Patient Information

Patient Unit Stay ID: 264901 Unique Patient ID: 003-11088 Gender: Male Age: 81 Ethnicity: Caucasian Hospital Admit Time: 2014-XX-XX 17:18:00 Hospital Discharge Time: 2014-XX-XX 16:35:00 Unit Admit Time: 2014-XX-XX 17:44:00 Unit Discharge Time: 2014-XX-XX 19:39:00 Admission Weight: 113.7 kg Discharge Weight: 115 kg Admission Height: 180.3 cm Hospital Admit Source: Floor Unit Admit Source: Direct Admit Hospital Discharge Location: Home Unit Discharge Location: Floor Hospital Discharge Status: Alive Unit Discharge Status: Alive

Medical History

Insufficient data provided to generate a detailed medical history. The provided data only contains diagnoses, lab results, treatments, and physical exam results from the ICU stay. A complete medical history would require information on prior illnesses, surgeries, allergies, family history, and social history. This section would normally include details such as the patient's reason for admission to the hospital, any significant past medical events, and the patient's overall health status prior to this ICU admission.

Diagnoses

The patient presented with multiple diagnoses during their ICU stay. These diagnoses were recorded at various times throughout the stay, with some being active upon discharge and others not. The diagnoses included:

* Cardiovascular: * Atrial fibrillation (427.31, I48.0) - Multiple entries, one active upon discharge. * Atrial flutter with hemodynamic compromise (427.32, I48.1) - Multiple entries, one active upon discharge. * Atrial flutter 1:2 conduction (427.32, I48.1) - Multiple entries. * Congestive heart failure (428.0, I50.9) - Multiple entries, one active upon discharge. * Pulmonary: * Acute COPD exacerbation (491.21, J44.1) - Multiple entries, one active upon discharge. * COPD (491.20, J44.9) - Multiple entries, one active upon discharge.

The diagnosis priority for all listed diagnoses was marked as 'Other'. Further clinical information would be needed to determine the primary diagnosis and the relationships between the various diagnoses.

Treatments

The patient received a range of treatments during their ICU stay. The treatments included:

* Cardiovascular: * Esmolol (Class II antiarrhythmic) * Atorvastatin (HMG-CoA reductase inhibitor) * Calcium channel blocker * Digoxin * Amiodarone (Class III antiarrhythmic) * Electrical cardioversion (multiple instances) * Transesophageal echocardiography (multiple instances) * Pulmonary: * Nebulized bronchodilator * Beta-agonist bronchodilator * Oxygen therapy (<40%) via nasal cannula * Chest X-ray * Endocrine: * Insulin * D50 (glucose) * Methylprednisolone (systemic glucocorticoid) * Gastrointestinal: * Esomeprazole (stress ulcer prophylaxis) * Omeprazole (stress ulcer prophylaxis) * Renal: * Renal ultrasound

Several treatments were active upon discharge, highlighting the ongoing management of the patient's conditions.

Vital Trends

NULL. Vital signs data (heart rate, blood pressure, respiratory rate, oxygen saturation) are not included in the provided data.

Lab Trends

The patient underwent numerous laboratory tests during their ICU stay. Multiple tests were conducted at different time points. The labs included blood chemistry (glucose, BUN, creatinine, sodium, chloride, bicarbonate, total protein, albumin,

total bilirubin, anion gap, ALT (SGPT), AST (SGOT), phosphate, magnesium, calcium), and complete blood count (hemoglobin, hematocrit, MCV, MCH, MCHC, RDW, WBC, platelets, lymphocytes, monocytes, eosinophils, basophils, PT, PTT, PT-INR). Bedside glucose levels were also frequently monitored. BNP levels were also recorded. The trends in these values would require a time-series analysis to determine patterns and clinical significance. There is a suggestion of fluctuating glucose levels and possible dehydration based on urine specific gravity measurements. Creatinine levels also show some variation.

Microbiology Tests

NULL. No microbiology test data is available in the provided dataset.

Physical Examination Results

Physical examinations were performed at multiple time points. Vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation) were recorded, along with a GCS score and mental status. Weight was also monitored. The trend of vital signs over time is not available from the current data. The GCS scores suggest a normal level of consciousness.