

## **\*\*Medical Report - Patient 005-10163\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 441732 \* \*\*Patient Health System Stay ID:\*\* 375915 \* \*\*Unique Patient ID:\*\* 005-10163 \*  
\*\*Gender:\*\* Male \* \*\*Age:\*\* 89 years \* \*\*Ethnicity:\*\* Hispanic \* \*\*Hospital ID:\*\* 141 \* \*\*Ward ID:\*\* 307 \* \*\*Unit Type:\*\*  
Med-Surg ICU \* \*\*Unit Admit Time:\*\* 23:17:00 \* \*\*Unit Admit Source:\*\* Floor \* \*\*Unit Discharge Time:\*\* 04:48:00 \* \*\*Unit  
Discharge Location:\*\* Death \* \*\*Unit Discharge Status:\*\* Expired \* \*\*Hospital Admit Time:\*\* 05:37:00 \* \*\*Hospital Admit  
Source:\*\* Floor \* \*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 00:29:00 \* \*\*Hospital Discharge  
Location:\*\* Death \* \*\*Hospital Discharge Status:\*\* Expired \* \*\*Admission Height:\*\* 172.7 cm \* \*\*Admission Weight:\*\* 77 kg  
\* \*\*Discharge Weight:\*\* NULL \* \*\*APACHE Admission Diagnosis:\*\* Fracture-pathological, non-union, non-traumatic

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

NULL (Insufficient information provided in the JSON data.)

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

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis at discharge was cardiac arrest (initial rhythm: pulseless electrical activity) (ICD-9 codes: 427.5, I46.9). Major diagnoses included accelerated idioventricular rhythm (ICD-9 codes: 427.9, I49.9) and ventricular tachycardia (ICD-9 codes: 427.1, I47.2). Other diagnoses included hypotension (ICD-9 codes: 458.9, I95.9) and pulmonary embolism with hemodynamic compromise (ICD-9 codes: 415.19, I26.99). A major diagnosis was also s/p hip surgery/fracture.

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

The patient received a wide range of treatments during their ICU stay. These included mechanical ventilation, oxygen therapy (>60%), tracheal suctioning, norepinephrine > 0.1 micrograms/kg/min, epinephrine > 0.1 micrograms/kg/min, dopamine >15 micrograms/kg/min, normal saline administration (fluid bolus and aggressive volume resuscitation), cardioversion (both chemical and electrical), amiodarone, and calcium and magnesium electrolyte administration. Consultations were also conducted by cardiology, pulmonary/CCM, and orthopedics.

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

The following vital signs were recorded:

\* \*\*Heart Rate (HR):\*\* Current 0, Lowest 0, Highest 106 bpm \* \*\*Blood Pressure (BP):\*\* Systolic Current 30, Lowest 30, Highest 74 mmHg; Diastolic Current 26, Lowest 26, Highest 49 mmHg \* \*\*Respiratory Rate:\*\* Current 0, Lowest 0, Highest 18 breaths/min \* \*\*Oxygen Saturation (O2 Sat):\*\* Current 79%, Lowest 79%, Highest 99% \* \*\*FiO2:\*\* 100% \* \*\*PEEP:\*\* 5 cm H2O \* \*\*Vent Rate:\*\* 14 breaths/min \* \*\*Weight:\*\* Admission 77 kg

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

Comprehensive blood tests were performed on multiple occasions. The results are listed in section 7. Further analysis and visualization of these trends are provided below.

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

NULL (No microbiology test data provided in the JSON.)

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

A structured physical examination was performed. Specific values for vital signs are listed in the Vital Trends section. Additional details on neurological assessment were unavailable due to medication effects.