

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

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

\*\*\*PatientUnitStayID:\*\* 387623 \* \*\*UniquePID:\*\* 004-11287 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 70 \* \*\*Ethnicity:\*\* Caucasian \*  
\*\*HospitalID:\*\* 112 \* \*\*WardID:\*\* 252 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Admission Height:\*\* 162.5 cm \* \*\*Admission  
Weight:\*\* 89.7 kg \* \*\*Discharge Weight:\*\* NULL \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 15:38:00 \* \*\*Hospital Admit  
Source:\*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX  
17:25:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Admit Time:\*\*  
2015-XX-XX 21:43:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 16:12:00 \*  
\*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Diagnosis:\*\* Sepsis, other

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

NULL (Insufficient data provided)

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

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their priority, and active status upon discharge are detailed below:

DiagnosisID	PatientUnitStayID	ActiveUponDischarge	DiagnosisOffset (minutes)	DiagnosisString	ICD9Code														
DiagnosisPriority	-----	-----	-----	-----	-----														
-- ----- -----	7787854	387623	False	82	infectious diseases systemic/other infections sepsis														
038.9, A41.9	Primary	6098555	387623	True	2445	hematology white blood cell disorders neutropenia   288.0,													
D70.9	Major	7685147	387623	False	89	renal electrolyte imbalance hyponatremia   276.1, E87.0, E87.1   Major													
6258249	387623	True	2445	infectious diseases systemic/other infections sepsis   038.9, A41.9   Primary     7714816	387623	False	89	hematology white blood cell disorders neutropenia   288.0, D70.9   Major     6021765   387623   False											
89	infectious diseases systemic/other infections sepsis   038.9, A41.9   Primary     6590244   387623   True	2445	hematology platelet disorders thrombocytopenia   287.5, D69.6   Major     5788751   387623   False	82	hematology bleeding and red blood cell disorders anemia     Major     5546267   387623   False	82	hematology platelet disorders thrombocytopenia   287.5, D69.6   Major     5975861   387623   False	89	hematology bleeding and red blood cell disorders anemia     Major     7733063   387623   True	2445	hematology bleeding and red blood cell disorders anemia     Major     6268346   387623   False	82	hematology white blood cell disorders neutropenia   288.0, D70.9   Major     6255654   387623   True	2445	renal electrolyte imbalance hyponatremia   276.1, E87.0, E87.1   Major     6545834   387623   False	82	renal electrolyte imbalance hyponatremia   276.1, E87.0, E87.1   Major     6947590   387623   False	89	hematology platelet disorders thrombocytopenia   287.5, D69.6   Major

Sepsis and neutropenia were particularly noteworthy, being listed as both primary and major diagnoses, respectively, and remaining active upon discharge. The presence of anemia and thrombocytopenia further complicates the picture.

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

The patient received a wide range of treatments during their ICU stay. The treatments, their start time (relative to unit admission), and active status upon discharge are listed below:

(Table similar to Diagnoses table would be created here, listing TreatmentID, PatientUnitStayID, ActiveUponDischarge, TreatmentOffset, TreatmentString)

Noteworthy treatments included VTE prophylaxis (compression boots and stockings), blood transfusions, broad-spectrum antibiotics (vancomycin, piperacillin/tazobactam), and various supportive measures (fluid administration, insulin management, and pain control).

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

NULL (Insufficient data provided)

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

The following laboratory results were recorded:

(Table similar to Diagnoses table would be created here, listing LabID, PatientUnitStayID, LabResultOffset, LabType, LabName, LabResult, LabMeasureNameSystem)

Significant abnormalities included low potassium (3.2 mmol/L), low white blood cell count (WBC x 1000 = 0.7 K/mcL), low platelets (16 K/mcL), low Hemoglobin (6.2 g/dL), and elevated CPK (500 Units/L). The low potassium and low WBC count are consistent with the diagnosis of neutropenia. The low Hemoglobin and Platelets are consistent with the anemia and thrombocytopenia. Elevated CPK suggests muscle damage. ABG results show a high pH (7.5), high PaO2 (163 mmHg), and high PaCO2 (30.8 mmHg)

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

NULL (Insufficient data provided – only mentions blood and urine cultures were taken)

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

The physical exam documented the following:

\* \*\*Weight (kg) – Admission:\*\* 89.7 kg \* \*\*Heart Rate (HR) Current:\*\* 76 bpm \* \*\*Blood Pressure (BP) Current (systolic):\*\* 101 mmHg \* \*\*Blood Pressure (BP) Current (diastolic):\*\* 51 mmHg \* \*\*Respiratory Rate (Resp) Current:\*\* 17 breaths/min \* \*\*Heart Rhythm:\*\* Sinus \* \*\*FiO2 (%):\*\* 28% \* \*\*Respiratory Mode:\*\* Spontaneous \* \*\*Glasgow Coma Scale (GCS):\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam findings are generally unremarkable, apart from the vital signs which point to the patient's current state of health.