\*\*Medical Report for Patient 003-13269\*\*

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

\* \*\*PatientUnitStayID:\*\* 300142 \* \*\*Unique Patient ID:\*\* 003-13269 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 69 \* \*\*Ethnicity:\*\*
Caucasian \* \*\*Hospital Admission Time:\*\* 2015-XX-XX 08:00:00 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 22:15:00 \*
\*\*ICU Admission Time:\*\* 2015-XX-XX 08:00:00 \* \*\*ICU Discharge Time:\*\* 2015-XX-XX 08:10:00 \* \*\*Admission Weight:\*\*
79.4 kg \* \*\*Discharge Weight:\*\* 80.3 kg \* \*\*Admission Height:\*\* 175.3 cm \* \*\*Hospital Admit Source:\*\* Emergency
Department \* \*\*ICU Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Location:\*\* Home \* \*\*ICU Discharge Location:\*\* Floor \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU

\*\*2. History\*\*

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. The admission diagnosis mentions Sepsis, unknown origin which requires further clinical details.)

\*\*3. Diagnoses\*\*

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses were sepsis (ICD-9 codes: 038.9, A41.9) and again recorded later as sepsis (ICD-9 codes: 038.9, A41.9) Secondary diagnoses included:

\* Anemia \* Chronic Kidney Disease (ICD-9 codes: 585.9, N18.9) \* Acute Renal Failure (ICD-9 codes: 584.9, N17.9) \* Neutropenia from chemotherapy (ICD-9 codes: 288.0, D70.9) \* Signs and symptoms of sepsis (SIRS) (ICD-9 code: 995.90)

The sepsis diagnosis was recorded multiple times, at different times during the stay, indicating the evolving nature of the patient's condition. Note that several diagnoses were recorded as active upon discharge. This requires further clarification on their significance.

\*\*4. Treatments\*\*

The patient received various treatments during their ICU stay, including:

\* Therapeutic antibacterials (active upon discharge) \* Compression stockings (VTE prophylaxis, active upon discharge) \* Aggressive volume resuscitation with normal saline administration (multiple entries, not active upon discharge)

The timing of these treatments relative to the diagnoses is crucial for understanding the management strategy. The multiple entries of aggressive volume resuscitation suggest fluctuating fluid management needs.

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

NULL (No vital sign data provided in the JSON.)

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

The provided lab data includes both chemistry and hematology results. The following are notable observations:

\* \*\*Hemoglobin (Hgb):\*\* Shows a decrease in Hgb from 8.8 g/dL (at 1595 minutes) to 7.8 g/dL (at 380 minutes) and then to 8.4 g/dL later, consistent with the anemia diagnosis. \* \*\*Creatinine:\*\* Elevated creatinine levels were observed, (2.1 mg/dL at 380 minutes, 2.3 mg/dL at 2994 minutes), which support the diagnoses of chronic and acute renal failure. \* \*\*BUN:\*\* The blood urea nitrogen (BUN) was elevated at 56 mg/dL (at 380 minutes) and 41 mg/dL (at 2994 minutes), which is

consistent with the renal dysfunction. \* \*\*Lactate:\*\* A high lactate level of 5.7 mmol/L was recorded early (-76 minutes), suggesting early tissue hypoxia. This improved to 2.2 mmol/L later (at 380 minutes). \* \*\*White Blood Cell Count (WBC):\*\* The WBC count was low (0.7 K/cmm at 380 minutes and 0.8 K/cmm at 2994 minutes), indicative of neutropenia. \* \*\*Platelets:\*\* Platelet counts were low (108 K/cmm at 380 minutes and 93 K/cmm at 2994 minutes), potentially contributing to the bleeding risk or reflecting the effects of the illness.

Further analysis of the lab trends, particularly over time, would be beneficial to assess the patient's response to treatment.

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

NULL (No microbiology test results provided in the JSON.)

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

A structured physical exam was performed. The patient's weight at admission was recorded as 79.3786 kg. The GCS score was 15 (Eyes: 4, Verbal: 5, Motor: 6) indicating normal neurological function. Heart rhythm was noted as sinus, and respiratory mode was spontaneous.