Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 925146 * **PatientHealthSystemStayID:** 685622 * **Gender:** Male * **Age:** 64 * **Ethnicity:** Caucasian * **HospitalID:** 152 * **WardID:** 404 * **Admission Height (cm):** 177 * **Admission Weight (kg):** 76.8 * **Discharge Weight (kg):** 74 * **Hospital Admit Time:** 2015-XX-XX 00:21:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 03:27:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Type:** CSICU * **Unit Admit Time:** 2015-XX-XX 00:28:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 2015-XX-XX 03:27:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Unique Patient ID:** 006-101178 * **Admission Diagnosis:** Cardiac arrest (with or without respiratory arrest; for respiratory arrest see Respiratory System)

2. History

NULL (Insufficient data provided to elaborate on patient history.)

3. Diagnoses

The patient presented with multiple diagnoses, reflecting the complexity of their condition. The primary diagnoses upon admission, and remaining active upon discharge, were cardiac arrest (ICD-9 codes 427.5, I46.9) and acute myocardial infarction with ST elevation (ICD-9 codes 410.90, I21.3). The cardiac arrest diagnosis was documented multiple times throughout the ICU stay, indicating ongoing episodes or management of the condition. The acute myocardial infarction was listed as a major diagnosis, indicating significant cardiac compromise. Other diagnoses of cardiac arrest and acute myocardial infarction (with ST elevation) were recorded at various times during the ICU stay, but were not active upon discharge. The temporal relationship between the different diagnosis entries suggests a possible progression or fluctuation in the patient's condition. The multiple entries for the same diagnosis could indicate recurrent episodes, repeated assessments, or changes in the level of severity. Further investigation into the patient’s chart would be needed to fully understand the progression and management of these conditions.

4. Treatments

The patient received a range of treatments during their ICU stay. These treatments included mechanical ventilation (pulmonary), which remained active at discharge, indicating the need for respiratory support until the end. The patient also received various vasopressors, including dopamine (>15 micrograms/kg/min), norepinephrine (>0.1 micrograms/kg/min), and vasopressin, suggesting the management of shock. The use of an intraaortic balloon pump (cardiovascular) indicates a need for circulatory support. Hypothermia therapy (neurologic), intended to control cerebral perfusion pressure, was administered but not active upon discharge, suggesting a temporary treatment strategy. The timing of treatment initiation suggests an attempt to address the acute cardiac event and its complications. The duration and effectiveness of each treatment would require additional information from the patient's medical records.

5. Vital Trends

NULL (Insufficient data provided to show vital sign trends.)

6. Lab Trends

The provided laboratory data includes arterial blood gas (ABG) results obtained at 78 and 118 minutes post-unit admission. At 78 minutes, the blood gas showed a pH of 7.03, a PaCO2 of 54 mmHg, a PaO2 of 43 mmHg, an O2 saturation of 73%, an HCO3 of 15 mmol/L, and a base excess of -16 mEq/L. At 118 minutes, the pH was 7.01, PaCO2 77 mmHg, PaO2 34 mmHg, O2 saturation 54%, HCO3 21 mmol/L, and base excess -11 mEq/L. Additional lab results include potassium levels of 3.9 mmol/L at 78 minutes and 3.1 mmol/L at 118 minutes, and a bedside glucose level of >700 mg/dL. The data shows a worsening of respiratory acidosis and hypoxemia between the two ABG measurements. The decrease

in potassium levels over time also warrants attention. The high bedside glucose reading suggests hyperglycemia. These lab findings indicate the severity of the patient’s condition and the presence of metabolic derangements. A more detailed time series of these lab values would be needed to fully assess the trends.

7. Microbiology Tests

NULL (No microbiology data provided.)

8. Physical Examination Results

The physical exam was performed and documented. The patient's admission weight was recorded as 76.8 kg. A Glasgow Coma Scale (GCS) score of 3 (1 for eyes, 1 for verbal, 1 for motor) was documented, indicating a severe level of impairment in consciousness. This finding is consistent with the diagnosis of cardiac arrest. Additional details regarding the physical exam would be necessary to provide a thorough assessment.