

****Patient Medical Report****

****1. Patient Information****

***Patient Unit Stay ID:** 333689 ***Unique Patient ID:** 004-10991 ***Gender:** Male ***Age:** 82 ***Ethnicity:** Caucasian ***Hospital Admission Time:** 2015-XX-XX 13:50:00 (Hospital Admit Offset: -168 minutes from Unit Admit Time) ***Hospital Admission Source:** Direct Admit ***Hospital Discharge Year:** 2015 ***Hospital Discharge Time:** 2015-XX-XX 22:54:00 (Hospital Discharge Offset: 7576 minutes from Unit Admit Time) ***Hospital Discharge Location:** Skilled Nursing Facility ***Hospital Discharge Status:** Alive ***Unit Type:** Med-Surg ICU ***Unit Admission Time:** 2015-XX-XX 16:38:00 ***Unit Admission Source:** Emergency Department ***Unit Visit Number:** 1 ***Unit Stay Type:** admit ***Admission Weight:** 76.2 kg ***Discharge Weight:** NULL ***Unit Discharge Time:** 2015-XX-XX 22:23:00 (Unit Discharge Offset: 6105 minutes from Unit Admit Time) ***Unit Discharge Location:** Floor ***Unit Discharge Status:** Alive ***Admission Height:** 167.6 cm

****2. History****

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. A comprehensive history would include details of presenting complaints, past medical history, family history, social history, and medication history.)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. Major diagnoses included:

***Parkinson's disease:** (ICD-9 code: 332.0, G20) - neurologic|misc|Parkinson's disease ***Acute blood loss anemia:** (ICD-9 code: 285.1, D62) - hematology|bleeding and red blood cell disorders|anemia|acute blood loss anemia ***Lower GI bleeding due to A-V malformation:** (ICD-9 code: 569.85, K55.21) - gastrointestinal|GI bleeding / PUD|lower GI bleeding|due to A-V malformation ***Acute respiratory distress:** (ICD-9 code: 518.82) - pulmonary|respiratory failure|acute respiratory distress ***Hyperlipidemia:** (ICD-9 code: 272.4, E78.5) - cardiovascular|chest pain / ASHD|hyperlipidemia ***Congestive heart failure (CHF):** (ICD-9 code: 428.0, I50.9) - cardiovascular|ventricular disorders|congestive heart failure (Primary diagnosis) ***Coronary artery disease (s/p CABG):** (ICD-9 code: 414.00, I25.10) - cardiovascular|chest pain / ASHD|coronary artery disease ***COPD:** (ICD-9 code: 491.20, J44.9) - pulmonary|disorders of the airways|COPD ***Type II Uncontrolled Diabetes Mellitus:** (ICD-9 code: 250.02, E11.65) - endocrine|glucose metabolism|diabetes mellitus ***Change in mental status/depression:** (ICD-9 code: 780.09, R41.82, 311, F32.9) - neurologic|altered mental status / pain ***Peripheral vascular ischemia:** (ICD-9 code: NULL) - cardiovascular|vascular disorders|peripheral vascular ischemia ***Hypoxemia:** (ICD-9 code: 799.02, J96.91) - pulmonary|respiratory failure|hypoxemia ***Hypertension:** (ICD-9 code: 401.9, I10) - cardiovascular|ventricular disorders|hypertension ***Atrial fibrillation:** (ICD-9 code: 427.31, I48.0) - cardiovascular|arrhythmias|atrial fibrillation

Diagnoses listed as inactive upon discharge included atrial fibrillation, congestive heart failure, COPD, Type II diabetes, change in mental status, coronary artery disease, and peripheral vascular ischemia.

