Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 333689 * **UniquePID:** 004-10991 * **Gender:** Male * **Age:** 82 * **Ethnicity:** Caucasian * **HospitalID:** 125 * **WardID:** 174 * **Unit Type:** Med-Surg ICU * **Admission Height (cm):** 167.6 * **Admission Weight (kg):** 76.2 * **Hospital Admit Time:** 2015-XX-XX 13:50:00 (Hospital Admit Offset: -168 minutes from unit admit) * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 22:54:00 (Hospital Discharge Offset: 7576 minutes from unit admit) * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 16:38:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 2015-XX-XX 22:23:00 (Unit Discharge Offset: 6105 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **APACHE Admission Dx:** CHF, congestive heart failure

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. Major diagnoses included:

* **Parkinson's disease:** (neurologic|misc|Parkinson's disease, ICD-9 code: 332.0, G20) * **Acute blood loss anemia:** (hematology|bleeding and red blood cell disorders|anemia|acute blood loss anemia, ICD-9 code: 285.1, D62) * **Lower GI bleeding due to A-V malformation:** (gastrointestinal|GI bleeding / PUD|lower GI bleeding|due to A-V malformation, ICD-9 code: 569.85, K55.21) * **Acute respiratory distress:** (pulmonary|respiratory failure|acute respiratory distress, ICD-9 code: 518.82) * **Hyperlipidemia:** (cardiovascular|chest pain / ASHD|hyperlipidemia, ICD-9 code: 272.4, E78.5) * **Coronary artery disease (s/p CABG and known):** (cardiovascular|chest pain / ASHD|coronary artery disease|s/p CABG, ICD-9 code: 414.00, I25.10) and (cardiovascular|chest pain / ASHD|coronary artery disease|known, ICD-9 code: 414.00, I25.10) * **Hypoxemia:** (pulmonary|respiratory failure|hypoxemia, ICD-9 code: 799.02, J96.91) * **Type II uncontrolled diabetes mellitus:** (endocrine|glucose metabolism|diabetes mellitus|Type II|uncontrolled, ICD-9 code: 250.02, E11.65) * **Atrial fibrillation:** (cardiovascular|arrhythmias|atrial fibrillation, ICD-9 code: 427.31, I48.0) * **Change in mental status and depression:** (neurologic|altered mental status / pain|change in mental status, ICD-9 code: 780.09, R41.82) and (neurologic|altered mental status / pain|depression, ICD-9 code: 311, F32.9) * **Hypertension:** (cardiovascular|ventricular disorders|hypertension, ICD-9 code: 401.9, I10) * **Congestive heart failure:** (cardiovascular|ventricular disorders|congestive heart failure, ICD-9 code: 428.0, I50.9) * **COPD:** (pulmonary|disorders of the airways|COPD, ICD-9 code: 491.20, J44.9) * **Peripheral vascular ischemia:** (cardiovascular|vascular disorders|peripheral vascular ischemia, ICD-9 code: NULL)

Primary diagnosis was Congestive Heart Failure.

4. Treatments

The patient received numerous treatments during their ICU stay, including:

* **Enteral feeds (tube feeding)** * **Omeprazole (stress ulcer prophylaxis)** * **Lorazepam (sedative agent)** * **Bolus parenteral analgesics** * **Transthoracic echocardiography** * **Diphenhydramine (antiemetic, anticholinergic)** * **Clindamycin (therapeutic antibacterial)** * **Foley catheter** * **Carvedilol (alpha/beta blocker)** * **Cardiology consultation** * **Chest x-ray** * **Ondansetron (antiemetic, serotonin antagonist)** * **Clondine (for hypertension)** * **Acetaminophen (antipyretic)** * **Albuterol (bronchodilator, beta-agonist)** * **Labetalol (vasodilating agent - IV)** * **Oral analgesics** * **Insulin (sliding scale administration)** * **Inhaled glucocorticoid administration** * **Atorvastatin (antihyperlipidemic agent, HMG-CoA reductase inhibitor)** * **Citalopram (SSRI administration)** * **Compression stockings (VTE prophylaxis)** * **Narcotic analgesic**

Many of these treatments were discontinued before discharge.

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The patient underwent multiple lab tests. Noteworthy trends include:

* **Glucose:** Fluctuated significantly throughout the stay, ranging from 105 mg/dL to 161 mg/dL. This high level of fluctuation suggests challenges in managing blood glucose levels. * **Potassium:** Showed some fluctuation, from 2.8 mmol/L to 3.9 mmol/L indicating potential electrolyte imbalances. * **Hemoglobin:** Values ranged from 10.6 g/dL to 11.0 g/dL, which would be interpreted as anemia, consistent with the diagnosis of acute blood loss anemia. * **Complete Blood Count (CBC):** There were multiple CBCs performed during the stay, revealing variations in white blood cell count (WBC), red blood cell count (RBC), hematocrit (Hct), hemoglobin (Hgb), and platelet count. Further analysis is needed to assess the significance of changes in these values. The patient's platelet count was within a normal range. * **BNP:** Elevated levels were observed, suggesting the presence of heart failure. A value of 1770 pg/mL was recorded at one point, indicating a high degree of cardiac stress. * **Other Chemistry Labs:** BUN, Creatinine, Sodium, Chloride, Calcium, Albumin, ALT (SGPT), AST (SGOT), total protein, total bilirubin and alkaline phosphatase were also tested at various points during the stay. Further analysis of these trends would require a more detailed timeline of values.

7. Microbiology Tests

Blood cultures were performed. (Insufficient data provided for results)

8. Physical Examination Results

* A structured physical exam was performed. * Initial vital signs recorded: Heart rate (HR) 112 bpm (lowest 104, highest 112), blood pressure (BP) 165/102 mmHg (lowest 136/94, highest 194/121), oxygen saturation (SpO2) 97% (lowest 97%, highest 99%). * The patient was noted as ill-appearing, but not in acute distress. * GCS score: 11/15 (Eyes: 3, Verbal: 2, Motor: 4) indicating neurological impairment. * Heart rhythm was irregular and narrow complex. * Respiratory mode was spontaneous. * Weight at admission: 76.2 kg.