharge status of 'Alive'. Further investigation is required. * **Metastatic Lung Cancer:** (ICD-9 code: 197.0, C78.00) - Active upon discharge from the unit. This is a serious diagnosis with significant implications for prognosis. * **Sepsis with single organ dysfunction - acute respiratory failure:** (ICD-9 code: 038.9, 518.81, R65.20, J96.0) - This diagnosis was initially recorded and later resolved. This highlights the dynamic nature of the patient's condition.

All diagnoses were marked as 'Other' priority, suggesting the presence of a more significant primary diagnosis not explicitly stated in the provided data.

****4. Treatments****

The patient received a range of treatments, including:

* **Consultations:** Pulmonary medicine and neurology consultations were performed. The timings suggest these were done both early and later in the ICU stay. * **Cultures:** Blood cultures were taken, but the results are not provided. * **VTE Prophylaxis:** This included both low molecular weight heparin (enoxaparin) and compression boots. Again, both early and later in the stay. * **Antibacterials:** The patient received vancomycin, piperacillin/tazobactam, and azithromycin. The lack of detail regarding dosages and durations limits a comprehensive evaluation of the treatment efficacy. * **Systemic Glucocorticoid:** Parenteral administration of a systemic glucocorticoid was administered. * **Bronchodilator:** Nebulized bronchodilator medication was also part of the treatment regimen. * **Stress Ulcer Prophylaxis:** Omeprazole was used for stress ulcer prophylaxis. * **MRI - Head:** An MRI scan of the head was performed. The results are not provided.

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

NULL (No vital sign data provided)

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

The following lab results were recorded:

* **Hematology:** RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, WBC, Platelets, PT, PT-INR were all measured, with some values obtained on multiple occasions. Trends cannot be established without a timeline. Initial values show anemia and an elevated white blood cell count, consistent with infection. Later values show improvement in many of these parameters. *

Chemistry: BUN, bicarbonate, calcium, chloride, glucose, magnesium, sodium, and anion gap were all measured. These values are notable for a high anion gap, elevated BUN, and glucose. These point to metabolic disturbances. *

Arterial Blood Gas (ABG): pH, PaO₂, PaCO₂, O₂ saturation, and Base Excess were measured. The ABG results show respiratory alkalosis, a possible complication of sepsis. Values are provided only at one time point.

7. Microbiology Tests

NULL (Specific microbiology test results are not available.)

8. Physical Examination Results

NULL (Physical exam was documented as 'Not Performed')