

## **\*\*Patient Medical Report\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 393769 \* \*\*Unique Patient ID:\*\* 004-11678 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 52 \* \*\*Ethnicity:\*\* African American \* \*\*Hospital Admission Time:\*\* 2014-XX-XX 05:00:00 \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 20:13:00 \* \*\*Unit Admission Time:\*\* 2014-XX-XX 17:52:00 \* \*\*Unit Discharge Time:\*\* 2014-XX-XX 20:12:00 \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Admission Weight:\*\* 84.4 kg \* \*\*Admission Height:\*\* 162.6 cm \* \*\*Hospital Admission Source:\*\* Floor \* \*\*Hospital Discharge Location:\*\* Skilled Nursing Facility \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Admission Source:\*\* Floor \* \*\*Unit Discharge Location:\*\* Skilled Nursing Facility \* \*\*Unit Discharge Status:\*\* Alive

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

The patient was admitted from the floor to the Med-Surg ICU with a primary diagnosis of Coma/change in level of consciousness. Additional significant diagnoses included multiple sclerosis (neurologic), stage 4 pressure sores (burns/trauma, dermatology), and acute renal failure (renal). The patient presented with fever and altered mental status, initially exhibiting stupor. The exact timeline of symptom onset is not provided in the available data.

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

\* \*\*Primary:\*\* Change in mental status (780.09, R41.82) \* \*\*Major:\*\* Multiple sclerosis (340, G35), Stage 4 pressure sore (707.00, L89.894), Fever (780.6, R50.9) \* \*\*Other:\*\* Acute renal failure (584.9, N17.9)

The presence of multiple sclerosis, pressure sores, and acute renal failure indicates a complex medical picture requiring multifaceted management. The patient's altered mental status, progressing to stupor, highlights the severity of her condition. The fever suggests a potential infectious process, which warrants further investigation with microbiology tests (results not available in this dataset).

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

The patient received a range of treatments during her ICU stay, including antibiotics (vancomycin, piperacillin/tazobactam), stress ulcer prophylaxis (omeprazole), potassium supplementation, analgesics, and VTE prophylaxis (low molecular weight heparin). A head CT scan was also performed. The timing of treatments suggests an initial focus on managing the altered mental status and potential infection, followed by ongoing support for renal failure and pressure sore management. Note that some treatments were discontinued at discharge.

### **\*\*5. Vital Trends:\*\* NULL. (No vital sign data provided)**

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

Laboratory results obtained 76 minutes post-unit admission showed: \* \*\*BUN:\*\* 10 mg/dL \* \*\*Sodium:\*\* 150 mEq/L \* \*\*Creatinine:\*\* 1.4 mg/dL \* \*\*Glucose:\*\* 98 mg/dL \* \*\*Total Bilirubin:\*\* 0.3 mg/dL \* \*\*Hematocrit (Hct):\*\* 33.5% \* \*\*White Blood Cell Count (WBC):\*\* 7.4 K/mcL

Further serial lab data to track trends is not available in this dataset. The initial lab results show mild elevations in creatinine and sodium, potentially indicative of renal dysfunction, consistent with the diagnosis of acute renal failure. The other values are within normal ranges.

### **\*\*7. Microbiology Tests:\*\* NULL. (No microbiology data provided)**

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

A structured physical exam was performed 42 minutes post-unit admission. Vital signs recorded included: \* \*\*Heart Rate (HR):\*\* 58-60 bpm \* \*\*Respiratory Rate:\*\* 11-12 breaths/min \* \*\*Oxygen Saturation (O2 Sat):\*\* 100% \* \*\*Glasgow Coma Scale (GCS):\*\* 7 (Eyes:4, Verbal:2, Motor:1) \* \*\*Weight:\*\* 84.4 kg

The GCS score of 7 indicates severe impairment of consciousness, consistent with the admission diagnosis of coma. The vital signs, while within acceptable ranges, require ongoing monitoring given the patient's critical condition.