

****Medical Report: Patient 005-10490****

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

***Patient Unit Stay ID:** 450383 ***Patient Health System Stay ID:** 383022 ***Gender:** Male ***Age:** 55 *
Ethnicity: Caucasian ***Hospital ID:** 141 ***Ward ID:** 286 ***Unit Type:** Cardiac ICU ***Unit Admit Time:**
2014-XX-XX 02:53:00 (Exact date missing from data) ***Unit Admit Source:** Floor ***Unit Discharge Time:**
2014-XX-XX 00:51:00 (Exact date missing from data) ***Unit Discharge Location:** Floor ***Unit Discharge Status:**
Alive ***Hospital Admit Time:** 2014-XX-XX 22:18:00 (Exact date missing from data) ***Hospital Admit Source:** Floor *
Hospital Discharge Year: 2014 ***Hospital Discharge Time:** 2014-XX-XX 16:43:00 (Exact date missing from data) *
Hospital Discharge Location: Home ***Hospital Discharge Status:** Alive ***Admission Weight:** 64.4 kg *
Discharge Weight: NULL (Not available) ***Admission Height:** 165.1 cm ***Unique Patient ID:** 005-10490 *
Admission Diagnosis: Sepsis, GI

****2. History****

NULL (Detailed patient history is not provided in the input data.)

****3. Diagnoses****

The patient presented with multiple diagnoses upon admission to the Cardiac ICU. The primary diagnosis was sepsis (ICD-9 codes: 038.9, A41.9), indicating a severe systemic infection. Major secondary diagnoses included leukocytosis (ICD-9 codes: 288.8, D72.829), anemia (ICD-9 code: NULL), a retroperitoneal intra-abdominal abscess (ICD-9 codes: 567.38, K68.1), hyponatremia (ICD-9 codes: 276.1, E87.0, E87.1), a postoperative intra-abdominal abscess (ICD-9 codes: 567.22, K65.1), pain, and fever (ICD-9 codes: 780.6, R50.9). The presence of multiple diagnoses suggests a complex clinical picture requiring comprehensive management.

****4. Treatments****

The patient received several treatments during their ICU stay. These included surgical drains (Jackson-Pratt), a Foley catheter, therapeutic antibacterial medications, an Infectious Disease consultation, compression boots for VTE prophylaxis, and oral analgesics. All these treatments were active upon discharge from the unit.

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

NULL (Vital sign trends are not provided in the input data. Data points like heart rate (HR), blood pressure (BP), respiratory rate, and oxygen saturation (SpO2) over time would be included here.)

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

The provided lab data includes multiple blood tests, both at admission and during the ICU stay. There are two sets of complete blood counts (CBCs) available, showing changes in various blood parameters. Key lab values include:

***Hemoglobin (Hgb):** Initial Hgb was 10.9 g/dL and later 9.8 g/dL. The slight drop suggests ongoing blood loss or anemia. ***Hematocrit (Hct):** Initial Hct was 32.1% and later 29.2%. This also shows a decrease, consistent with the Hgb findings. ***White blood cell count (WBC):** Initial WBC was 18.4 K/uL and later 6 K/uL. This significant drop indicates a response to treatment for the infection. ***Platelets:** Initial platelet count was 481 K/uL and later 532 K/uL. This indicates a possible recovery from any underlying thrombocytopenia. ***Red blood cell count (RBC):** Initial RBC was 3.76 M/uL and later 3.41 M/uL. This slight decrease is consistent with the anemia. ***Mean Corpuscular Volume (MCV):** Values of 85 fL and 86 fL suggest normocytic or slightly macrocytic anemia. ***Mean Corpuscular Hemoglobin Concentration (MCHC):** Consistent values of 34 g/dL. ***Red blood cell distribution width (RDW):** Initial value of 12.8% and later 13.7%. This suggests an increase in the variability of red blood cell size. ***Electrolytes:** Serum sodium, potassium, chloride, bicarbonate, BUN, creatinine, glucose, and calcium levels are available but trends are not fully visible without

more data points over time. Initial values show some mild electrolyte imbalances (hyponatremia, potentially) that need to be monitored. * **Lactate:** Initial lactate level of 0.8 mmol/L and later 0.8 mmol/L (at different time points) suggests no significant lactic acidosis. * **Ferritin:** A value of 1168.2 ng/mL, suggesting elevated iron stores, possibly secondary to inflammation. * **Differential:** There are data points for different components of the differential white blood cell count (-polys, -lymphs, -monos, -eos, -basos). Trends require more detailed time series data.

Further analysis requires a complete time series of these lab values to determine the trends during the ICU stay.

****7. Microbiology Tests****

NULL (Microbiology test results are not provided in the input data. This section would include culture results, sensitivities, and other relevant microbiological findings.)

****8. Physical Examination Results****

A structured physical exam was performed. The initial vital signs recorded were: Heart rate (HR): 83 bpm, Blood pressure (BP): 112/68 mmHg, Respiratory rate: 13 breaths/min, and Oxygen saturation (SpO2): 98%. The Glasgow Coma Scale (GCS) was scored as 15 (Eyes: 4, Verbal: 5, Motor: 6). The HR rhythm was noted as sinus. The patient's admission weight was 64.4 kg. More complete physical exam findings are needed for a thorough assessment.