Patient Medical History Report

1. Patient Information

* **Patient Unit Stay ID:** 408514 * **Patient Health System Stay ID:** 348947 * **Gender:** Male * **Age:** 49 * **Ethnicity:** Caucasian * **Hospital ID:** 122 * **Ward ID:** 181 * **Unit Type:** CTICU * **Unit Admit Time:** 07:19:00 * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 18:19:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unique Patient ID:** 004-10202 * **Admission Height:** 182.9 cm * **Admission Weight:** 120.7 kg * **Hospital Admit Time:** 06:59:00 * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 16:35:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission APACHE Diagnosis:** Cardiomyopathy

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, primarily related to cardiovascular and pulmonary issues. The diagnoses included:

* **Primary:** Cardiac hardware malfunction (Cardiac assist device) * **Major:** Chest pain / ASHD, Coronary artery disease (known), Hypertension, Congestive heart failure (combined systolic and diastolic), Dilated ischemic cardiomyopathy, Obstructive sleep apnea, Obesity, Anemia * **Other:** Obstructive sleep apnea, Hyperlipidemia, Anemia

Note: Multiple entries for the same diagnosis exist in the data. This could reflect repeated documentation or evolving understanding of the patient's condition. The ICD-9 codes are provided where available, but some are missing. The absence of ICD-9 codes may indicate that those diagnoses were not formally coded using the standard classification system. The `diagnosisoffset` field indicates the time elapsed since unit admission when each diagnosis was recorded. This suggests a temporal evolution in the diagnoses identified, with some diagnoses made earlier in the ICU stay than others. The `activeupondischarge` flag indicates whether the diagnosis was still considered active at the time of discharge from the unit. The majority of diagnoses were not active at discharge, suggesting successful treatment or resolution of these conditions. The fact that obesity and anemia are listed as both major and other diagnoses suggests the complexity of the patient's case and that these conditions may not have been considered the primary drivers of the ICU admission but still required management.

4. Treatments

The patient received extensive treatment, mirroring the complexity of their diagnoses. Treatments included:

* Medications: Atorvastatin (antihyperlipidemic), Famotidine (stress ulcer prophylaxis), Hydralazine (vasodilating agent), Lisinopril (ACE inhibitor), Carvedilol (alpha/beta blocker), Pantoprazole (stress ulcer prophylaxis), Ondansetron (antiemetica), Doxycycline (anti-protozoal), Spironolactone (oral diuretic), Acetaminophen (non-narcotic analgesic). * Procedures: Cardiac angiography (right heart), Transthoracic echocardiography, Chest x-ray, Vascular catheter placement (arterial and central venous), Tracheal suctioning * Therapies: Oxygen therapy (40% to 60%), CPAP/PEEP therapy, Mechanical ventilation, Ventilator weaning. * Other: Cardiac surgery consultation, Transplant surgery consultation

Note: Similar to the diagnoses, several treatments were documented multiple times, indicating either repeated administration or modifications to the treatment plan over time. The `treatmentoffset` field provides timing information on treatment initiation. The `activeupondischarge` flag identifies treatments that were ongoing at the time of unit discharge; in this case, Coumadin (VTE prophylaxis), Ondansetron (antiemetic), and Pantoprazole (stress ulcer prophylaxis) were being continued post-discharge from the ICU.

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The lab data shows multiple blood tests performed at various times during the ICU stay. Key trends observed include:

* **Glucose:** Fluctuated between 80 and 155 mg/dL, showing hyperglycemia requiring insulin management. The frequent monitoring of bedside glucose suggests close observation and management of the patient's blood sugar levels. The initial glucose levels were around 100 mg/dl which rose to over 100 mg/dl during the hospital stay. * **Potassium:** Varied between 3.4 and 4.4 mmol/L, staying within a relatively normal range, although there is evidence of some fluctuation over time. The wide range of potassium values may indicate underlying issues with the patient's electrolyte balance and the need for ongoing monitoring and adjustments to treatment. * **Creatinine:** Showed some variation, indicating changes in renal function that warrant close attention. Creatinine levels ranged from 1.12 to 1.8 mg/dl. A higher creatinine is indicative of a possible decline in renal function over time. * **Blood counts:** Complete blood counts (CBCs) including Hemoglobin (Hgb), Hematocrit (Hct), Platelets, and differential white blood cell counts (WBCs) were performed. These results, along with other indicators, are crucial in assessing the patient's overall health and response to treatment. * **PT-INR:** Frequent measurement of prothrombin time (PT) and international normalized ratio (INR) were conducted, reflecting the use of anticoagulation therapy (Coumadin) to prevent blood clots. The PT-INR values varied over time, indicating changes in the patient's coagulation parameters and the need for close monitoring and dose adjustments to maintain the appropriate therapeutic range. * **BNP:** A single measurement of brain natriuretic peptide (BNP) was documented at 339.7 pg/mL, indicative of possible cardiac stress. * **ABG:** Blood gas analysis (ABG) was performed, providing data on pH, paO2, paCO2, HCO3, and base deficit, allowing for assessment of respiratory and acid-base balance. The ABG results show some fluctuation in the patient's blood gas parameters over time, necessitating continuous monitoring and adjustments to the patient's respiratory support and acid-base balance. The values suggest that the patient was experiencing some degree of respiratory distress and acid-base imbalance.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Physical exams were performed, noting the patient as obese and ill-appearing. Vital signs were recorded, including heart rate (HR) ranging from 60-88 bpm and respiratory rate (RR) from 10-25 breaths per minute. Blood pressure (BP) was also recorded. The patient's initial GCS score was 15, but later estimated as lower, potentially due to medication effects. CVP was recorded.

The information presented in this report is based solely on the data provided. Additional information would allow for a more complete assessment of the patient's history, physical exam findings, and overall treatment course.