Patient Medical Report

1. Patient Information:

* **Patient Unit Stay ID:** 570085 * **Unique Patient ID:** 006-1014 * **Gender:** Female * **Age:** 82 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-00-00 00:30:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-00-00 02:10:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-00-00 02:13:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-00-00 01:53:00 * **Unit Discharge Location:** ICU * **Unit Discharge Status:** Alive * **Admission Weight:** 77.2 kg * **Discharge Weight:** 80.9 kg * **Admission Height:** 149.8 cm * **Admission Diagnosis:** Hemorrhage, intra/retroperitoneal

2. History:

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. The admission diagnosis suggests a significant hemorrhagic event, but further details regarding the event's nature, timing, and associated symptoms are needed.)

3. Diagnoses:

* **Primary Diagnosis:** Atrial fibrillation with rapid ventricular response (ICD-9: 427.31, I48.0) * **Major Diagnosis:** Severe coagulopathy (ICD-9: 286.9, D68.9)

The patient presented with atrial fibrillation with rapid ventricular response as a primary diagnosis, indicating a significant cardiac arrhythmia. A secondary major diagnosis of severe coagulopathy suggests a bleeding disorder which may have been a contributing factor to the intra/retroperitoneal hemorrhage noted in the admission diagnosis. The repeated entry of the atrial fibrillation diagnosis suggests the condition persisted or was repeatedly assessed throughout the ICU stay. Further information is needed to determine the temporal relationship between the diagnoses and their impact on the patient's overall clinical picture.

4. Treatments:

* **Cardiovascular:** * Diltiazem (Class IV antiarrhythmic) – administered to manage the atrial fibrillation. * Transfusion of 1-2 units of packed red blood cells – administered to address the severe coagulopathy and likely the hemorrhage.

The treatments administered directly address the two primary diagnoses. Diltiazem, a calcium channel blocker, is a standard treatment for atrial fibrillation to control the rapid heart rate. The blood transfusion is a direct response to the severe coagulopathy and the resultant bleeding.

5. Vital Trends:

NULL (No vital sign data provided.)

6. Lab Trends:

The provided lab data includes multiple chemistry and hematology tests performed both before and during the ICU stay. There are multiple time points for some tests, indicating serial monitoring. Specific trends cannot be definitively described without the times associated with the lab results and the ability to plot them over time. However, the presence of tests for glucose, electrolytes (sodium, potassium, chloride, bicarbonate), renal function (BUN, creatinine), liver function (AST, ALT, alkaline phosphatase, total bilirubin), and coagulation studies (PT, PTT, INR) suggests a comprehensive assessment of the patient's overall metabolic and hematologic status. The repeated measurements of some tests indicate monitoring of treatment effectiveness and disease progression. The presence of both bedside and laboratory glucose measurements might suggest concerns about glycemic control and the need for frequent monitoring.

7. Microbiology Tests:

NULL (No microbiology test results provided.)

8. Physical Examination Results:

* **Glasgow Coma Scale (GCS):** 15 (Eyes: 4, Verbal: 5, Motor: 6) – This indicates a normal level of consciousness at the time of the examination. * **Weight:** 77.2 kg (admission) * **Physical Exam Performed:** The record indicates a structured physical examination was performed.

The physical exam results are limited but suggest a normal neurological status at the time of the initial assessment. The weight measurement provides a baseline for monitoring fluid status and overall health. More detailed physical examination findings are needed for a complete assessment.