Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 531662 * **Unique Patient ID:** 005-10043 * **Gender:** Male * **Age:** 62 * **Ethnicity:** Hispanic * **Hospital Admit Time:** 2014, 18:00:00 * **Hospital Admit Source:** Operating Room * **Hospital Discharge Time:** 2014, 18:23:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** CTICU * **Unit Admit Time:** 17:00:00 * **Unit Admit Source:** Operating Room * **Unit Discharge Time:** 16:26:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 91.6 kg * **Discharge Weight:** 91.1 kg * **Admission Height:** 170.2 cm

2. History

NULL (Insufficient information provided in the JSON data.)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their priority, and active status upon discharge are detailed below:

* **Primary Diagnosis (Active upon discharge):** Post-CABG surgery within 7 days with CPB (Cardiovascular|cardiac surgery|s/p CABG < 7 days|with CPB) - Diagnosis ID: 10238904. No ICD-9 code provided. * **Major Diagnosis (Not Active upon discharge):** Drug-related respiratory and ventilatory failure (surgery|respiratory failure|ventilatory failure|drug related) - Diagnosis IDs: 7967055, 7966991, 8299807. ICD-9 codes: 518.81, J96.00. * **Other Diagnoses (Not Active upon discharge):** Acute blood loss anemia (hematology|bleeding and red blood cell disorders|anemia|acute blood loss anemia) - Diagnosis IDs: 8011860, 8224077. ICD-9 codes: 285.1, D62. * **Other Diagnoses (Active upon discharge):** Hyperglycemia (endocrine|glucose metabolism|hyperglycemia) - Diagnosis IDs: 9774523, 8896665. ICD-9 codes: 790.6, R73.9. * **Other Diagnoses (Not Active upon discharge):** Hypertension (cardiovascular|vascular disorders|hypertension) - Diagnosis IDs: 8428083, 9079923, 9082458. ICD-9 codes: 401.9, I10.

It is important to note that the diagnosis priority and active status upon discharge indicate the relative severity and ongoing nature of the conditions during and after the ICU stay.

4. Treatments

The patient received various treatments during their ICU stay. The treatments administered, their active status upon discharge are as follows:

* **Active upon Discharge:** Stress ulcer prophylaxis (surgery|GI therapies|stress ulcer prophylaxis), Nasogastric tube (surgery|tubes and catheters|nasogastric tube), Routine CABG (cardiovascular|cardiac surgery|CABG|routine), Analgesics (surgery|analgesics /sedatives/ nmbs|analgesics), Medicine consultation (surgery|consultations|Medicine consultation), Pulmonary/CCM consultation (pulmonary|consultations|Pulmonary/CCM consultation), Oxygen therapy (< 40%) via nasal cannula (pulmonary|ventilation and oxygenation|oxygen therapy (< 40%)|nasal cannula), Prophylactic antibacterials for surgery (surgery|infection|prophylactic antibacterials|for surgery), Cardiology consultation (cardiovascular|consultations|Cardiology consultation), Chest tube (surgery|tubes and catheters|chest tube), and Foley catheter (surgery|tubes and catheters|foley catheter). * **Not Active upon Discharge:** Medicine consultation (surgery|consultations|Medicine consultation), Nasogastric tube (surgery|tubes and catheters|nasogastric tube), Insulin for glucose control (surgery|glucose control|insulin), Ventilator weaning (pulmonary|ventilation and oxygenation|ventilator weaning), Sedative medications (pulmonary|medications|sedative), Prophylactic antibacterials for surgery (surgery|infection|prophylactic antibacterials|for surgery), Cardiac surgery consultation (cardiovascular|consultations|Cardiac surgery consultation), CPAP/PEEP therapy (pulmonary|ventilation and oxygenation|CPAP/PEEP therapy), and Mechanical ventilation (pulmonary|ventilation and oxygenation|mechanical ventilation).

The duration and efficacy of these treatments should be further investigated to fully assess the patient's response to care.

5. Vital Trends

NULL (No vital sign data included in the JSON.)

6. Lab Trends

The provided lab data includes numerous blood tests and arterial blood gas (ABG) analyses performed at various time points relative to unit admission time. These results show fluctuations in several key indicators. Specifically, there is evidence of: frequent bedside glucose monitoring showing values ranging from 80 mg/dL to 163 mg/dL, indicating hyperglycemia management; Hemoglobin levels that decreased from 15.2 g/dL to 7.7 g/dL, suggesting significant blood loss; and fluctuating electrolyte levels such as potassium (ranging from 3.4 mmol/L to 6.3 mmol/L) and bicarbonate (ranging from 21.4 mmol/L to 29 mmol/L). A complete blood count (CBC) was repeatedly performed, showing variations in WBC, RBC, HCT, MCV, MCH, MCHC, RDW, and platelet counts. ABG values reveal fluctuations in pH, pCO2, pO2, O2 content, and base excess. Detailed analysis of these trends requires a time-series visualization.

7. Microbiology Tests

NULL (No microbiology test data included in the JSON.)

8. Physical Examination Results

Two sets of physical examination results are recorded, one at 52 minutes and another at 345 minutes post-unit admission. Both exams reveal the patient's ill-appearing state, with decreased bowel sounds, and the presence of multiple drains and tubes (foley catheter, pacing wires, mediastinal tubes, chest tube). Vital signs recorded at 132 minutes post admission include HR (86, 85, 93 bpm), systolic blood pressure (114, 104, 114 mmHg), diastolic blood pressure (57, 56, 59 mmHg), respiratory rate (20, 16, 20 breaths/min), and O2 saturation (99, 99, 100%). A GCS score of 15 was estimated at 345 minutes, but a score could not be obtained earlier due to medications. The neurologic exam was otherwise largely normal. Further analysis of the physical exam data across multiple time points is needed to better understand the patient's clinical course.