Medical Report for Patient 006-100457

1. Patient Information

* **Patient Unit Stay ID:** 671293 * **Patient Health System Stay ID:** 533305 * **Unique Patient ID:** 006-100457 * **Gender:** Male * **Age:** 74 years * **Ethnicity:** Other/Unknown * **Hospital ID:** 165 * **Ward ID:** 337 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 00:43:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 01:51:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 20:38:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 21:34:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 63.9 kg * **Discharge Weight:** 65.2 kg * **Admission Height:** 177.8 cm * **APACHE Admission Dx:** Thrombus, arterial

2. History

NULL (Insufficient information provided in the JSON data to reconstruct a detailed patient history.)

3. Diagnoses

The patient presented with several diagnoses, all categorized under cardiovascular and vascular disorders:

* **Primary Diagnosis 1:** Atherosclerotic thrombo-occlusion (ICD-9 codes: 440.20, I70.209). This diagnosis was not active upon discharge from the unit. * **Primary Diagnosis 2:** Atherosclerotic thrombo-occlusion (ICD-9 codes: 440.20, I70.209). This diagnosis was active upon discharge. * **Primary Diagnosis 3:** Peripheral vascular ischemia with claudication (ICD-9 codes: 440.21, I70.219). This diagnosis was active upon discharge. * **Primary Diagnosis 4:** Peripheral vascular ischemia with claudication (ICD-9 codes: 440.21, I70.219). This diagnosis was not active upon discharge.

The multiplicity of primary diagnoses suggests a complex clinical picture, possibly reflecting different stages or aspects of the same underlying condition, or the evolution of the condition during the ICU stay. Further information is needed to clarify the temporal relationship between these diagnoses.

4. Treatments

The patient received the following treatments:

* **Intravenous conventional heparin therapy:** This anticoagulant treatment was active upon discharge. This indicates a continued need for blood thinning, likely due to the thrombotic nature of the diagnoses. * **Alteplase (thrombolytic agent):** This thrombolytic agent was administered, also active upon discharge. This suggests a focus on breaking down existing blood clots. * **Thrombectomy:** This surgical procedure was performed; it was active at one point, but not upon discharge. This implies that the procedure was successful in addressing the immediate thrombotic event.

The combination of medical and surgical interventions underscores the seriousness of the patient's condition and the multi-faceted approach to management.

5. Vital Trends

NULL (No vital sign data provided.)

6. Lab Trends

The provided lab data includes both chemistry and hematology results, collected before and during the ICU stay. There is evidence of some changes in various lab values across the admission and discharge periods. For example, creatinine increased from 1.41 mg/dL to 1.54 mg/dL, suggesting potential kidney function impairment. Alkaline phosphatase also shows a decrease from 95 IU/L to 84 IU/L. Complete blood count shows changes in hemoglobin, hematocrit, and platelet count over time. Further analysis is required to determine the clinical significance of these changes and their correlation with the patient's diagnoses and treatments.

7. Microbiology Tests

NULL (No microbiology test results provided.)

8. Physical Examination Results

A structured physical exam was performed. The recorded systolic blood pressure was consistently 139 mmHg, and the diastolic blood pressure was consistently 68 mmHg. The patient's admission weight was 63.9 kg. A Glasgow Coma Scale (GCS) score of 15 (4+5+6) was documented, indicating normal neurological function. Additional details from the physical exam are needed for a complete assessment.