

**\*\*Medical Report: Patient 005-10903\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 454584 \* \*\*Patient Health System Stay ID:\*\* 386422 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 63 \*  
\* \*\*Ethnicity:\*\* African American \* \*\*Hospital ID:\*\* 144 \* \*\*Ward ID:\*\* 267 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit  
Time:\*\* 2015-XX-XX 20:29:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2015-XX-XX  
06:29:00 \* \*\*Unit Discharge Location:\*\* Other External \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\*  
2015-XX-XX 12:37:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \*  
\* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 05:30:00 \* \*\*Hospital Discharge Status:\*\* NULL \* \*\*Admission Weight:\*\* 40.9 kg  
\* \*\*Discharge Weight:\*\* 54.9 kg \* \*\*Admission Height:\*\* 157.48 cm \* \*\*Admission Diagnosis:\*\* Arrest, respiratory (without  
cardiac arrest)

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

NULL (Insufficient data provided)

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

The patient presented with multiple diagnoses upon admission to the Med-Surg ICU. These included:

\* \*\*Neurologic:\*\* Altered mental status/pain, obtundation (ICD-9 codes: 780.09, R40.0, 348.30, G93.40) \* \*\*Endocrine:\*\*  
Diabetes mellitus, Hypoglycemia (ICD-9 codes: 251.1, E16.2) \* \*\*Pulmonary:\*\* Respiratory failure, respiratory arrest  
(ICD-9 codes: 799.1, R09.2) \* \*\*Hematology:\*\* Anemia \* \*\*Cardiovascular:\*\* Congestive heart failure (ICD-9 codes: 428.0,  
I50.9)

All diagnoses were active upon discharge from the unit.

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

The patient received the following treatments during their ICU stay:

\* \*\*Pulmonary:\*\* Tracheal suctioning, Low molecular weight heparin (VTE prophylaxis), Glucocorticoid administration,  
Vancomycin (antibacterial), Bronchodilator, Mechanical ventilation, CPAP/PEEP therapy, Oxygen therapy (40% to 60%),  
Ceftriaxone (third-generation cephalosporin, antibacterial), Piperacillin/tazobactam (penicillin, antibacterial) \* \*\*Renal:\*\*  
Foley catheter \* \*\*Endocrine:\*\* D5NS (glucose), Sliding scale insulin administration, Subcutaneous dose of regular insulin  
\* \*\*Cardiovascular:\*\* ACE inhibitor \* \*\*General:\*\* Social work consult \* \*\*Pulmonary Consultation:\*\* Pulmonary medicine  
consultation \* \*\*Cardiology Consultation:\*\* Cardiology consultation

All listed treatments were active upon discharge from the unit.

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

The following vital sign trends were recorded during the physical exam:

\* \*\*Heart Rate (HR):\*\* Lowest 79 bpm, Highest 90 bpm, Current 90 bpm. Rhythm: Sinus. \* \*\*Blood Pressure (BP):\*\*  
Systolic: Lowest 117 mmHg, Highest 146 mmHg, Current 117 mmHg; Diastolic: Lowest 64 mmHg, Highest 98 mmHg,  
Current 64 mmHg. \* \*\*Respiratory Rate:\*\* Lowest 15 breaths/min, Highest 21 breaths/min, Current 21 breaths/min. Mode:  
Ventilated. \* \*\*Oxygen Saturation (O2 Sat):\*\* Lowest 100%, Highest 100%, Current 100%. \* \*\*FiO2:\*\* 50% \* \*\*PEEP:\*\* 5  
cm H2O \* \*\*Vent Rate:\*\* 16 breaths/min

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

The provided lab data includes multiple blood tests performed at various time points during the patient's ICU stay. These include complete blood counts (CBC) with differentials, basic metabolic panels (BMP), and arterial blood gases (ABG). Detailed numerical values and trends are presented in the accompanying CSV file.

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

NULL (Insufficient data provided)

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

The patient was critically ill-appearing but not in acute distress upon physical examination. They were well-developed and received mechanical ventilation. A complete neurological examination was performed, with GCS scores recorded as Eyes: 1, Verbal: 1, Motor: 5. Fluid balance was monitored, with a net negative balance.

**\*\*Note:\*\*** The exact dates and times are missing from the provided data. This report relies on the offsets from unit admission time provided in the dataset. More detailed information is needed for a complete medical history and a more comprehensive analysis.