

**\*\*Medical Report: Patient 002-1105\*\***

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

\*\*\*Patient Unit Stay ID:\*\* 235043 \*\*\*Patient Health System Stay ID:\*\* 201818 \*\*\*Unique Patient ID:\*\* 002-1105 \*  
\*\*Gender:\*\* Female \* \*\*Age:\*\* 69 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 60 \* \*\*Ward ID:\*\* 83 \* \*\*Admission  
Diagnosis:\*\* Sepsis, pulmonary \* \*\*Admission Height:\*\* 167.6 cm \* \*\*Admission Weight:\*\* 100.6 kg \* \*\*Discharge  
Weight:\*\* 101.8 kg \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 22:29:47 (Hospital offset: -354 minutes from unit admit) \*  
\*\*Hospital Discharge Time:\*\* 2015-XX-XX 21:47:00 (Hospital offset: 11124 minutes from unit admit) \* \*\*Hospital Discharge  
Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX  
04:23:00 \* \*\*Unit Admit Source:\*\* Floor \* \*\*Unit Visit Number:\*\* 1 \* \*\*Unit Stay Type:\*\* admit \* \*\*Unit Discharge Time:\*\*  
2015-XX-XX 00:28:00 (Unit offset: 2645 minutes from unit admit) \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \*  
\*\*Unit Discharge Status:\*\* Alive

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

NULL (Insufficient data provided)

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

\* Sepsis \* Pulmonary (Further details needed for a complete diagnosis)

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

NULL (Insufficient data provided)

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

The following vital signs were recorded at 90 minutes post unit admission:

\* \*\*Heart Rate (HR):\*\* Current 76 bpm, Lowest 73 bpm, Highest 78 bpm \* \*\*Blood Pressure (BP):\*\* Systolic Current 95  
mmHg, Lowest 78 mmHg, Highest 95 mmHg; Diastolic Current 59 mmHg, Lowest 47 mmHg, Highest 59 mmHg \*  
\*\*Respiratory Rate (Resp):\*\* Current 8 breaths/min, Lowest 8 breaths/min, Highest 16 breaths/min \* \*\*Oxygen Saturation  
(O2 Sat):\*\* Current 91%, Lowest 91%, Highest 93% \* \*\*Weight:\*\* Admission 100.6 kg, Current 100.4 kg, Delta -0.2 kg \*  
\*\*Intake and Output (I&O):\*\* Intake Total 0 ml, Output Total 100 ml, Dialysis Net 0 ml, Total Net -100 ml

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

Initial laboratory results (at -403 minutes from unit admit time) and subsequent results (at 330 and 1762 minutes from unit  
admit time) show several key trends:

\* \*\*Electrolytes:\*\* Initial potassium levels were low (3.3 mmol/L), and improved slightly (3.5, 3.9 mmol/L) during the stay.  
Sodium remained relatively stable (142, 141, 143 mmol/L). Chloride levels fluctuated (107, 108, 110 mmol/L). Bicarbonate  
showed a notable increase (19, 20, 21 mmol/L). \* \*\*Liver Function Tests:\*\* AST (SGOT) and ALT (SGPT) levels were  
elevated initially (93 and 68 Units/L, respectively) indicating liver injury and decreased (67 and 68 Units/L) later. \* \*\*Renal  
Function:\*\* Creatinine was consistently elevated (3.3 mg/dL) at multiple time points, indicating renal dysfunction. BUN  
followed a similar trend (37, 40, 53 mg/dL). \* \*\*Blood Glucose:\*\* Glucose levels were initially low (81 mg/dL), and  
subsequently increased, but further data is required to ascertain clear trend. \* \*\*Complete Blood Count (CBC):\*\*  
Hemoglobin (Hgb) levels were initially low (11.5 g/dL) and showed a downward trend (10.8, 10.6 g/dL). Hematocrit (Hct)  
showed a similar trend (35.1%, 31.7%, 31.3%). White blood cell (WBC) count was initially elevated (7.5 K/mcL) and  
decreased (5.6 K/mcL). Platelet count remained relatively stable (79, 78 K/mcL). \* \*\*Other:\*\* Initial total bilirubin was  
elevated (1.9 mg/dL) and decreased (1.5, 0.9 mg/dL). Albumin was low initially (2.5 g/dL) and decreased further (1.9, 2.1  
g/dL). Troponin-I was elevated initially (0.09 ng/mL) and subsequently decreased (0.05 ng/mL).

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

NULL (Insufficient data provided)

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

A structured physical examination was performed at 90 minutes post unit admission. The Glasgow Coma Scale (GCS) score was 14 (Eyes 4, Verbal 4, Motor 6).