

****Patient Information****

Patient Unit Stay ID: 284265 Unique Patient ID: 003-10472 Gender: Male Age: 66 Ethnicity: Caucasian Hospital Admit Time: 2015-XX-XX 19:57:00 Hospital Discharge Time: 2015-XX-XX 17:55:00 Unit Type: Med-Surg ICU Unit Admit Time: 2015-XX-XX 18:11:00 Unit Discharge Time: 2015-XX-XX 18:45:00 Admission Weight: 93.8 kg Discharge Weight: 96.4 kg Admission Height: 180.34 cm

****Medical History****

Insufficient data provided to generate a detailed medical history. The provided data only contains information on the patient's ICU stay, diagnoses, treatments, and some lab results. No prior medical history is available.

****Diagnoses****

The patient presented with multiple diagnoses, all related to cardiovascular arrhythmias, specifically atrial fibrillation. The diagnoses entered are:

* Atrial fibrillation without hemodynamic compromise (ICD-9 code: 427.31, I48.0) - Active upon discharge. * Atrial fibrillation with rapid ventricular response (ICD-9 code: 427.31, I48.0) - Active upon discharge.

Note: Multiple entries for each diagnosis string exist with varying `activeupondischarge` and `diagnosisoffset` values. This may reflect updates or revisions to the diagnosis over the course of the stay. The significance of these variations requires further clinical context.

****Treatments****

The patient received several treatments during their ICU stay, including:

* Ibuprofen (non-narcotic analgesic) for pain management. * Enoxaparin (low molecular weight heparin) for anticoagulation (though not active upon discharge). * Diltiazem (Class IV antiarrhythmic) for arrhythmia management. * Atenolol (beta-blocker) for arrhythmia management (active upon discharge). * Ibutilide (Class III antiarrhythmic) for arrhythmia management (not active upon discharge). * Acetaminophen (non-narcotic analgesic) for pain management (active upon discharge). * Metoprolol (beta blocker) for arrhythmia management (not active upon discharge). * Nebulized bronchodilators for pulmonary management (active upon discharge). * Diagnostic ultrasound of the heart (active upon discharge).

Similar to the diagnoses, multiple entries for some treatments exist, suggesting potential changes in treatment regimens or documentation updates during the stay. Clarification is needed regarding the timing and rationale behind these changes.

****Vital Trends****

NULL. No vital signs data are included in the provided JSON.

****Lab Trends****

The provided lab data includes both complete blood counts (CBC) and chemistry panels. The data shows multiple measurements of various blood parameters at different times during the stay. There are two sets of lab results available - ones taken approximately 1207 minutes before unit admit time and another set taken roughly 40 minutes before unit admit time. There are also additional results at 959 minutes and beyond.

Specific lab values like Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Platelets, Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), and Red

Cell Distribution Width (RDW) show some variation between the initial and subsequent measurements. Electrolyte levels (sodium, potassium, chloride, bicarbonate, calcium, magnesium, anion gap), glucose, albumin, total protein, total bilirubin, ALT, AST, alkaline phosphatase, BNP, free T4, and TSH are also documented. The significance of these changes needs to be assessed considering the patient's clinical picture. A trend analysis would require a time series representation.

****Microbiology Tests****

NULL. No microbiology test data is available.

****Physical Examination Results****

Physical exam data is available at different time points. At one point, GCS was scored as 15 (Eyes:4, Verbal:5, Motor:6), indicating normal neurological function. Heart rate was recorded as 73, 70, and 128 bpm at different times. Blood pressures show variation in systolic and diastolic values. Respiratory rate also varied between 16 and 24 breaths per minute. Oxygen saturation remained high (94-99%). The patient's admission weight was 93.8 kg. Fluid balance is recorded as 0 at one point and -375 ml at another, and further clinical clarification is needed to interpret this.

The physical exam notes show an irregular heart rhythm (dysrhythmia) was present at some point, which aligns with the atrial fibrillation diagnoses.