Medical Report for Patient 003-10438

1. Patient Information

* **Patient Unit Stay ID:** 261520 * **Patient Health System Stay ID:** 224700 * **Unique Patient ID:** 003-10438 * **Gender:** Male * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital ID:** 92 * **Ward ID:** 143 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 19:20:00 * **Unit Admit Source:** Emergency Department * **Hospital Admit Time:** 18:17:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 01:42:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Discharge Time:** 01:42:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Admission Weight:** 103.1 kg * **Discharge Weight:** 103.1 kg * **Admission Height:** 165.1 cm

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses upon admission, and remaining active upon discharge, were:

* **Cardiac arrest (with or without respiratory arrest):** This was identified as a primary diagnosis both upon initial presentation and at the time of discharge. ICD-9 codes 427.5 and I46.9 are associated with this diagnosis, indicating cardiac arrest and unspecified cardiac arrest, respectively. The initial rhythm was ventricular fibrillation. * **Acute respiratory failure:** This diagnosis was marked as 'Other' and was active upon discharge. ICD-9 codes 518.81 and J96.00 are associated with this diagnosis, pointing to respiratory failure and acute respiratory failure, respectively. This suggests a significant respiratory compromise that contributed to the patient's condition. * **Cardiomyopathy:** Listed as 'Other' diagnosis, this condition indicates a disease of the heart muscle, potentially contributing to the cardiac arrest and overall clinical picture. * **Complete Heart Block:** This diagnosis, also classified as 'Other', was present at multiple points during the ICU stay, highlighting the patient's complex cardiac issues. The ICD-9 codes 426.0 and I44.2 indicate complete heart block. The presence of a pacemaker is noted in some entries, suggesting intervention to manage this arrhythmia. * **Hyperglycemia:** Recorded as an 'Other' diagnosis, hyperglycemia suggests elevated blood glucose levels, which is a common complication in critically ill patients. This could be associated with stress response to the patient's condition or pre-existing diabetes.

The temporal relationship between these diagnoses and the patient's treatment is crucial for understanding the progression of the illness. Multiple entries of complete heart block indicate a recurring issue that likely required ongoing management. The combination of cardiac arrest, respiratory failure, and cardiomyopathy presents a very serious and complex clinical situation.

4. Treatments

The patient received a wide range of treatments during their ICU stay. The treatments active upon discharge were:

* **Mechanical ventilation:** This indicates the patient required respiratory support throughout a significant portion of their stay. The multiple entries reflect the ongoing need for this life-sustaining intervention. * **Conventional intravenous heparin therapy:** This anticoagulant treatment suggests an effort to prevent further thromboembolic events, given the patient's cardiac conditions and immobility. * **Amiodarone:** This class III antiarrhythmic drug was administered to manage cardiac arrhythmias. Its presence at discharge suggests the ongoing need for this treatment. * **Hypothermia therapy:** This therapeutic hypothermia was used to manage cerebral perfusion pressure, indicating neurological involvement, potentially due to the cardiac arrest. * **Head CT scan:** A head CT scan was performed, likely to rule out intracranial bleeding or other injuries associated with the cardiac arrest. This is a standard diagnostic procedure in such scenarios. * **EEG:** An electroencephalogram (EEG) was performed, suggesting a neurological assessment was conducted. This is important for monitoring brain activity, especially in the context of therapeutic hypothermia. * **Blood and urine cultures:**

Blood and urine cultures were taken to evaluate for potential infections, which are common complications in critically ill patients. * **Temporary pacemaker implantation:** The patient received a temporary pacemaker to manage their complete heart block. This reflects the seriousness of the arrhythmia and the need for immediate intervention. * **Midazolam:** A sedative agent used to manage pain, agitation, or altered mental status. This is often necessary to maintain patient comfort and facilitate respiratory support. * **Cardiac Angiography:** Cardiac angiography was performed, likely to assess the coronary arteries and identify any underlying causes of the cardiac arrest. * **Physical Restraints:** Physical restraints were used at times, which may be necessary to prevent patient self-harm or dislodging of medical equipment.

5. Vital Trends

NULL (Insufficient data provided to generate vital trends.)

6. Lab Trends

The provided laboratory data includes various blood tests (chemistry, hematology, and arterial blood gases) and bedside glucose measurements. There is evidence of significant electrolyte imbalances (calcium and potassium) and elevated liver enzymes (ALT and AST). The frequent bedside glucose measurements indicate close monitoring of the patient's blood sugar levels, which are crucial in managing hyperglycemia. Serial ABG data reveals fluctuations in pH, paO2, paCO2, and base excess. These fluctuations highlight the severity of the patient's respiratory and metabolic issues. Further analysis requires time-series plotting to visualize trends.

7. Microbiology Tests

NULL (Results of microbiology tests are not explicitly mentioned in the provided data. While blood and urine cultures were performed, the results are missing.)

8. Physical Examination Results

The physical exam notes indicate the patient was initially described as 'ill-appearing', 'well-developed', and 'not in acute distress', although this latter observation may be due to the patient's comatose state. The neurological exam recorded a GCS score of 3, indicating severe impairment of consciousness. The patient's heart rhythm was paced, and they were ventilated. Weight measurements were recorded at admission and later during the stay. The patient's hemodynamic status was monitored (CVP), and serial vital signs (HR, BP, RR, O2 Sat) were documented. The data shows the patient’s condition changed over time, with a weight increase reflecting fluid balance changes and a change in respiratory rate. The detailed physical exam data provides valuable insight into the patient's overall clinical state, highlighting the severity of the neurological compromise and the need for respiratory support.