

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 263850 Unique Patient ID: 003-10606 Gender: Male Age: 62 Ethnicity: Caucasian Hospital Admit Time: 2015-XX-XX 16:38:00 Hospital Discharge Time: 2015-XX-XX 17:30:00 Unit Type: Med-Surg ICU Unit Admit Time: 2015-XX-XX 17:15:00 Unit Discharge Time: 2015-XX-XX 21:47:00 Admission Weight: 116.7 kg Discharge Weight: 116.8 kg Admission Height: 182.9 cm

## **\*\*Medical History\*\***

Insufficient data provided to generate a detailed medical history. The provided data only includes diagnoses and treatments during the ICU stay, not a comprehensive history prior to admission. Further information is needed regarding past medical conditions, surgeries, allergies, family history, and social history to provide a complete medical history. The admission diagnosis for this ICU stay was "Rhythm disturbance (atrial, supraventricular)", suggesting a pre-existing cardiac condition. However, the extent and nature of this condition remain unknown without additional data.

## **\*\*Diagnoses\*\***

The patient presented with multiple diagnoses during their ICU stay. These were recorded at various time points, as indicated by the `diagnosisoffset` field, which represents the time in minutes from unit admission. The diagnoses, categorized for clarity, include:

\* \*\*Cardiovascular:\*\* Atrial fibrillation (with rapid ventricular response, with hemodynamic compromise), repeatedly diagnosed throughout the stay. This suggests a persistent and potentially serious cardiac issue. \* \*\*Endocrine:\*\* Hyperthyroidism, also a recurring diagnosis, indicating a possible hormonal imbalance. \* \*\*Renal:\*\* Chronic renal insufficiency and hyponatremia (electrolyte imbalance), suggesting kidney function impairment and sodium level abnormalities. These conditions are recurrent. \* \*\*Hematology:\*\* Leukocytosis (elevated white blood cell count) which was active upon discharge. \* \*\*General:\*\* Rheumatoid arthritis, an existing condition possibly contributing to other health problems or complicating treatment.

It is noteworthy that all diagnoses were marked as 'Other' in terms of priority, suggesting the possibility of a primary diagnosis not explicitly recorded in this dataset. The presence of multiple diagnoses highlights the complexity of the patient's clinical picture.

## **\*\*Treatments\*\***

The patient received a range of treatments during their ICU stay. Treatment started at various times, as indicated by the `treatmentoffset` field. Treatments included:

\* \*\*Cardiovascular:\*\* Multiple treatments for atrial fibrillation, including digoxin, metoprolol (beta blocker), esmolol (class II antiarrhythmic), and diltiazem (class IV antiarrhythmic). The use of multiple antiarrhythmics points to the severity and complexity of the arrhythmia management. \* \*\*Endocrine:\*\* Treatment for hyperthyroidism, including methimazole and hydrocortisone (glucocorticoid), aimed at managing thyroid function and potential inflammation. \* \*\*Renal:\*\* Management of chronic renal insufficiency and hyponatremia involved normal saline administration and hypotonic fluid administration (D5 half-normal saline), as well as magnesium supplementation. \* \*\*Pulmonary:\*\* Treatment included oxygen therapy via nasal cannula and nebulized bronchodilators. \* \*\*Neurologic:\*\* Lorazepam, a sedative agent, was administered for pain management and/or altered mentation.

Several treatments, including D5 half-normal saline, IV furosemide, aspirin, metoprolol, and esmolol, and methimazole were active upon discharge, indicating ongoing treatment needs.

## **\*\*Vital Trends\*\***

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) is not provided in the dataset. This information is crucial for assessing the patient's physiological stability over time.

#### **\*\*Lab Trends\*\***

The provided lab data shows multiple blood tests performed at different time points during the ICU stay. These include complete blood counts (CBC) showing trends in WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, and differential cell counts (-monos, -eos, -lymphs, -polys, -basos). Chemistry tests reveal sodium, potassium, chloride, bicarbonate, BUN, creatinine, albumin, total protein, total bilirubin, ALT (SGPT), AST (SGOT), calcium, magnesium, Fe, TIBC, Fe/TIBC ratio, Ferritin, TSH, free T4, total cholesterol, HDL, LDL, triglycerides, and BNP. Additionally, arterial blood gas (ABG) values (FiO2, LPM O2) were measured at different times. However, trends cannot be determined without specific time stamps or a structured data format representing the time series of lab values.

#### **\*\*Microbiology Tests\*\***

NULL. No microbiology test results are provided in the dataset.

#### **\*\*Physical Examination Results\*\***

The physical exam shows the patient as ill-appearing but not in acute distress at the time of the exam. Heart rate was irregular, ranging from 98 to 131 bpm, with a current rate of 103 bpm. Blood pressure was recorded as 113/76 mmHg, the lowest being 77/52 mmHg and the highest 110/83 mmHg. Respiratory rate was 20 breaths per minute, ranging from 18 to 29 bpm. Oxygen saturation was 97%, with a low of 93% and a high of 99%. The initial physical examination was performed and structured. Later in the stay, a physical exam was not performed.

The physical exam findings, combined with the diagnoses and treatments, indicate the patient's condition was complex and unstable during the ICU stay.