Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 381129 * **Unique Patient ID:** 004-10089 * **Gender:** Female * **Age:** 73 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 04:09:00 * **Hospital Discharge Time:** 2015-XX-XX 17:12:00 * **Unit Admit Time:** 2015-XX-XX 15:44:00 * **Unit Discharge Time:** 2015-XX-XX 03:19:00 * **Unit Type:** Cardiac ICU * **Admission Weight:** 53.3 kg * **Admission Height:** 162.6 cm * **Hospital Admit Source:** Floor * **Unit Admit Source:** Floor * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. The diagnoses, their priority, and active status upon discharge are detailed below:

* **Primary Diagnosis:** cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1). This diagnosis was active upon discharge. * **Major Diagnosis:** cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55). This diagnosis was active upon discharge. * **Major Diagnosis:** endocrine|glucose metabolism|diabetes mellitus|Type II. This diagnosis was active upon discharge. * **Major Diagnosis:** cardiovascular|chest pain / ASHD|hyperlipidemia (ICD-9 codes: 272.4, E78.5). This diagnosis was active upon discharge. * **Major Diagnosis:** endocrine|thyroid|hypothyroidism (ICD-9 codes: 244.9, E03.9). This diagnosis was active upon discharge. * **Major Diagnosis:** cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1). This diagnosis was active upon discharge. * **Other Diagnosis:** endocrine|glucose metabolism|diabetes mellitus. This diagnosis was not active upon discharge. * **Other Diagnosis:** cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1) This diagnosis was not active upon discharge. * **Other Diagnosis:** endocrine|glucose metabolism|diabetes mellitus. This diagnosis was not active upon discharge. * **Other Diagnosis:** cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55). This diagnosis was not active upon discharge. * **Other Diagnosis:** cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55). This diagnosis was not active upon discharge.

Multiple entries for the same diagnosis suggest repeated assessments and/or evolving understanding of the patient's condition. The lack of ICD-9 codes for some diagnoses needs clarification.

4. Treatments

The patient received a variety of treatments during her ICU stay. The treatments, their active status upon discharge, and timing are as follows:

* **Active upon discharge:** cardiovascular|non-operative procedures|cardiac angiography; infectious diseases|medications|therapeutic antibacterials|first generation cephalosporin|cefazolin; cardiovascular|non-operative procedures|diagnostic ultrasound of heart|transthoracic echocardiography; cardiovascular|non-operative procedures|implantation of heart pacemaker|permanent; pulmonary|radiologic procedures / bronchoscopy|chest x-ray; gastrointestinal|nutrition|enteral feeds|oral feeds; neurologic|pain / agitation / altered mentation|analgesics|bolus parenteral analgesics; endocrine|thyroid disorder|thyroid hormone|levothyroxine (T4); neurologic|pain / agitation / altered mentation|analgesics|oral analgesics; pulmonary|radiologic procedures / bronchoscopy|CT scan; gastrointestinal|medications|antiemetic|anticholinergic|diphenhydramine; cardiovascular|myocardial ischemia / infarction|antihyperlipidemic agent|HMG-CoA reductase inhibitor|atorvastatin; neurologic|procedures / diagnostics|head CT scan; surgery|wounds / temperature|wound care|dressing change. * **Not active upon discharge:** A comprehensive list of treatments not active upon discharge is omitted for brevity but includes various analgesics, insulin administrations,

and cardiology consultations. The detailed list is available in the full electronic record.

The treatment plan reflects a multi-faceted approach addressing the patient's cardiac, endocrine, and potential infectious concerns.

5. Vital Trends

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6. Lab Trends

The following lab results were recorded:

* **Hematology:** RBC (4.31 M/mcL), Hgb (13.8 g/dL), Hct (41.2%), MCV (96 fL), MCH (32 pg), MCHC (34 g/dL), Platelets (136 K/mcL), WBC (6.2 K/mcL), Lymphocytes (24%), Monocytes (8%), Eosinophils (1%), Basophils (1%), Polymorphonuclear leukocytes (66%). * **Chemistry:** Potassium (4.2 mmol/L), Sodium (140 mmol/L), Bicarbonate (24 mmol/L), Creatinine (0.82 mg/dL), Calcium (9.5 mg/dL), Glucose (185 mg/dL). * **Miscellaneous:** Multiple bedside glucose measurements ranging from 71 mg/dL to 334 mg/dL were recorded at various time points. Troponin-I was recorded at 0.031 ng/mL.

Serial glucose measurements show significant fluctuation, requiring further analysis to determine the pattern and its clinical significance.

7. Microbiology Tests

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8. Physical Examination Results

Physical examination data recorded at 1687 and 133 minutes post unit admission include:

* **Vital Signs:** Heart rate (HR) ranging from 51 to 75 bpm (current HR 67 bpm at 1687 minutes), Respiratory rate (RR) ranging from 10 to 21 breaths/minute (current RR 20 breaths/minute at 1687 minutes), Blood pressure (BP) ranging from 89/52 to 144/92 mmHg (current BP 144/69 mmHg at 1687 minutes), Oxygen saturation (O2 Sat) ranging from 92% to 100% (current O2 Sat 96% at 1687 minutes). * **Weight and I&O;:** Admission weight 53.3 kg, Urine output 850 ml, Intake 0 ml, Total Net output -850 ml. * **Neurologic:** GCS score recorded as 'scored'. At 133 minutes, GCS was 15 (Eyes 4, Verbal 5, Motor 6). * **Respiratory:** Respiratory mode was spontaneous.

The physical exam findings demonstrate a range of vital signs, with a need for further contextualization within the clinical narrative.