

**\*\*Medical Report: Patient 005-10003\*\***

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

\*\*\*Patient Unit Stay ID:\*\* 426976 \*\*\*Patient Health System Stay ID:\*\* 363995 \*\*\*Unique Patient ID:\*\* 005-10003 \*  
\*\*Gender:\*\* Male \*\*\*Age:\*\* 69 years \*\*\*Ethnicity:\*\* Hispanic \*\*\*Hospital ID:\*\* 142 \*\*\*Ward ID:\*\* 290 \*\*\*Unit Type:\*\*  
Med-Surg ICU \*\*\*Unit Admit Time:\*\* 03:03:00 \*\*\*Unit Admit Source:\*\* Emergency Department \*\*\*Unit Discharge Time:\*\*  
20:43:00 \*\*\*Unit Discharge Location:\*\* Other ICU \*\*\*Unit Discharge Status:\*\* Alive \*\*\*Hospital Admit Time:\*\* 18:49:00 \*  
\*\*\*Hospital Admit Source:\*\* Emergency Department \*\*\*Hospital Discharge Year:\*\* 2014 \*\*\*Hospital Discharge Time:\*\*  
13:44:00 \*\*\*Hospital Discharge Location:\*\* Death \*\*\*Hospital Discharge Status:\*\* Expired \*\*\*Admission Weight:\*\* 86.1  
kg \*\*\*Admission Height:\*\* 177.8 cm \*\*\*APACHE Admission Dx:\*\* Pneumonia, bacterial

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

NULL (Insufficient data provided)

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

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was pneumonia (ICD-9 code: 486, J18.9), while other major diagnoses included:

\* Sepsis with single organ dysfunction (acute renal failure and circulatory system failure) (ICD-9 codes: 038.9, 584.9, R65.20, N17, 785.52, R65.21) \* Aortic/mitral valve repair (requiring >7 days of care) \* Anemia of critical illness (ICD-9 codes: 285.9, D64.9) \* Type II diabetes mellitus, controlled (ICD-9 codes: 250.00, E11.9) \* Leukocytosis (ICD-9 codes: 288.8, D72.829) \* Acute renal failure (due to hypovolemia/decreased circulating volume and sepsis) (ICD-9 codes: 584.9, N17.9) \* Acute respiratory failure (ICD-9 codes: 518.81, J96.00) \* Encephalopathy (ICD-9 codes: 348.30, G93.40) \* Coronary artery disease \* Hypotension/pressor dependent \* Obtundation (ICD-9 codes: 780.09, R40.0) \* Hyperglycemia (ICD-9 codes: 790.6, R73.9) \* Lower urinary tract infection (ICD-9 codes: 595.9, N30.9) – noted as an 'Other' diagnosis.

The timing of diagnosis entry varied, with some diagnoses recorded within the first few hours of admission and others later in the stay. The lack of ICD-9 codes for several diagnoses suggests incomplete data entry in the electronic health record.

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

The patient received a wide range of treatments, including:

\* Intravenous fluid administration (Normal saline) \* Antiplatelet agents (Clopidogrel) \* Therapeutic antibacterials (Piperacillin/tazobactam and Linezolid) \* Insulin therapy (sliding scale and subcutaneous doses of regular and longer-acting insulin) \* Glucocorticoids (Hydrocortisone) \* Analgesics (bolus parenteral and narcotic analgesics) \* Bronchodilators (Albuterol and Ipratropium) \* Oxygen therapy \* Mechanical ventilation (various modes and tidal volumes) \* Stress ulcer prophylaxis (Pantoprazole) \* VTE prophylaxis (compression boots and subcutaneous conventional heparin) \* Vasopressors (Norepinephrine, Vasopressin, and Phenylephrine) \* Cardiology and Infectious Disease consultations \* Chest X-ray, CT scan (abdomen and pelvis)

The administration of multiple medications and therapies reflects the complexity of the patient's condition. The treatment plan was adjusted based on the evolving clinical picture, as indicated by the varying timing of treatment interventions. The treatments were predominantly aimed at managing the patient's sepsis, respiratory failure, and hemodynamic instability.

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

NULL (Insufficient data provided)

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

The lab data shows multiple blood tests were performed during the ICU stay, including blood gas analysis, complete blood counts, and basic metabolic panels. Significant findings include fluctuating blood glucose levels (ranging from lows of 52 mg/dL to highs of 295 mg/dL), elevated creatinine levels (indicating renal dysfunction), and abnormalities in blood cell counts (leukocytosis and anemia). The patient's blood gas analysis reveals persistent metabolic acidosis (reflected in low bicarbonate levels and negative base excess). The data also indicates the use of ventilatory support (PEEP and FiO2 levels).

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

NULL (Insufficient data provided)

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

Physical examination findings consistently documented the patient as critically ill-appearing and obese. The patient was intubated and received mechanical ventilation throughout the ICU stay. Repeated physical exams showed that the patient remained obtunded with a GCS score of 6 (E1V1M4), though the score was at times unobtainable due to medications. The patient had anasarca. The patient's heart sounds were normal. Respiratory findings included diffuse and scattered rhonchi. The patient had a foley catheter and an NG tube. The patient's pulses were normal and JVD was absent.