Medical Report for Patient 005-10251

1. Patient Information

* **Patient Unit Stay ID:** 520522 * **Patient Health System Stay ID:** 439880 * **Unique Patient ID:** 005-10251 * **Gender:** Female * **Age:** 62 years * **Ethnicity:** Other/Unknown * **Hospital ID:** 142 * **Ward ID:** 285 * **Unit Type:** CTICU * **Unit Admit Time:** 19:20:00 * **Unit Admit Source:** Operating Room * **Unit Discharge Time:** 23:46:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 15:59:00 * **Hospital Admit Source:** Operating Room * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 23:47:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 75.3 kg * **Discharge Weight:** 78.4 kg * **Admission Height:** 157.5 cm * **APACHE Admission Dx:** CABG alone, coronary artery bypass grafting

2. History

NULL (Insufficient information provided in the JSON data.)

3. Diagnoses

The patient presented with multiple diagnoses, some entered at different times during her ICU stay. The primary diagnosis upon admission and throughout the stay was "cardiovascular|cardiac surgery|s/p CABG < 7 days" (Post-operative Coronary Artery Bypass Graft < 7 days). This indicates a recent CABG procedure. Major secondary diagnoses included "endocrine|glucose metabolism|hyperglycemia" (Hyperglycemia) and "cardiovascular|chest pain / ASHD|chest pain" (Chest pain) and "cardiovascular|chest pain / ASHD|coronary artery disease". Other diagnoses included renal electrolyte imbalance (hypernatremia), hematologic white blood cell disorders (leukocytosis), and hematologic coagulation disorders (coagulopathy). The presence of multiple diagnoses suggests a complex clinical picture potentially related to the post-operative state following the CABG procedure. The timing of diagnosis entries (diagnosisoffset) might provide further insight into the progression of the patient's condition, indicating that some diagnoses were made later in the ICU stay. The fact that many diagnoses are listed as 'Other' in diagnosisPriority may suggest that these were secondary or less severe conditions, requiring less focused treatment compared to the primary diagnoses.

4. Treatments

A wide range of treatments were administered to the patient. These included: various cardiac therapies (nitroglycerin, vasopressors, inotropic agents, beta-blockers, alpha/beta blockers, antiplatelet agents, oral and intravenous diuretics, vasodilators); pulmonary therapies (mechanical ventilation, oxygen therapy at various percentages, CPAP/PEEP therapy, bronchodilators, ventilator weaning, tracheal suctioning); renal treatments (colloid and hypotonic fluid administrations); endocrine treatments (insulin for glucose control); and general surgical interventions like wound care and the insertion of various tubes (chest tubes, mediastinal tubes, nasogastric tubes, foley catheters, surgical drains). The breadth of treatments administered underscores the complexity of the patient's condition and the multi-system involvement. The timing of treatments (treatmentoffset) is not explicitly detailed but may be inferred from the timing of diagnoses to understand the response to treatment interventions.

5. Vital Trends

Vital signs were recorded, including heart rate (HR), blood pressure (BP - systolic and diastolic), respiratory rate (Resp), and oxygen saturation (O2 Sat). However, the specific values and trends over time are not available in the provided JSON data. NULL

6. Lab Trends

The lab data includes a comprehensive set of blood tests, including complete blood count (CBC) components (Hgb, Hct, RBC, MCV, MCH, MCHC, WBC, platelets, RDW, MPV, -monos, -lymphs, -polys, -eos, -basos), blood gas analysis (pH, paO2, paCO2, O2 content, Base Excess, Methemoglobin, FiO2), and various chemistries (glucose, BUN, Creatinine,

Sodium, Chloride, Potassium, Calcium, Phosphate, Total Protein, Albumin, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL, LDL, Triglycerides). Additionally, bedside glucose and other miscellaneous tests were performed, with a wide range of results. However, the longitudinal trends of these lab values are unavailable in the provided JSON data. NULL

7. Microbiology Tests

NULL (No microbiology data was provided.)

8. Physical Examination Results

Physical examinations were performed at multiple times during the patient's stay. The initial examination (at 1 minute from unit admission) shows a structured physical exam was performed. Subsequent exams (at 238 and 1671 minutes) documented vital signs, the presence of chest tubes, mediastinal tubes, and a Foley catheter, and noted clear lung sounds. Neurological examination was initially impossible due to medications, but later (at 1671 minutes) a GCS score of 15 was recorded, indicating an alert and oriented patient. The patient remained intubated throughout the period of observation. The repeated physical examination entries suggest an ongoing assessment of the patient’s condition and response to treatments. The detailed nature of the exams points to a thorough and careful approach to patient care.