Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 925146 * **PatientHealthSystemStayID:** 685622 * **Gender:** Male * **Age:** 64 * **Ethnicity:** Caucasian * **HospitalID:** 152 * **WardID:** 404 * **Admission Height (cm):** 177 * **Admission Weight (kg):** 76.8 * **Discharge Weight (kg):** 74 * **Hospital Admit Time:** 00:21:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 03:27:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Type:** CSICU * **Unit Admit Time:** 00:28:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 03:27:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Unique Patient ID:** 006-101178 * **APACHE Admission Dx:** Cardiac arrest (with or without respiratory arrest; for respiratory arrest see Respiratory System)

2. History

NULL (Insufficient data provided to reconstruct a detailed patient history.)

3. Diagnoses

The patient presented with multiple diagnoses, recorded at various times during their ICU stay. The primary diagnoses were cardiac arrest (ICD-9 codes 427.5, I46.9) and acute myocardial infarction with ST elevation (ICD-9 codes 410.90, I21.3). These diagnoses were recorded multiple times throughout the stay, indicating ongoing monitoring and management of these conditions. Some diagnoses were active upon discharge (True), while others were not (False). The time offset indicates the time of diagnosis entry relative to unit admission time. This suggests a dynamic clinical picture, evolving over the course of the ICU stay.

* **Diagnosis 1 (Primary, Active upon Discharge):** cardiovascular|cardiac arrest|cardiac arrest (427.5, I46.9) * **Diagnosis 2 (Primary, Not Active upon Discharge):** cardiovascular|cardiac arrest|cardiac arrest (427.5, I46.9) * **Diagnosis 3 (Major, Active upon Discharge):** cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (with ST elevation) (410.90, I21.3) * **Diagnosis 4 (Primary, Not Active upon Discharge):** cardiovascular|cardiac arrest|cardiac arrest (427.5, I46.9) * **Diagnosis 5 (Major, Not Active upon Discharge):** cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (with ST elevation) (410.90, I21.3) * **Diagnosis 6 (Primary, Not Active upon Discharge):** cardiovascular|cardiac arrest|cardiac arrest (427.5, I46.9) * **Diagnosis 7 (Major, Not Active upon Discharge):** cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (with ST elevation) (410.90, I21.3) * **Diagnosis 8 (Major, Not Active upon Discharge):** cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (with ST elevation) (410.90, I21.3)

4. Treatments

The patient received a range of treatments, some of which were active upon discharge and others that were not. The treatments reflect the complex nature of the patient's condition, with a focus on cardiovascular support and respiratory management. The time offsets again provide a temporal sequence of treatments.

* **Treatment 1 (Mechanical Ventilation, False):** pulmonary|ventilation and oxygenation|mechanical ventilation * **Treatment 2 (Vasopressin, False):** cardiovascular|shock|vasopressors|vasopressin * **Treatment 3 (Mechanical Ventilation, True):** pulmonary|ventilation and oxygenation|mechanical ventilation * **Treatment 4 (Dopamine >15 micrograms/kg/min, True):** cardiovascular|shock|vasopressors|dopamine >15 micrograms/kg/min * **Treatment 5 (Norepinephrine > 0.1 micrograms/kg/min, False):** cardiovascular|shock|vasopressors|norepinephrine > 0.1 micrograms/kg/min * **Treatment 6 (Intraaortic Balloon Pump, True):** cardiovascular|non-operative procedures|intraaortic balloon pump * **Treatment 7 (Hypothermia, False):** neurologic|therapy for controlling cerebral perfusion pressure|hypothermia * **Treatment 8 (Mechanical Ventilation, False):** pulmonary|ventilation and oxygenation|mechanical ventilation * **Treatment 9 (Norepinephrine > 0.1 micrograms/kg/min, False):** cardiovascular|shock|vasopressors|norepinephrine > 0.1 micrograms/kg/min * **Treatment 10 (Mechanical Ventilation, False):** pulmonary|ventilation and oxygenation|mechanical ventilation * **Treatment 11 (Hypothermia, True):** neurologic|therapy for controlling cerebral perfusion pressure|hypothermia * **Treatment 12 (Norepinephrine > 0.1

micrograms/kg/min, True):** cardiovascular|shock|vasopressors|norepinephrine > 0.1 micrograms/kg/min * **Treatment 13 (Hypothermia, False):** neurologic|therapy for controlling cerebral perfusion pressure|hypothermia * **Treatment 14 (Vasopressin, True):** cardiovascular|shock|vasopressors|vasopressin * **Treatment 15 (Dopamine >15 micrograms/kg/min, False):** cardiovascular|shock|vasopressors|dopamine >15 micrograms/kg/min

5. Vital Trends

NULL (No vital sign data provided.)

6. Lab Trends

The provided lab data includes arterial blood gas (ABG) results and a potassium level. Two sets of ABG values are available, one at 78 minutes and another at 118 minutes post-unit admission. These show significant respiratory acidosis (low pH, high paCO2, low HCO3, negative base excess), and hypoxemia (low paO2, low O2 saturation). Potassium levels were also low (3.1 mmol/L and 3.9 mmol/L), indicating hypokalemia. The high bedside glucose (>700 mg/dL) suggests significant hyperglycemia. The FiO2 values indicate the patient required high oxygen concentrations to maintain the observed O2 saturations. PEEP values show that positive end-expiratory pressure was used to support ventilation.

7. Microbiology Tests

NULL (No microbiology data provided.)

8. Physical Examination Results

The physical exam notes indicate a Glasgow Coma Scale (GCS) score of 3 (1 for eyes, 1 for verbal, 1 for motor), reflecting severe neurological impairment. The admission weight was recorded at 76.8 kg and the physical exam was documented as performed and structured. The low GCS score is consistent with the severity of the cardiac arrest and the need for intensive cardiovascular and respiratory support.