

## **\*\*Medical Report for Patient 003-10799\*\***

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

**\*\*Patient Unit Stay ID:\*\*** 276562 **\*\*Unique Patient ID:\*\*** 003-10799 **\*\*Gender:\*\*** Male **\*\*Age:\*\*** 66 **\*\*Ethnicity:\*\*** Caucasian **\*\*Hospital Admit Time:\*\*** 2014, 21:26:00 **\*\*Hospital Admit Source:\*\*** Emergency Department **\*\*Hospital Discharge Time:\*\*** 2014, 01:15:00 **\*\*Hospital Discharge Status:\*\*** Expired **\*\*Hospital Discharge Location:\*\*** Death **\*\*Unit Type:\*\*** Med-Surg ICU **\*\*Unit Admit Time:\*\*** 2014, 21:55:00 **\*\*Unit Admit Source:\*\*** Emergency Department **\*\*Unit Discharge Time:\*\*** 2014, 01:15:00 **\*\*Unit Discharge Status:\*\*** Expired **\*\*Unit Discharge Location:\*\*** Death **\*\*Admission Weight:\*\*** 105.7 kg **\*\*Discharge Weight:\*\*** 104.1 kg **\*\*Admission Height:\*\*** 182.9 cm

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

The patient was admitted to the hospital through the Emergency Department with a primary diagnosis of upper gastrointestinal (GI) bleeding. The admission history indicates a significant bleeding episode requiring immediate intervention. Multiple diagnoses related to GI bleeding and anemia were recorded throughout the ICU stay. The initial diagnoses included upper GI bleeding secondary to a gastric ulcer and acute blood loss anemia. Later, ulcerative GI bleeding was also noted, although it is unclear from the data whether this represents a separate or concurrent event. The patient's condition appears to have been serious and rapidly deteriorating, leading to the need for multiple interventions and ultimately resulting in death. Further details about the patient's medical history prior to admission are not provided in the available data.

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

**\*\*Primary Diagnoses:\*\*** \* Upper GI bleeding (ICD-9: 578.9, K92.2; 533.00, K92.2) \* Acute blood loss anemia (ICD-9: 285.1, D62) **\*\*Other Diagnoses:\*\*** \* Upper GI bleeding (multiple entries with varying ICD-9 codes, suggesting potential evolution or specification of the bleeding source over time)

The multiplicity of diagnoses related to upper GI bleeding suggests a complex clinical picture, possibly involving multiple sites or complications. The presence of acute blood loss anemia is consistent with the severity of the bleeding. The fact that some diagnoses are marked as inactive upon discharge indicates that they may have been resolved or superseded by other diagnoses during the course of the ICU stay. The exact nature of the progression of the disease is difficult to determine without additional clinical notes.

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

The patient received a range of treatments, predominantly focused on managing the GI bleeding and anemia. These included:

**\*\*Blood product administration:\*\*** Transfusions of packed red blood cells (PRBCs), with varying numbers of units administered at different times. This suggests a significant blood loss requiring multiple transfusions. **\*\*Intravenous fluid administration:\*\*** Normal saline and other intravenous fluids were administered to maintain hydration and blood volume. **\*\*Endoscopy/gastric instrumentation:\*\*** Esophagogastroduodenoscopy (EGD) with chemocautery was performed, likely to identify and treat the source of the bleeding. **\*\*Stress ulcer treatment:\*\*** The patient received esomeprazole, a proton pump inhibitor, to prevent stress ulcers, a common complication of severe illness. **\*\*Surgery consultation:\*\*** A surgical consultation was performed, though it is unclear if surgery was ultimately performed. **\*\*Bleeding scan:\*\*** A bleeding scan (likely a nuclear medicine scan) was performed. **\*\*VTE prophylaxis:\*\*** Compression boots were used to prevent venous thromboembolism (VTE), a common complication of immobility.

The variety of treatments underscores the severity of the patient's condition and the multi-faceted approach taken by the medical team. The lack of details about the timing and response to these treatments limits a complete analysis of their efficacy.

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

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

The laboratory data shows fluctuations in hemoglobin (Hgb) levels, indicative of ongoing blood loss and the response to PRBC transfusions. Glucose levels were significantly elevated, possibly reflecting stress response or underlying metabolic issues. The complete blood count (CBC) shows anemia (low Hgb and Hct), with other parameters (RBC, WBC, platelets) showing variations over time. Electrolyte levels (sodium, potassium, chloride, bicarbonate) were mostly within normal limits but showed some minor fluctuations. The anion gap was elevated initially and then decreased. The PT and INR were elevated, indicating a potential coagulopathy, which might be linked to the bleeding, although the changes over time are not clearly described. The bedside glucose measurements suggest that the patient's blood glucose levels were poorly controlled.

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

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

The physical examination records show vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation) at different points during the ICU stay, along with weight measurements at admission and during the stay. A GCS score of 15 (4+5+6) at one point suggests a normal level of consciousness. The patient was not intubated during the recorded examinations. The weight is shown as decreasing, which could be attributed to fluid loss from the bleeding. Further details regarding the physical exam are limited in the data provided.