Medical Report - Patient 006-101718

1. Patient Information

* **Patient Unit Stay ID:** 640796 * **Patient Health System Stay ID:** 514969 * **Unique Patient ID:** 006-101718 * **Gender:** Male * **Age:** 75 * **Ethnicity:** Caucasian * **Hospital ID:** 152 * **Ward ID:** 404 * **Unit Type:** CSICU * **Unit Admit Time:** 19:44:00 * **Unit Admit Source:** Floor * **Unit Discharge Time:** 18:59:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Hospital Admit Time:** 22:05:00 * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 00:05:00 * **Hospital Discharge Location:** Home * **Admission Weight:** 131.2 kg * **Discharge Weight:** 130 kg * **Admission Height:** 177.8 cm * **APACHE Admission Dx:** Infarction, acute myocardial (MI)

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple cardiovascular diagnoses during their ICU stay. The primary diagnosis upon admission was acute myocardial infarction (no ST elevation) (ICD-9 code: 410.71, I21.4). Major diagnoses included ischemic cardiomyopathy (dilated) (ICD-9 code: 425.8, I25.5) and congestive heart failure (ICD-9 code: 428.0, I50.9). Multiple entries for each of these diagnoses indicate ongoing assessment and monitoring throughout the stay. The diagnosis 's/p CABG < 7 days' (post-coronary artery bypass graft < 7 days) was also recorded as a major diagnosis, suggesting recent cardiac surgery. All diagnoses were inactive upon discharge from the unit.

4. Treatments

The patient received a range of cardiovascular treatments. These included multiple instances of inotropic agents (milrinone and digoxin) to support ventricular function, vasopressors (norepinephrine and epinephrine) to manage shock, and amiodarone to manage arrhythmias. Mechanical ventilation was also administered to support pulmonary function. All treatments were discontinued before unit discharge.

5. Vital Trends

NULL (Insufficient data to generate trends. Vital signs were recorded in the physical exam, but not in a time-series format.)

6. Lab Trends

The lab data shows multiple blood tests performed throughout the patient's stay. There are several instances of bedside glucose measurements, showing fluctuating levels ranging from 88 mg/dL to 246 mg/dL. Serial blood chemistries reveal changes in key electrolytes such as potassium (ranging from 3.2 mmol/L to 5.2 mmol/L), sodium (134 mmol/L to 143 mmol/L), and bicarbonate (19 mmol/L to 34 mmol/L), suggesting potential electrolyte imbalances. Hematology results, including Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Platelets, and PT/INR, show variations over time. Complete blood counts (CBCs) show fluctuating white blood cell counts (WBC). The available data is insufficient to build complete trends without more time-stamped values. Further analysis is needed to determine the significance of these variations in relation to the patient's clinical course.

7. Microbiology Tests

NULL (No microbiology test data provided)

8. Physical Examination Results

Physical exams were performed on multiple occasions. The initial physical exam recorded at 33 minutes post-unit admission showed a Glasgow Coma Scale (GCS) score of 'scored', heart rate (HR) ranging from 81 to 83 bpm, systolic blood pressure (BP) ranging from 106 to 126 mmHg, diastolic BP ranging from 68 to 83 mmHg, and respiratory rate ranging from 19 to 21 breaths per minute. Oxygen saturation (SpO2) was between 98% and 99%. Admission weight was 131.2 kg. A subsequent physical examination at 4582 minutes post-unit admission showed similar vital signs, with weight having decreased to 119.8kg. Hemodynamic data from the later exam is also present (CVP, PAOP, SVR, CO, FiO2, PEEP, Vent Rate) indicating advanced monitoring and interventions.