

****Medical Report: Patient 003-14288****

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

****Patient Unit Stay ID:**** 276815 ****Unique Patient ID:**** 003-14288 ****Gender:**** Male ****Age:**** 80 ****Ethnicity:**** Caucasian ****Hospital Admission Time:**** 2015-XX-XX 01:43:00 ****Hospital Admission Source:**** Emergency Department ****Hospital Discharge Time:**** 2015-XX-XX 16:05:00 ****Hospital Discharge Status:**** Expired ****Hospital Discharge Location:**** Death ****Unit Type:**** Med-Surg ICU ****Unit Admission Time:**** 2015-XX-XX 02:00:00 ****Unit Admission Source:**** Emergency Department ****Unit Discharge Time:**** 2015-XX-XX 14:45:00 ****Unit Discharge Status:**** Alive ****Unit Discharge Location:**** Floor ****Admission Weight:**** 97.2 kg ****Discharge Weight:**** 97.2 kg ****Admission Height:**** 193 cm

****2. History****

NULL (Insufficient data provided for a detailed history section. The admission diagnosis of 'Rhythm disturbance (atrial, supraventricular)' provides a starting point, but further information regarding the patient's medical history prior to admission is needed.)

****3. Diagnoses****

The patient presented with multiple diagnoses, entered at various times during their ICU stay. These include:

****Hypertension (401.9, I10):**** Recorded at 586 minutes and 2373 minutes post-unit admission. Marked as 'Other' priority. Active upon discharge from the unit. ****COPD (491.20, J44.9):**** Recorded at 586 minutes and 2373 minutes post-unit admission. Marked as 'Other' priority. Active upon discharge from the unit. ****Diabetes Mellitus:**** Recorded at 170 minutes, 586 minutes, and 2373 minutes post-unit admission. ICD-9 code missing. Marked as 'Other' priority. Active upon discharge from the unit. ****Atrial Fibrillation with Rapid Ventricular Response (427.31, I48.0):**** Recorded at 586 minutes and 2373 minutes post-unit admission. Marked as 'Other' priority. Active upon discharge from the unit. ****Asthma/Bronchospasm (493.90, J45):**** Recorded at 586 minutes and 2373 minutes post-unit admission. Marked as 'Other' priority. Active upon discharge from the unit.

The temporal distribution of diagnoses suggests that some conditions may have developed or been identified during the ICU stay. The repeated entries for hypertension, COPD, diabetes mellitus, atrial fibrillation, and asthma/bronchospasm could indicate ongoing management or fluctuation in severity.

****4. Treatments****

The patient received various treatments during their ICU stay. Treatments active upon discharge included:

****Aspirin:**** For cardiovascular myocardial ischemia/infarction. Started at 2373 minutes post-unit admission. ****Atorvastatin:**** For cardiovascular myocardial ischemia/infarction. Started at 2373 minutes post-unit admission. ****Sliding scale insulin:**** For endocrine glucose metabolism. Started at 2373 minutes post-unit admission. ****Subcutaneous dose of regular insulin:**** For endocrine glucose metabolism. Started at 2373 minutes post-unit admission. ****Nebulized bronchodilator:**** For pulmonary medications. Started at 2373 minutes post-unit admission. ****Glucocorticoid administration:**** For pulmonary medications. Started at 2373 minutes post-unit admission. ****Oxygen therapy (40% to 60%):**** For pulmonary ventilation and oxygenation. Started at 2373 minutes post-unit admission. ****CPAP/PEEP therapy:**** For pulmonary ventilation and oxygenation. Started at 2373 minutes post-unit admission. ****Diltiazem:**** For cardiovascular arrhythmias. Started at 2373 minutes post-unit admission.

Several other treatments were initiated earlier in the stay but were discontinued before discharge. This suggests a dynamic treatment approach adapting to the patient's evolving condition.

****5. Vital Trends****

NULL (No vital signs data provided.)

****6. Lab Trends****

The lab results show a range of values for various blood tests taken at different times during the ICU stay. Several tests were repeated, allowing for monitoring of trends. Key lab values include:

* **Bedside glucose:** Shown significant variation, ranging from 82 mg/dL to 222 mg/dL, indicating potential challenges in glucose control. * **Hemoglobin (Hgb):** Initial value of 13.3 g/dL, later values between 11.0 g/dL and 11.1 g/dL, suggesting possible anemia. * **Troponin-I:** Initial value of 0.093 ng/mL and 0.098 ng/mL, later value of 0.077 ng/mL, possibly indicating myocardial injury. * **B-type Natriuretic Peptide (BNP):** Elevated initial value of 153 pg/mL and later value of 83.1 pg/mL, suggesting possible heart failure. * **Heparin Anti-Xa, Unfract:** Values ranging from 0.58 to 1.10, indicating attempts to manage anticoagulation. More information on the dosing regimen is needed to interpret these results. * **Blood gases (ABG):** Showed variations in pH, pCO₂, pO₂, HCO₃, and base excess indicating respiratory acidosis. Further analysis is necessary to assess the severity and potential causes.

****7. Microbiology Tests****

NULL (No microbiology test data provided.)

****8. Physical Examination Results****

The physical exam, performed at 135 minutes post-unit admission, documented the following:

* **General Appearance:** Ill-appearing, but well-developed and not in acute distress. * **Vital Signs:** Heart rate (HR) of 16 bpm, systolic blood pressure (BP) of 143 mmHg, diastolic BP of 53 mmHg, respiratory rate of 24 breaths per minute, oxygen saturation (SpO₂) of 97%, and FiO₂ of 100%. Heart rhythm was irregular. Respiratory mode was spontaneous. * **Neurological Status:** Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), with normal level of consciousness and orientation, though agitated at times.

The physical exam findings suggest a patient with respiratory distress and possible cardiovascular compromise. The irregular heart rhythm is significant and warrants further investigation. The GCS score indicates intact neurological function, but the agitation is noteworthy.