Medical Report for Patient 005-10397

1. Patient Information

* **Patient Unit Stay ID:** 532222 * **Patient Health System Stay ID:** 449292 * **Unique Patient ID:** 005-10397 * **Gender:** Male * **Age:** 88 * **Ethnicity:** Hispanic * **Hospital ID:** 141 * **Ward ID:** 286 * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 23:40:00 * **Unit Admit Source:** Floor * **Unit Discharge Time:** 19:09:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 15:06:00 * **Hospital Admit Source:** Recovery Room * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 19:34:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 175.26 cm * **Admission Weight:** NULL * **Discharge Weight:** NULL * **APACHE Admission Dx:** Vascular medical, other

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple cardiovascular diagnoses. The primary diagnosis upon admission was s/p aneurysm resection/repair abdominal aorta|stent graft (ICD-9 code not provided). Major diagnoses active upon discharge included:

* cardiovascular|chest pain / ASHD|hyperlipidemia (ICD-9 code: 272.4, E78.5) * cardiovascular|chest pain / ASHD|coronary artery disease|known (ICD-9 code: 414.00, I25.10) * cardiovascular|ventricular disorders|hypertension (ICD-9 code: 401.9, I10) * cardiovascular|post vascular surgery|s/p aneurysm resection/repair abdominal aorta|stent graft (ICD-9 code not provided) * cardiovascular|arrhythmias|atrial fibrillation|with controlled ventricular response (ICD-9 code: 427.31, I48.0) * cardiovascular|post vascular surgery|s/p aneurysm resection/repair (ICD-9 code not provided)

Other major diagnoses recorded during the stay but not active upon discharge included various forms of coronary artery disease, hyperlipidemia, and post vascular surgery related to aneurysm resection/repair. The multiplicity of diagnoses suggests a complex cardiovascular history. The lack of ICD-9 codes for some diagnoses limits the precision of this section.

4. Treatments

The patient received a wide range of treatments throughout their stay. Treatments active upon discharge included:

* Subcutaneous dose of regular insulin for glucose metabolism. * Subcutaneous conventional heparin therapy for VTE prophylaxis. * Aspirin as an antiplatelet agent. * Ondansetron as an antiemetic. * Doss (Colace) as a laxative. * Enalapril as an ACE inhibitor for hypertension. * Metoprolol as a beta-blocker for hypertension. * Nicardipine as an IV vasodilating agent for hypertension. * Bolus parenteral analgesics for pain management. * Wound care. * Physical therapy consult. * Occupational therapy consult. * Cardiology consultation. * Vascular surgery consultation. * Electrical cardioversion. * Lactated Ringer's intravenous fluid administration.

Multiple other treatments were administered during the stay but were not active at discharge. The extensive treatment regimen reflects the complexity of the patient's condition and the need for multidisciplinary care.

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

Laboratory tests were performed at multiple time points during the ICU stay. Hematological tests show some fluctuations in several parameters. For instance, Hemoglobin (Hgb) levels varied between 9.1 g/dL and 11.3 g/dL, while Hematocrit (Hct) fluctuated between 27.4% and 32.9%. Platelet counts also showed variability, ranging from 122 K/mcL to 155 K/mcL. Chemistry panels reveal some changes in electrolyte levels. Potassium levels ranged from 3.9 mmol/L to 4.9 mmol/L, BUN from 18 to 28 mg/dL and Creatinine from 0.96 to 1.06 mg/dL indicating some renal function variation. These lab results need further interpretation in the context of the patient's clinical picture.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

Physical examinations were performed at multiple time points. The patient was consistently noted as ill-appearing, well-developed, and not in acute distress. Neurological exams revealed a consistent GCS score of 15, with normal motor function, sensation, and cranial nerves. Bowel sounds were consistently decreased. Cardiovascular exams showed dopplerable femoral pulses and regular sinus rhythm. Heart sounds S1 and S2 were normal at the final exam. The patient's vital signs such as HR, BP, Resp Rate and O2 Sat% varied but stayed within a reasonable range. The physical examination findings support the complex cardiovascular diagnosis and suggest some gastrointestinal issues.