

****Medical Report: Patient 006-106828****

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

****Patient Unit Stay ID:** 755774 * **Unique Patient ID:** 006-106828 * **Gender:** Female * **Age:** 66 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 08:24:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 01:33:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 16:31:00 * **Unit Admit Source:** Step-Down Unit (SDU) * **Unit Discharge Time:** 2015-XX-XX 19:08:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 86 kg * **Discharge Weight:** 94.8 kg * **Admission Height:** 172 cm**

****2. History****

The patient was admitted to the hospital via the Emergency Department and subsequently transferred to the Med-Surg ICU from the Step-Down Unit (SDU). The admission diagnosis indicated sepsis and pulmonary issues, with additional diagnoses developed during the ICU stay. The exact details preceding the ICU admission are not available in this dataset. A more complete history would be needed for a comprehensive understanding of the patient's condition prior to admission.

****3. Diagnoses****

The patient received multiple diagnoses during their ICU stay. The primary diagnoses upon discharge were sepsis (ICD-9 codes: 038.9, A41.9) and pneumonia (ICD-9 codes: 486, J18.9). Additional diagnoses included septic shock (ICD-9 codes: 785.52, R65.21). The timing of the diagnoses is indicated by the 'diagnosisoffset' field, which represents the time in minutes from unit admission. Note that multiple entries for the same diagnosis exist, likely reflecting updates or revisions in the diagnosis over the course of the stay. This highlights the evolving nature of the patient's clinical picture.

****4. Treatments****

The patient received various treatments during their ICU stay, primarily focused on managing cardiovascular issues and sepsis. These treatments included intravenous fluid administration (normal saline), including fluid boluses and aggressive volume resuscitation. The use of vasopressors, specifically norepinephrine, was also documented. The duration and specific dosages of these treatments are unavailable in this dataset.

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

NULL. Vital signs data (heart rate, blood pressure, respiratory rate, oxygen saturation) are not provided in the dataset. Inclusion of this data would allow for a detailed temporal analysis of the patient's physiological stability.

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

The provided laboratory data includes several blood chemistry and hematology tests performed at different time points during the patient's ICU stay. Two sets of blood work were taken, one at 1291 minutes and another at 2595 minutes post unit admission. Key findings include fluctuations in electrolytes (sodium, potassium, chloride, bicarbonate), renal function markers (BUN, creatinine), liver function tests (ALT, AST), and inflammatory markers (implied by WBC count). The results show some abnormalities, particularly elevated creatinine, BUN, and WBC, suggesting ongoing organ dysfunction and infection. The complete picture requires additional lab data and context from the patient's clinical notes.

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

NULL. No microbiology test results (e.g., blood cultures) are included in the dataset. This information is crucial for confirming the diagnosis of infection and guiding antibiotic therapy.

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

Physical examinations were performed at 173 and 1549 minutes post-unit admission. The examinations included vital signs, weight and I/O assessment, and a neurological assessment (GCS scoring). Heart rate (HR) varied from 69-99 bpm between exams. Blood pressure (BP) also fluctuated, systolic from 58-121 mm Hg and diastolic from 21-72 mm Hg. Respiratory rate was between 19-27 breaths per minute. Oxygen saturation (SpO2) ranged from 91-98%. Weight increased from 86 kg to 94.8 kg. The GCS score was recorded as 'scored' at both time points, indicating that a full assessment was performed; however, the specific scores are not provided. A more detailed physical examination report would be beneficial.