

****Patient Medical Report****

****1. Patient Information****

* **Patient Unit Stay ID:** 381129 * **Unique Patient ID:** 004-10089 * **Gender:** Female * **Age:** 73 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 04:09:00 * **Hospital Discharge Time:** 2015-XX-XX 17:12:00 * **Unit Type:** Cardiac ICU * **Unit Admission Time:** 2015-XX-XX 15:44:00 * **Unit Discharge Time:** 2015-XX-XX 03:19:00 * **Admission Weight:** 53.3 kg * **Admission Height:** 162.6 cm * **Hospital Admission Source:** Floor * **Unit Admission Source:** Floor * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

****2. History****

The provided data does not contain a detailed patient history. Further information is needed to complete this section. The admission diagnosis recorded was "Rhythm disturbance (conduction defect)", suggesting a cardiac-related event prompted the admission. The presence of multiple diagnoses related to cardiovascular arrhythmias, diabetes mellitus, and hypothyroidism indicates co-morbidities that likely influenced the patient's condition and management during the ICU stay. The lack of narrative information prevents a comprehensive history from being generated. Additional information, such as the patient's presenting symptoms, prior medical history, family history, and social history, is crucial for a complete clinical picture.

****3. Diagnoses****

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

* **Primary Diagnoses:** * Cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1) - Active upon discharge * Cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1) - Not Active upon discharge * Cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1) - Not Active upon discharge * Cardiovascular|arrhythmias|bradycardia|symptomatic (ICD-9 codes: 427.81, R00.1) - Not Active upon discharge

* **Major Diagnoses:** * Endocrine|glucose metabolism|diabetes mellitus - Not Active upon discharge * Endocrine|glucose metabolism|diabetes mellitus - Not Active upon discharge * Endocrine|glucose metabolism|diabetes mellitus|Type II - Active upon discharge * Cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55) - Not Active upon discharge * Cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55) - Active upon discharge * Cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55) - Not Active upon discharge * Cardiovascular|arrhythmias|syncope|likely cardiac origin (ICD-9 codes: 780.2, R55) - Not Active upon discharge

* **Other Diagnoses:** * Endocrine|glucose metabolism|diabetes mellitus - Not Active upon discharge * Cardiovascular|chest pain / ASHD|hyperlipidemia (ICD-9 codes: 272.4, E78.5) - Active upon discharge * Endocrine|thyroid|hypothyroidism (ICD-9 codes: 244.9, E03.9) - Active upon discharge

The multiplicity of diagnoses highlights the complexity of the patient's clinical presentation. The lack of ICD-9 codes for several diagnoses suggests incomplete documentation.

****4. Treatments****

The patient received numerous treatments during their ICU stay. These treatments included medications for diabetes, hypothyroidism, and hyperlipidemia, as well as analgesics and antibiotics. Cardiac procedures such as cardiac angiography and echocardiography were also performed. The patient received a permanent pacemaker implantation. Additional details on specific dosages, routes of administration, and treatment responses are unavailable from the provided data.

* **Treatments Active Upon Discharge:** * Cardiovascular|non-operative procedures|cardiac angiography * Infectious diseases|medications|therapeutic antibacterials|first generation cephalosporin|cefazolin * Cardiovascular|non-operative procedures|diagnostic ultrasound of heart|transthoracic echocardiography * Endocrine|thyroid disorder|thyroid hormone|levothyroxine (T4) * Cardiovascular|non-operative procedures|implantation of heart pacemaker|permanent * Neurologic|pain / agitation / altered mentation|analgesics|bolus parenteral analgesics * Pulmonary|radiologic procedures / bronchoscopy|CT scan * Gastrointestinal|nutrition|enteral feeds|oral feeds * Cardiovascular|myocardial ischemia / infarction|antihyperlipidemic agent|HMG-CoA reductase inhibitor|atorvastatin * Endocrine|glucose metabolism|insulin|subcutaneous dose of longer-acting insulin prepara * Neurologic|pain / agitation / altered mentation|analgesics|oral analgesics * Surgery|wounds / temperature|wound care|dressing change * Endocrine|thyroid disorder|thyroid hormone|oral * Neurologic|procedures / diagnostics|head CT scan

5. Vital Trends NULL

6. Lab Trends NULL

7. Microbiology Tests NULL

8. Physical Examination Results

Physical examination findings are limited to vital signs at two different time points. The first set of measurements, taken at 1687 minutes post-admission, shows: Heart rate (HR) – 67 bpm (Lowest: 51 bpm, Highest: 75 bpm), Blood Pressure (BP) – 144/69 mmHg (Systolic Lowest: 89 mmHg, Systolic Highest: 115 mmHg, Diastolic Lowest: 52 mmHg, Diastolic Highest: 92 mmHg), Respiratory Rate (RR) – 20 breaths/min (Lowest: 10 breaths/min, Highest: 21 breaths/min), and Oxygen Saturation (SpO2) – 96% (Lowest: 92%, Highest: 100%). A second physical exam at 133 minutes post admission shows similar vital signs with slightly different values. Weight at admission was recorded as 53.3kg and Fluid Balance shows 850 ml urine output and 0 ml total intake. The Glasgow Coma Scale (GCS) was documented as 'scored' indicating assessment occurred but values are missing. A more complete physical examination is required for a comprehensive assessment.