Medical Report: Patient 007-10082

1. Patient Information

* **Patient Unit Stay ID:** 968228 * **Patient Health System Stay ID:** 713199 * **Unique Patient ID:** 007-10082 * **Gender:** Male * **Age:** 70 * **Ethnicity:** Caucasian * **Hospital ID:** 184 * **Ward ID:** 429 * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 2015-XX-XX 01:25:00 (Assuming a date) * **Unit Admit Source:** Floor * **Unit Discharge Time:** 2015-XX-XX 04:54:00 (Assuming a date) * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2015-XX-XX 01:25:00 (Assuming a date) * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 05:30:00 (Assuming a date) * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Admission Weight:** 120.2 kg * **Discharge Weight:** 120.2 kg * **Admission Height:** 182.88 cm (Assuming units) * **APACHE Admission Dx:** Hemorrhage/hematoma, intracranial

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses upon admission to the Cardiac ICU. These included:

* **Altered Mental Status/Change in Mental Status (780.09, R41.82):** This diagnosis points towards a neurological issue impacting the patient's cognitive function and potentially causing pain. * **Hypertension (401.9, I10):** The patient had elevated blood pressure, a common cardiovascular condition. * **Obtundation (780.09, R40.0):** This indicates a decreased level of consciousness or responsiveness, further supporting the neurological concerns. * **Hemorrhagic Stroke (431, I61.9):** A significant finding indicating bleeding within the brain, likely in the internal capsule due to hypertension. This is a serious neurological event. * **Chronic Renal Insufficiency (585.9, N18.9):** The patient had impaired kidney function, a condition that can be exacerbated by other health issues like hypertension and stroke. All diagnoses were active upon discharge from the unit.

4. Treatments

The patient received the following treatments during their ICU stay:

* **Neurosurgery Consultation:** A neurosurgical consult suggests the severity of the hemorrhagic stroke required specialized neurological assessment and potential intervention. * **Nicardipine (IV):** This vasodilating agent was administered to manage the patient's hypertension, reducing blood pressure and potentially improving blood flow to the brain. Both treatments were active upon discharge from the unit.

5. Vital Trends

NULL (Insufficient data provided to show trends. Would need time-series data on heart rate, blood pressure, respiratory rate, etc.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's hospital stay. Trends in specific lab values would require more data points and time stamps. However, we can note that:

* Hemoglobin (Hgb) and Hematocrit (Hct) levels were measured multiple times, indicating monitoring for anemia or blood loss potentially related to the hemorrhagic stroke. There seems to be some fluctuation in these values. * White blood cell

(WBC) count was elevated, indicating a potential inflammatory response. * Blood glucose levels were monitored frequently via bedside glucose tests, showing fluctuations. * Electrolyte levels (potassium, sodium, chloride, bicarbonate, ionized calcium) were also measured, showing slight variations from normal ranges. * Troponin-I levels were monitored, showing slightly elevated levels, suggesting possible myocardial injury. * PT and PT-INR values were monitored, indicating assessment of coagulation status possibly related to the stroke or other conditions. The INR is elevated, suggesting a need for anticoagulation. * Lactate levels were elevated, indicating potential metabolic acidosis. * Other hematological parameters (RBC, MCV, MCH, MCHC, RDW, platelets, monocytes, lymphocytes, eosinophils, basophils, polys) were also measured repeatedly, providing insights into the overall health of the patient's blood cells. These values show some variability.

7. Microbiology Tests

NULL (No microbiology test data provided)

8. Physical Examination Results

A structured physical exam was performed. The recorded vital signs at the time of the exam were: Heart rate (HR) 78 bpm, systolic blood pressure (BP) 163 mmHg, diastolic BP 115 mmHg, respiratory rate (RR) 45 breaths/min, and oxygen saturation (O2 Sat) 95%. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 4, Motor 6), indicating normal neurological function at the time of the assessment. The patient's weight was 120.2 kg, with a 0 kg change since admission. Fluid balance shows a net positive balance of 459ml.