

## **\*\*Patient Medical Report\*\***

### **\*\*1. Patient Information\*\***

\* \*\*Patient Unit Stay ID:\*\* 887140 \* \*\*Unique Patient ID:\*\* 006-100609 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 55 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 165 \* \*\*Ward ID:\*\* 402 \* \*\*Unit Type:\*\* CSICU \* \*\*Unit Admit Time:\*\* 00:08:00 \* \*\*Unit Admit Source:\*\* Operating Room \* \*\*Unit Discharge Time:\*\* 17:17:00 \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Hospital Admit Time:\*\* 23:47:00 \* \*\*Hospital Admit Source:\*\* Recovery Room \* \*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 01:45:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Admission Height (cm):\*\* 160 \* \*\*Admission Weight (kg):\*\* 52.2 \* \*\*Discharge Weight (kg):\*\* NULL

### **\*\*2. History\*\***

The provided data does not contain a detailed patient history. Further information is needed to complete this section. This section would typically include information such as presenting complaint, relevant past medical history (including surgeries, hospitalizations, allergies), family history, social history (smoking, alcohol, drug use), and medication history. The available data only shows that the patient was admitted from the Operating Room to the CSICU following aortobifemoral bypass surgery. The admission diagnosis is listed as "Graft, aorto-femoral bypass". This suggests a recent cardiovascular surgical procedure.

### **\*\*3. Diagnoses\*\***

\* \*\*Diagnosis ID:\*\* 11067161 \* \*\*Patient Unit Stay ID:\*\* 887140 \* \*\*Active Upon Discharge:\*\* False \* \*\*Diagnosis Offset (minutes):\*\* 10 \* \*\*Diagnosis String:\*\* cardiovascular|post vascular surgery|s/p aortobifemoral bypass \* \*\*ICD-9 Code:\*\* NULL \* \*\*Diagnosis Priority:\*\* Primary

The primary diagnosis is related to cardiovascular complications following aortobifemoral bypass surgery. The absence of an ICD-9 code limits the specificity of this diagnosis. Additional diagnoses may exist but are not documented in the provided data. This section could benefit from more detailed information about the nature and severity of the post-surgical complications. Were there any complications during the surgery itself? What specific cardiovascular issues arose post-operatively?

### **\*\*4. Treatments\*\***

\* \*\*Treatment ID:\*\* 23702566 \* \*\*Patient Unit Stay ID:\*\* 887140 \* \*\*Treatment Offset (minutes):\*\* 10 \* \*\*Treatment String:\*\* pulmonary|ventilation and oxygenation|mechanical ventilation \* \*\*Active Upon Discharge:\*\* False

The patient received mechanical ventilation, indicating respiratory support. The treatment was not active upon discharge, suggesting improvement in respiratory status. This section would benefit from a complete list of all treatments administered during the ICU stay, including medications, intravenous fluids, and other interventions. Dosage information, routes of administration, and response to treatment would also be valuable additions.

### **\*\*5. Vital Trends\*\***

NULL. The provided data lacks time-series vital sign data (heart rate, blood pressure, respiratory rate, temperature, oxygen saturation). This information is crucial for assessing the patient's physiological stability throughout the ICU stay. A graph showing these parameters over time would be highly beneficial.

### **\*\*6. Lab Trends\*\***

The data includes numerous laboratory test results, but without timestamps or a clear sequence of when the tests were taken, trends cannot be definitively determined. The lab results include various blood tests (Hemoglobin, Hematocrit, White Blood Cell count, MCV, MCH, MCHC, Platelets, Sodium, Potassium, Chloride, Bicarbonate, Albumin, Total Protein,

Total Bilirubin, ALT, AST, Anion Gap, Phosphate, Bedside Glucose, paO2, paCO2, pH, O2 Saturation, PT, INR, ESR, -monos, -lymphs, -polys, -basos). These results would need to be organized chronologically to assess trends in these parameters. Significant changes in any of these values could be indicative of developing complications or response to treatment.

#### **\*\*7. Microbiology Tests\*\***

NULL. The data does not include any information about microbiology tests (e.g., blood cultures, urine cultures). This section would be completed if such data was available.

#### **\*\*8. Physical Examination Results\*\***

\* \*\*Physical Exam ID:\*\* 26345309-26345323 \* \*\*Patient Unit Stay ID:\*\* 887140 \* \*\*Physical Exam Offset (minutes):\*\* 6 \*  
\*\*Physical Exam Path and Value:\*\* The physical exam records that a structured exam was performed, and provides systolic and diastolic blood pressure readings of 188 and 107 mmHg respectively. A GCS score of 15 (4 eyes, 5 verbal, 6 motor) is also reported, indicating normal neurological function. The admission weight was 52.2 kg. This section needs significantly more detail about the physical examination, including findings for all relevant body systems (cardiovascular, respiratory, gastrointestinal, neurological, etc.). Detailed descriptions of the findings would help to build a comprehensive picture of the patient's condition.