****4. Treatments****

The patient received a variety of treatments during their ICU stay. Active treatments upon discharge included:

* Tube feeding (gastrointestinal|nutrition|enteral feeds|tube feeding) * Omeprazole (gastrointestinal|medications|stress ulcer prophylaxis|omeprazole) * Lorazepam (neurologic|pain / agitation / altered mentation|sedative agent|lorazepam) * Bolus parenteral analgesics (neurologic|pain / agitation / altered mentation|analgesics|bolus parenteral analgesics) * Transthoracic echocardiography (cardiovascular|non-operative procedures|diagnostic ultrasound of heart|transthoracic echocardiography) * Diphenhydramine (gastrointestinal|medications|antiemetic|anticholinergic|diphenhydramine) * Clindamycin (infectious diseases|medications|therapeutic antibacterials|clindamycin) * Foley catheter (renal|urinary catheters|foley catheter) * Blood cultures (infectious diseases|cultures / immuno-assays|cultures|blood) * Carvedilol (cardiovascular|ventricular dysfunction|alpha/beta blocker|carvedilol) * Cardiology consultation (cardiovascular|consultations|Cardiology consultation) * Chest x-ray (pulmonary|radiologic procedures /

bronchoscopy|chest x-ray) * Ondansetron (gastrointestinal|medications|antiemetic|serotonin antagonist|ondansetron) * Clonidine (cardiovascular|hypertension|clonidine) * Albuterol (pulmonary|medications|bronchodilator|beta-agonist|albuterol (Proventil, Ventolin)) * Acetaminophen (surgery|wounds / temperature|antipyretics|acetaminophen) * Insulin (endocrine|glucose metabolism|insulin|sliding scale administration) * Inhaled glucocorticoid (pulmonary|medications|glucocorticoid administration|inhaled) * Citalopram (neurologic|pain / agitation / altered mentation|SSRI administration|citalopram (Celexa)) * Atorvastatin (cardiovascular|myocardial ischemia / infarction|antihyperlipidemic agent|HMG-CoA reductase inhibitor|atorvastatin) * Labetalol (cardiovascular|hypertension|vasodilating agent - IV|labetalol) * Oral analgesics (neurologic|pain / agitation / altered mentation|analgesics|oral analgesics) * Compression stockings (cardiovascular|vascular disorders|VTE prophylaxis|compression stockings)

Inactive treatments upon discharge are also listed in the JSON data.

****5. Vital Trends****

NULL (No vital sign data is available in the provided JSON.)

****6. Lab Trends****

The patient's lab results show fluctuations in several key indicators. Multiple blood tests were taken at different time points. There is evidence of fluctuating glucose levels (bedside glucose), ranging from lows of 105 mg/dL to highs of 161 mg/dL. BNP levels were elevated (1770 pg/mL and 1950 pg/mL on different occasions). Hemoglobin and hematocrit levels indicate anemia (Hgb: 10.8 g/dL, 10.6 g/dL; Hct: 33.4%, 33.3%, 32.9%, 35.1%). Electrolyte levels also fluctuated (sodium, potassium, chloride, bicarbonate, calcium). The patient's creatinine levels were within the normal range. Liver function tests were mildly elevated. The complete blood count (CBC) with differential showed a leukocytosis (WBC x 1000: 10.2 K/mcL, 11.3 K/mcL, 8.9 K/mcL) and abnormal differential counts. Additional lab tests were conducted at different times.

****7. Microbiology Tests****

Blood cultures were obtained (infectious diseases|cultures / immuno-assays|cultures|blood). Results are not provided in the JSON data.

****8. Physical Examination Results****

The physical exam documented the patient as ill-appearing but not in acute distress. A structured physical exam was performed. Vital signs recorded include: HR (104-112 bpm), BP (165/102 mmHg, lowest 186/94 mmHg, highest 194/121 mmHg), O2 Sat (97-99%). The patient's weight upon admission was recorded at 76.2 kg. Neurological examination revealed a Glasgow Coma Scale (GCS) score of 10 (Eyes 3, Verbal 2, Motor 4) at one time point. Heart rhythm was described as irregular and narrow complex.