

****Patient Medical Report****

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

***Patient Unit Stay ID:** 332658 ***Patient Health System Stay ID:** 286708 ***Unique Patient ID:** 004-13643 *
Gender: Male ***Age:** 43 ***Ethnicity:** Caucasian ***Hospital ID:** 125 ***Ward ID:** 174 ***Admission Height (cm):** 180.3 ***Admission Weight (kg):** 97.9 ***Discharge Weight (kg):** NULL ***Hospital Admit Time:** 2014-XX-XX 20:15:00 ***Hospital Admit Source:** Emergency Department ***Hospital Discharge Year:** 2014 ***Hospital Discharge Time:** 2014-XX-XX 17:00:00 ***Hospital Discharge Status:** Alive ***Hospital Discharge Location:** NULL ***Unit Type:** Med-Surg ICU ***Unit Admit Time:** 2014-XX-XX 00:56:00 ***Unit Admit Source:** Emergency Department *
Unit Visit Number: 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 2014-XX-XX 12:35:00 ***Unit Discharge Status:** Alive * **Unit Discharge Location:** Floor * **APACHE Admission Diagnosis:** Pancreatitis

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses, some of which were active upon discharge. The primary diagnosis was acute pancreatitis (ICD-9 codes 577.0, K85.9). Major diagnoses included leukocytosis (ICD-9 codes 288.8, D72.829), schizophrenia (ICD-9 codes 295.90, F20.9), agitation and severe pain (ICD-9 codes 308.2, F43.0), nausea (ICD-9 codes 787.02, R11.0), and vomiting (ICD-9 codes 787.03, R11.10). The diagnoses of schizophrenia, severe pain and nausea remained active upon discharge.

****4. Treatments****

The patient received a comprehensive treatment plan addressing various aspects of their condition. Treatments included: CT scans of the abdomen and pelvis, intravenous fluid administration (normal saline), ertapenem (a carbapenem antibiotic), ondansetron (a serotonin antagonist antiemetic), narcotic analgesics, bolus parenteral analgesics, oral feeds, physical restraints, and chest X-rays. Upon discharge, the patient continued treatment with oral feeds, ertapenem, ondansetron, and compression boots for VTE prophylaxis.

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

NULL (Insufficient data provided to generate vital trends. Requires time-series data on heart rate, blood pressure, respiratory rate, temperature, etc.)

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

Laboratory results revealed elevated levels of several key indicators. Amylase levels were significantly elevated (739 IU/L and 1484 IU/L at different times), along with lipase (3584 IU/L and 7893 IU/L), consistent with acute pancreatitis. AST (SGOT) and ALT (SGPT) were elevated (10 IU/L, 14 IU/L, 17 IU/L, and 19 IU/L) suggesting liver involvement. The patient also showed elevated WBC (19.2 K/CMM and 20.3 K/CMM), indicating leukocytosis. Creatinine was elevated (1.1 mg/dL and 1 mg/dL), suggesting kidney issues. The total bilirubin was 1.17 mg/dL. The patient's potassium levels were within normal range (3.8 mEq/L and 3.9 mEq/L), while sodium and chloride levels were 141 mEq/L and 103 mEq/L respectively. Hemoglobin and hematocrit levels were also recorded (16 g/dL, 16.6 g/dL, 47.1%, and 50%). There was a difference in the initial and revised lab results, indicating the possibility of errors or changes in the patient's condition over time.

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

NULL (No microbiology data provided)

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

Initial physical examination (at 9 minutes post-unit admission) revealed the following: * Heart Rate: 115 bpm * Blood Pressure (Systolic): 147 mmHg * Blood Pressure (Diastolic): 92 mmHg * Respiratory Rate: 23 breaths/min * Oxygen Saturation: 95% * Glasgow Coma Scale (GCS): 15 (Eyes: 4, Verbal: 5, Motor: 6)