

## **\*\*Medical Report: Patient 006-100065\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 859033 \* \*\*Unique Patient ID:\*\* 006-100065 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 67 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 06:39:00 (Hospital ID: 176, Ward ID: 312) \* \*\*Hospital Admit Source:\*\* NULL \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 21:40:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX 06:15:00 \* \*\*Unit Admit Source:\*\* ICU \* \*\*Unit Visit Number:\*\* 2 \* \*\*Unit Stay Type:\*\* Transfer \* \*\*Admission Weight:\*\* 100.7 kg \* \*\*Discharge Weight:\*\* NULL \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 00:46:00 \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Height:\*\* 163 cm \* \*\*Admission Diagnosis:\*\* Cellulitis and localized soft tissue infections

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

NULL (Insufficient information provided in the JSON data.)

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

The patient presented with multiple diagnoses, all related to wound infections, recorded at various times during their ICU stay. The ICD-9 code consistently listed was 998.59. The diagnoses were entered at the following times relative to unit admission:

\* \*\*Diagnosis 1 (Major):\*\* 45 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` \* \*\*Diagnosis 2 (Primary):\*\* 568 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` \* \*\*Diagnosis 3 (Primary):\*\* 2005 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` \* \*\*Diagnosis 4 (Primary):\*\* 2487 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` \* \*\*Diagnosis 5 (Major):\*\* 140 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` \* \*\*Diagnosis 6 (Primary):\*\* 2904 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` \* \*\*Diagnosis 7 (Primary):\*\* 2916 minutes after unit admission. `infectious diseases|skin, bone and joint infections|wound infection|surgical wound` (Active upon discharge)

The repeated entries of the same diagnosis string suggest either multiple assessments or an ongoing condition requiring repeated documentation. The fact that one diagnosis remained active upon discharge highlights the persistent nature of the infection.

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

The patient received the following treatments during their ICU stay. Note that the times are relative to unit admission:

\* \*\*Treatment 1:\*\* 2487 minutes after unit admission. Transfusion of 1-2 units of packed red blood cells. This treatment was not active upon discharge. \* \*\*Treatment 2:\*\* 140 minutes after unit admission. Non-invasive ventilation. This treatment was not active upon discharge. \* \*\*Treatment 3:\*\* 2005 minutes after unit admission. Transfusion of 1-2 units of packed red blood cells. This treatment was not active upon discharge. \* \*\*Treatment 4:\*\* 2005 minutes after unit admission. Non-invasive ventilation. This treatment was not active upon discharge.

The repeated treatments suggest a fluctuating condition requiring intermittent interventions. The nature of these treatments (blood transfusions and non-invasive ventilation) implies a degree of respiratory and/or hematological compromise.

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

NULL (Insufficient information provided in the JSON data. Vital signs would typically be included in a separate table.)

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

The provided lab data includes a series of blood tests performed at different times during the patient's stay. Multiple tests were conducted at 273 minutes and 3213 minutes post-unit admission, indicating potential serial monitoring. Key lab values include:

\* **Hemoglobin (Hgb):** Initial value of 7.2 g/dL, increased to 8.0 g/dL and further to 8.3 g/dL, suggesting a response to blood transfusions. \* **Hematocrit (Hct):** Initial value of 23.9%, showing an increase to 26.1% and 27%. \* **Red Blood Cell Count (RBC):** Initial value of 2.54 M/mcL, increased to 2.84 M/mcL and 2.95 M/mcL. \* **Platelets:** Initial value of 276 K/mcL, decreasing to 256 K/mcL. \* **White Blood Cell Count (WBC):** Initial value of 7.6 K/mcL, decreasing to 5 K/mcL and 6.4 K/mcL. \* **Mean Corpuscular Volume (MCV):** Consistent value of approximately 94 fL throughout the stay. \* **Mean Corpuscular Hemoglobin Concentration (MCHC):** Initial value of 30.1 g/dL, increasing to 30.7 g/dL. \* **Red cell distribution width (RDW):** Initial value of 13.7%, increasing to 14.6%. \* **Mean Platelet Volume (MPV):** Initial value of 8.6 fL, increasing to 8.7 fL. \* **Electrolytes:** Sodium, potassium, chloride, bicarbonate, calcium, phosphate, and anion gap were measured at multiple timepoints, showing some fluctuations but generally remaining within normal ranges. \* **Liver function tests (LFT):** Alanine aminotransferase (ALT), aspartate aminotransferase (AST), and alkaline phosphatase were measured, showing mild elevation initially, suggesting potential liver involvement. \* **Kidney function test (KFT):** Creatinine and BUN values were mildly elevated at different times suggesting some level of kidney dysfunction. \* **Blood glucose:** Serial bedside glucose values were elevated (hyperglycemia), ranging from 100 mg/dL to 279 mg/dL. \* **Vancomycin levels:** Trough and random levels were also measured, indicating antibiotic therapy for infection management.

Further analysis is needed to interpret the significance of these trends relative to the patient's clinical course.

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

NULL (Insufficient information provided in the JSON data.)

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

A structured physical exam was performed, documenting vital signs. The recorded values include:

\* **Heart Rate (HR):** Current: 58 bpm, Lowest: 54 bpm, Highest: 66 bpm \* **Blood Pressure (BP):** Systolic: Current: 83 mmHg, Lowest: 107 mmHg, Highest: 90 mmHg; Diastolic: Current: 78 mmHg, Lowest: 34 mmHg, Highest: 81 mmHg \* **Respiratory Rate (Resp):** Current: 20 breaths/min, Lowest: 14 breaths/min, Highest: 26 breaths/min \* **Oxygen Saturation (O2 Sat):** Current: 100%, Lowest: 98%, Highest: 100% \* **Weight:** Admission: 100.7 kg, Current: 97.7 kg, Delta: -3 kg \* **Intake and Output (I&O):** Intake Total: 2040 ml, Output Total: 1075 ml, Dialysis Net: 0 ml, Total Net: +965 ml \* **Glasgow Coma Scale (GCS):** Total Score: 15 (Eyes: 4, Verbal: 5, Motor: 6)

The vital signs suggest a stable but not necessarily normal physiological state. The weight loss and fluid balance may be related to the infection or treatment. The GCS score of 15 indicates normal neurological function.