

## **\*\*Medical Report: Patient 005-10193\*\***

### **\*\*1. Patient Information\*\***

\*\*\*Patient Unit Stay ID:\*\* 498849 \*\*\*Patient Health System Stay ID:\*\* 422331 \*\*\*Unique Patient ID:\*\* 005-10193 \*  
\*\*Gender:\*\* Male \*\*\*Age:\*\* 58 \*\*\*Ethnicity:\*\* Hispanic \*\*\*Hospital ID:\*\* 141 \*\*\*Ward ID:\*\* 286 \*\*\*Unit Type:\*\* Cardiac  
ICU \*\*\*Unit Admit Source:\*\* Other ICU \*\*\*Unit Admit Time:\*\* 20:56:00 \*\*\*Unit Discharge Time:\*\* 23:01:00 \*\*\*Unit  
Discharge Location:\*\* Floor \*\*\*Unit Discharge Status:\*\* Alive \*\*\*Hospital Admit Time:\*\* 19:56:00 \*\*\*Hospital Discharge  
Time:\*\* 19:25:00 \*\*\*Hospital Discharge Location:\*\* Home \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Admission Height  
(cm):\*\* 180.3 \*\*\*Admission Weight (kg):\*\* 122.1 \*\*\*Discharge Weight (kg):\*\* 117.6 \*\*\*APACHE Admission Dx:\*\*  
Cardiovascular medical, other

### **\*\*2. History\*\***

NULL (Insufficient information provided to generate a detailed patient history.)

### **\*\*3. Diagnoses\*\***

\*\*\*Diagnosis 1 (Primary):\*\* cardiovascular|cardiac surgery|s/p CABG < 7 days (ICD-9 code: ) \*\*\*Diagnosis 2 (Major):\*\*  
cardiovascular|arrhythmias|AV block (ICD-9 code: 426.10, I44.30) \*\*\*Diagnosis 3 (Major):\*\* cardiovascular|ventricular  
disorders|cardiomyopathy (ICD-9 code: ) \*\*\*Diagnosis 4 (Major):\*\* cardiovascular|ventricular disorders|congestive heart  
failure (ICD-9 code: 428.0, I50.9)

All diagnoses were active upon discharge from the unit.

### **\*\*4. Treatments\*\***

\*\*\*Treatment 1:\*\* endocrine|electrolyte correction|administration of electrolytes (Active upon discharge) \*\*\*Treatment 2:\*\*  
general|support services|physical therapy consult (Active upon discharge) \*\*\*Treatment 3:\*\* cardiovascular|myocardial  
ischemia / infarction|antihyperlipidemic agent (Active upon discharge) \*\*\*Treatment 4:\*\* cardiovascular|hypertension|beta  
blocker (Active upon discharge) \*\*\*Treatment 5:\*\* surgery|glucose control|insulin (Active upon discharge) \*\*\*Treatment  
6:\*\* pulmonary|consultations|Pulmonary/CCM consultation (Active upon discharge) \*\*\*Treatment 7:\*\*  
cardiovascular|intravenous fluid|normal saline administration (Active upon discharge) \*\*\*Treatment 8:\*\*  
gastrointestinal|medications|stress ulcer prophylaxis|famotidine (Active upon discharge) \*\*\*Treatment 9:\*\*  
gastrointestinal|medications|laxatives|bisacodyl (Dulcolax, Fleet) (Active upon discharge) \*\*\*Treatment 10:\*\*  
pulmonary|consultations|Pulmonary medicine consultation (Active upon discharge) \*\*\*Treatment 11:\*\*  
gastrointestinal|medications|laxatives|doss (Colace) (Active upon discharge) \*\*\*Treatment 12:\*\*  
cardiovascular|consultations|Cardiac surgery consultation (Active upon discharge) \*\*\*Treatment 13:\*\*  
cardiovascular|ventricular dysfunction|intravenous diuretic (Active upon discharge) \*\*\*Treatment 14:\*\* surgery|analgesics  
/sedatives/ nmba|analgesics (Active upon discharge) \*\*\*Treatment 15:\*\* cardiovascular|consultations|Cardiology  
consultation (Active upon discharge) \*\*\*Treatment 16:\*\* pulmonary|ventilation and oxygenation|oxygen therapy (40% to  
60%) (Active upon discharge)

### **\*\*5. Vital Trends\*\***

NULL (No vital sign data provided.)

### **\*\*6. Lab Trends\*\***

The provided lab data includes multiple blood tests taken at different time points during the patient's stay. These include complete blood counts (CBC) with differentials (WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, lymphocytes, monocytes, eosinophils, basophils, and neutrophils), basic metabolic panels (BMP) (sodium, potassium, chloride, bicarbonate, BUN, creatinine, glucose, anion gap), and bedside glucose levels. Analysis requires time-series visualization

to identify trends in these values over the patient's ICU stay. Specific trends in electrolyte balance (sodium, potassium, chloride, bicarbonate), renal function (BUN, creatinine), and glucose control will be of particular interest. Hemoglobin and hematocrit levels and the complete blood count will be examined to assess for anemia and signs of infection or inflammation. The numerous bedside glucose tests will allow for a detailed assessment of glucose control during treatment.

#### **\*\*7. Microbiology Tests\*\***

NULL (No microbiology test data provided.)

#### **\*\*8. Physical Examination Results\*\***

NULL (No physical examination results provided.)