Medical Report for Patient 003-16531

1. Patient Information

* **Patient Unit Stay ID:** 292154 * **Patient Health System Stay ID:** 252185 * **Gender:** Female * **Age:** 81 * **Ethnicity:** NULL * **Hospital ID:** 93 * **Ward ID:** 170 * **Admission Diagnosis:** Sepsis, GI * **Admission Height:** 162.6 cm * **Hospital Admit Time:** 2015-XX-XX 04:41:20 (Hospital admit offset: -489 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 16:23:00 (Hospital discharge offset: 1653 minutes from unit admit) * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 12:50:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 74.8 kg * **Discharge Weight:** 74.8 kg * **Unit Discharge Time:** 2015-XX-XX 16:23:00 (Unit discharge offset: 1653 minutes from unit admit) * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Unique Patient ID:** 003-16531

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, primarily sepsis with multi-organ dysfunction syndrome (995.92, R65.20), which was marked as the primary diagnosis. Other diagnoses included bacteremia (038.9, R78.81), sepsis with multi-organ dysfunction syndrome (995.92, R65.20), signs and symptoms of sepsis (SIRS) (995.90), C. difficile colitis (008.45, A04.7), acute renal failure (584.9, N17.9), septic shock (785.59, R65.21), and leukocytosis (288.8, D72.829). Some of these diagnoses were active upon discharge including signs and symptoms of sepsis (SIRS), acute renal failure, and hypotension/pressor dependent. The temporal relationships between diagnoses are important to understand the progression of the patient's illness. The presence of multiple diagnoses suggests a complex clinical picture.

4. Treatments

The patient received various treatments during her ICU stay. These included VTE prophylaxis (started at 69 minutes and again at 588 minutes post-unit admission, with the latter ceasing at discharge), vasopressors (started at 588 minutes and continuing at discharge), stress ulcer prophylaxis (started at 1543 minutes and continuing at discharge), class IV antiarrhythmic (diltiazem) (started at 69 minutes and 588 minutes, with both ceasing before discharge), and prophylactic antibacterials (started at 1543 minutes and continuing at discharge). The administration of vasopressors suggests the management of shock. The use of prophylactic antibiotics points to an infectious disease process. The treatment for arrhythmias highlights cardiovascular complications. Further details about dosages and responses to these treatments would be beneficial in a complete assessment.

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

Laboratory results reveal several key findings. Initial blood tests show elevated levels of lactate (2.8 mmol/L), BUN (39 mg/dL), creatinine (2.03 mg/dL), and a high anion gap (14.3 mmol/L) suggesting metabolic acidosis and renal dysfunction. Hematological abnormalities were also present, including elevated WBC (41.4 K/mcL) and a slightly low RBC (4.44 M/mcL) count. A prolonged PT (35.3 sec) and elevated INR (3.7) indicated a coagulation abnormality. Subsequent tests show some improvement in some parameters (e.g., lactate, bicarbonate, potassium) and a persistence of others (e.g. creatinine). The trend of these lab values over time would be critical in assessing the patient’s response to treatment and the overall severity of the illness. The temporal aspect of these lab results is crucial in understanding the patient's clinical trajectory.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Physical examinations were performed at 53 and 242 minutes post-unit admission. The initial exam recorded a heart rate (HR) ranging from 115 to 116 bpm, an irregular rhythm, spontaneous respiration at 24-27 breaths per minute, a blood pressure (BP) ranging from 79/52 to 86/56 mmHg, and an oxygen saturation (O2 Sat) of 95%. The patient's weight was 74.8 kg at both admission and during the exam. A second exam approximately 242 minutes later showed improved blood pressure, and the patient's respiration rate and heart rate remained stable. The Glasgow Coma Scale (GCS) score was 15 (4/5/6). These findings suggest an initial state of instability, followed by some improvement in hemodynamics. More detailed physical exam observations would provide a more comprehensive understanding of the patient's condition.