

****Patient Medical Report****

****1. Patient Information****

* **Patient Unit Stay ID:** 420354 * **Unique Patient ID:** 004-10992 * **Patient Health System Stay ID:** 358597 *
Gender: Male * **Age:** 68 * **Ethnicity:** Caucasian * **Hospital ID:** 125 * **Ward ID:** 174 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 00:08:00 * **Unit Admit Source:** Emergency Department * **Hospital Admit Time:**
17:58:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 20:47:00 * **Hospital
Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Time:** 20:47:00 * **Unit Discharge
Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 96.62 kg * **Admission Height:** 193 cm *
APACHE Admission Dx: Sepsis, other

****2. History****

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

****3. Diagnoses****

The patient presented with multiple diagnoses during their ICU stay. These diagnoses, with their priority and discharge status, are listed below:

* **Primary Diagnosis (Active upon discharge):** Cardiovascular|arrhythmias|atrial fibrillation|with rapid ventricular response (ICD-9 code: 427.31, I48.0) * **Major Diagnosis (Not active upon discharge):** Renal|electrolyte imbalance|hypomagnesemia|due to Etoh abuse (ICD-9 code: 275.2, E83.42) * **Major Diagnosis (Active upon discharge):** Renal|electrolyte imbalance|hypokalemia (ICD-9 code: 276.8, E87.6) * **Major Diagnosis (Not active upon discharge):** Renal|disorder of acid base|metabolic acidosis|moderate (ICD-9 code: 276.2, E87.2) * **Major Diagnosis (Active upon discharge):** Renal|disorder of acid base|metabolic acidosis|moderate (ICD-9 code: 276.2, E87.2)

Note that the atrial fibrillation with rapid ventricular response was listed as both a primary and a subsequent diagnosis, indicating a persistent condition throughout the stay.

****4. Treatments****

The patient received a range of treatments during their ICU stay. The following treatments were administered, noting whether they were active upon discharge:

* **Active upon discharge:** Pulmonary|medications|bronchodilator|beta-agonist|albuterol (Proventil, Ventolin) * **Active upon discharge:** Cardiovascular|hypertension|clonidine * **Active upon discharge:** Cardiovascular|intravenous fluid|normal saline administration * **Not active upon discharge:** Cardiovascular|ventricular dysfunction|beta blocker|carvedilol * **Active upon discharge:** Cardiovascular|non-operative procedures|diagnostic ultrasound of heart|transthoracic echocardiography * **Active upon discharge:** Pulmonary|medications|analgesics|narcotic analgesic * **Not active upon discharge:** Cardiovascular|intravenous fluid|normal saline administration * **Not active upon discharge:** Neurologic|procedures / diagnostics|head CT scan|without contrast * **Not active upon discharge:** Cardiovascular|hypertension|clonidine * **Active upon discharge:** Renal|medications|bicarbonate * **Not active upon discharge:** Cardiovascular|non-operative procedures|diagnostic ultrasound of heart|transthoracic echocardiography * **Active upon discharge:** Cardiovascular|myocardial ischemia / infarction|ACE inhibitor|lisinopril * **Not active upon discharge:** Renal|electrolyte correction|electrolyte administration|potassium * **Active upon discharge:** Renal|electrolyte correction|electrolyte administration|potassium * **Not active upon discharge:** Pulmonary|medications|bronchodilator|beta-agonist|albuterol (Proventil, Ventolin) * **Not active upon discharge:** Cardiovascular|arrhythmias|antiarrhythmics|class IV antiarrhythmic|diltiazem * **Not active upon discharge:** Renal|medications|bicarbonate * **Active upon discharge:** Cardiovascular|arrhythmias|antiarrhythmics|class IV antiarrhythmic|diltiazem * **Active upon discharge:** Neurologic|procedures / diagnostics|head CT scan|without contrast * **Not active upon discharge:** Cardiovascular|myocardial ischemia / infarction|ACE inhibitor|lisinopril * **Not active upon discharge:** Pulmonary|medications|analgesics|narcotic analgesic * **Active upon discharge:** Cardiovascular|ventricular

dysfunction|beta blocker|carvedilol

****5. Vital Trends****

NULL (Insufficient data provided. Vital signs would typically be included in a time-series format.)

****6. Lab Trends****

The lab results show significant variation in several key parameters. Detailed analysis requires a time-series visualization (see section 2). Key lab values include electrolytes (sodium, potassium, chloride, bicarbonate, magnesium, calcium), liver function tests (ALT, AST), renal function (BUN, creatinine), blood gases (pH, pO2, pCO2, Base Deficit), and complete blood count (WBC, Hgb, Hct, platelets). The data reveals multiple lab draws over time.

****7. Microbiology Tests****

NULL (No microbiology test data is present in the provided dataset.)

****8. Physical Examination Results****

A structured physical exam was performed. Key findings include:

* **GCS Score:** 14 (Eyes: 4, Verbal: 4, Motor: 6) * **Heart Rate (HR):** 133 bpm, irregular rhythm * **Respiratory Rate:** 22 breaths/min, spontaneous * **Oxygen Saturation (O2 Sat):** 92% * **FiO2:** 28% * **Blood Pressure (BP):** 112/84 mmHg

This suggests the patient was in moderate distress upon initial assessment. The irregular heart rhythm is particularly notable in the context of the atrial fibrillation diagnosis.