

****Patient Medical Report****

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

***Patient Unit Stay ID:** 267829 ***Patient Health System Stay ID:** 230370 ***Gender:** Female ***Age:** 58 *
Ethnicity: Caucasian ***Hospital ID:** 93 ***Ward ID:** 170 ***Admission Diagnosis:** Gastrostomy ***Admission
Height:** 153.4 cm (Assuming cm) ***Hospital Admit Time:** 01:53:00 ***Hospital Admit Source:** Operating Room *
Hospital Discharge Year: 2014 ***Hospital Discharge Time:** 20:00:00 ***Hospital Discharge Location:** Home *
Hospital Discharge Status: Alive ***Unit Type:** Med-Surg ICU ***Unit Admit Time:** 01:53:00 ***Unit Admit
Source:** Operating Room ***Unit Visit Number:** 1 ***Unit Stay Type:** admit ***Admission Weight:** 106.1 kg *
Discharge Weight: 105.2 kg ***Unit Discharge Time:** 21:04:00 ***Unit Discharge Location:** Floor ***Unit Discharge
Status:** Alive ***Unique Patient ID:** 003-12384

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses, all listed as 'Other' priority. These include:

* Post-GI surgery (s/p exploratory laparotomy): This diagnosis was recorded at 271 and 967 minutes post-unit admission and was active upon discharge. This suggests a significant surgical intervention. * Diabetes Mellitus: Recorded at 271 and 967 minutes post unit admission; active on discharge. * Anemia: Recorded at 136 and 967 minutes post unit admission; active on discharge. * Post-GI surgery (s/p surgery for morbid obesity): Recorded at 271 and 967 minutes post unit admission; active on discharge. * Post-GI surgery (s/p gastrostomy): Recorded at 136, 271, and 967 minutes post unit admission; active on discharge.

The recurrence of several diagnoses at different times indicates ongoing management of these conditions throughout the ICU stay.

****4. Treatments****

The patient received a range of treatments throughout their ICU stay. Note that some treatments were active upon discharge, indicating ongoing care needs. Treatments included:

* Sedative agent (neurologic pain/agitation/altered mentation) - administered at 271 minutes and 967 minutes post-unit admission, active on discharge. * Naloxone (Narcan) (neurologic pain/agitation/altered mentation) - administered at 271 and 967 minutes post-unit admission; active on discharge. * Compression stockings (pulmonary vascular disorders) - administered at 271 and 967 minutes post unit admission. * Oxygen therapy (<40%) - administered at 136 and 967 minutes post unit admission. * Exploratory laparotomy - administered at 271 and 967 minutes post unit admission. * Non-invasive ventilation - administered at 136 and 967 minutes post unit admission. * Analgesics (neurologic pain/agitation/altered mentation) - administered at 271 and 967 minutes post unit admission. * Enoxaparin (cardiovascular disorders) - administered at 967 minutes post unit admission. * Insulin (endocrine glucose metabolism) - administered at 967 minutes post unit admission. * Pantoprazole (gastrointestinal medications) - administered at 967 minutes post unit admission. * Esophagogastroduodenoscopy - administered at 271 and 967 minutes post unit admission. * Sucralfate (gastrointestinal medications) - administered at 967 minutes post unit admission. * Cefazolin (surgery infection) - administered at 967 minutes post unit admission. * Blood product administration (packed red blood cells) - administered at 271 minutes post unit admission. * Bronchodilator - administered at 967 minutes post unit admission.

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

NULL (Insufficient data provided)

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

Lab results are available for several chemistries and hematology parameters. These include:

* Sodium (mmol/L): 136 mmol/L at 675 minutes post-unit admission. * Bicarbonate (mmol/L): 28 mmol/L at 675 minutes post-unit admission. * Anion gap (mmol/L): 8.3 mmol/L at 675 minutes post-unit admission. * Chloride (mmol/L): 104 mmol/L at 675 minutes post-unit admission. * Potassium (mmol/L): 4.1 mmol/L at 675 minutes post-unit admission. * Creatinine (mg/dL): 0.75 mg/dL at 675 minutes post-unit admission. * Glucose (mg/dL): 177 mg/dL at 675 minutes post-unit admission. * Hemoglobin (g/dL): Multiple measurements of hemoglobin (Hgb) ranging from 7.8 to 10.2 g/dL were taken at various times, showing fluctuation. * PT (seconds): 13.6 sec at 202 minutes post-unit admission. * PTT (seconds): 30.3 sec at 202 minutes post-unit admission. * PT-INR (ratio): 1.0 ratio at 202 minutes post-unit admission. * Calcium (mg/dL): 7.9 mg/dL at 675 minutes post-unit admission. * BUN (mg/dL): 12 mg/dL at 675 minutes post-unit admission. * Bedside glucose (mg/dL): Multiple measurements of bedside glucose ranging from 161 to 262 mg/dL were taken at various times, showing fluctuation. * ABG Results: pH (7.35), paO₂ (97 mm Hg), paCO₂ (37 mm Hg), HCO₃ (20.4 mmol/L), Base Excess (-5.2 mEq/L), O₂ Sat (%) 98%, LPM O₂ (4 L/min) at -106 minutes post-unit admission. Another set of ABG values are recorded at 691 minutes with a FiO₂ of 28%. These results reveal acid-base balance disturbances. * BNP (pg/mL): 169 pg/mL at 667 minutes post-unit admission.

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

NULL (Insufficient information provided)

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

A physical exam was performed at 33 minutes post-unit admission. The Glasgow Coma Scale (GCS) was documented as scored: Eyes (4), Verbal (5), Motor (6). The patient's level of consciousness was noted as somnolent. Vital signs recorded included: Heart Rate (HR) ranging from 91 to 98 bpm, systolic blood pressure (BP) ranging from 106 to 124 mmHg, diastolic BP ranging from 67 to 86 mmHg, and respiratory rate (RR) ranging from 11 to 14 breaths per minute. O₂ saturation was 98%, with a low of 97% and a high of 99%.