

****Medical Report for Patient 004-17307****

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

*****Patient Unit Stay ID:** 420865 * **Patient Health System Stay ID:** 359012 * **Unique Patient ID:** 004-17307 *
Gender: Female * **Age:** 68 years * **Ethnicity:** Caucasian * **Hospital ID:** 115 * **Ward ID:** 242 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 22:54:00 * **Unit Admit Source:** Direct Admit * **Unit Discharge
Time:** 2014-XX-XX 19:09:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit
Time:** 2014-XX-XX 22:45:00 * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2014 * **Hospital
Discharge Time:** 2014-XX-XX 19:09:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge
Status:** Alive * **Admission Height:** 160 cm * **Admission Weight:** 38 kg * **Discharge Weight:** NULL**

****2. History****

The provided data does not contain a detailed patient history. Only the admission diagnoses are available, suggesting a complex presentation involving sepsis, gastrointestinal issues, and multiple other significant conditions. Further information is needed to fully elucidate the patient's medical history prior to admission, including family history, social history, and any previous illnesses or hospitalizations. The timeline of symptom onset and progression is also unknown.

****3. Diagnoses****

The patient presented with a complex set of diagnoses, many of which were active upon discharge. The primary diagnoses upon admission were sepsis (ICD-9 codes 038.9, A41.9) and acute pancreatitis (ICD-9 codes 577.0, K85.9). Major diagnoses active upon discharge included anemia, hypovolemia (ICD-9 codes 276.52, E86.1), hypotension (ICD-9 codes 458.9, I95.9), diabetes mellitus, COPD (ICD-9 codes 491.20, J44.9), and nausea with vomiting (ICD-9 codes 787.01, R11.2). Thrombocytopenia (ICD-9 codes 287.5, D69.6) was also diagnosed but was not active upon discharge. The multiple diagnoses suggest a severe and potentially multi-organ system failure. The lack of ICD-9 codes for some diagnoses limits the precision of this assessment.

****4. Treatments****

The patient received a variety of treatments during their ICU stay. Active treatments upon discharge included: combination beta-agonist/anticholinergic bronchodilator (pulmonary), low molecular weight heparin for VTE prophylaxis (cardiovascular), hypotonic fluid administration (D5 half-normal saline) (cardiovascular), lorazepam (neurologic), oral analgesics (neurologic), ondansetron (gastrointestinal), compression stockings (cardiovascular), piperacillin/tazobactam (infectious diseases), clonidine (cardiovascular), and pantoprazole (gastrointestinal). Additionally, the patient underwent CT scans of the abdomen and pelvis, and received a physical therapy consult. Numerous other treatments were administered but were not active at the time of discharge. The specific dosages and routes of administration for these medications are not included in the provided data.

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

NULL. Vital sign data is missing from the provided dataset.

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

The laboratory results show significant fluctuations in several key parameters. Bedside glucose levels were consistently elevated throughout the stay, ranging from 111 mg/dL to 169 mg/dL. Electrolyte levels showed some instability; sodium ranged from 133 to 141 mmol/L, potassium from 2.9 to 4.2 mmol/L, and bicarbonate from 15 to 21 mmol/L. Liver function tests (ALT and AST) were elevated (50 and 119 Units/L respectively). The complete blood count revealed anemia, with a hemoglobin level of 7.3 g/dL at one point, and low platelet counts (86 K/mcL at one point). Lipase levels were significantly elevated (614 Units/L), consistent with pancreatitis. Creatinine levels showed initial elevation (0.69 mg/dL) but improved to 0.31 mg/dL upon discharge. FiO2 was recorded at 28%. The trends in these lab values suggest a dynamic clinical picture that requires further analysis.

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

NULL. Microbiology test results are not included in the provided data.

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

The physical exam documented at 42 minutes post-unit admission showed a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), heart rate of 99 bpm, systolic blood pressure of 122 mmHg, diastolic blood pressure of 64 mmHg, respiratory rate of 17 breaths per minute, O2 saturation of 99%, and FiO2 of 28%. These findings suggest an initial state of moderate to severe illness. The absence of further physical exam data limits the longitudinal assessment of the patient's condition.