

## **\*\*Patient Medical Report\*\***

### **\*\*1. Patient Information\*\***

\* \*\*Patient Unit Stay ID:\*\* 341782 \* \*\*Patient Health System Stay ID:\*\* 294159 \* \*\*Unique Patient ID:\*\* 004-10202 \*  
\* \*\*Gender:\*\* Male \* \*\*Age:\*\* 49 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 122 \* \*\*Ward ID:\*\* 181 \* \*\*Unit Type:\*\* CTICU \*  
\* \*\*Unit Admit Time:\*\* 2014-XX-XX 18:16:00 \* \*\*Unit Admit Source:\*\* Floor \* \*\*Unit Discharge Time:\*\* 2014-XX-XX 23:24:00  
\* \*\*Unit Discharge Location:\*\* Floor \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 22:47:00 \* \*\*Hospital Admit Source:\*\* Direct  
Admit \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 19:29:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Admission  
Weight:\*\* 116.7 kg \* \*\*Admission Height:\*\* 123 cm (Units unspecified, likely cm) \* \*\*Discharge Weight:\*\* NULL

### **\*\*2. History\*\***

NULL (Insufficient data provided)

### **\*\*3. Diagnoses\*\***

The patient presented with multiple diagnoses, primarily focused on cardiovascular and pulmonary issues. These include:

\* \*\*Primary:\*\* s/p LVAD (post surgical left ventricular assist device) \* \*\*Major:\*\* Cardiogenic shock (785.51, R57.0),  
Ischemic cardiomyopathy (425.8, I25.5), Acute respiratory distress (518.82), Known coronary artery disease (414.00,  
I25.10), Obstructive sleep apnea (780.57, G47.33), Hepatic dysfunction (573.9, K76.9), Ventricular tachycardia (427.1,  
I47.2), Congestive heart failure (428.0, I50.9), Acute renal failure (584.9, N17.9) \* \*\*Other:\*\* Chronic renal insufficiency  
(585.9, N18.9), Hyperlipidemia (272.4, E78.5)

The diagnoses suggest a complex clinical picture involving significant cardiac compromise leading to shock, respiratory distress, and multi-organ dysfunction, including renal and hepatic involvement. The presence of known coronary artery disease and cardiomyopathy highlights underlying chronic conditions that likely contributed to the acute presentation.

The multiplicity and severity of the diagnoses, particularly the presence of cardiogenic shock and acute respiratory distress, underscore the critical nature of the patient's condition and the need for intensive care.

The ICD-9 codes provided further specify the diagnoses according to a standardized classification system, allowing for epidemiological tracking and comparison across patients.

The `activeupondischarge` field indicates whether a diagnosis remained active at the time of discharge. The timing of the diagnosis entry (`diagnosisoffset`) helps reconstruct the timeline of the patient's clinical course.

### **\*\*4. Treatments\*\***

The patient received a wide array of treatments during their ICU stay, reflecting the complexity of their condition. These included:

\* \*\*Respiratory Support:\*\* Oxygen therapy (> 60%), Oxygen therapy (< 40%) via nasal cannula, CPAP/PEEP therapy,  
Mechanical ventilation (synchronized intermittent), Ventilator weaning (rapid) \* \*\*Cardiovascular Management:\*\* Inotropic  
agents (dopamine, dobutamine), Intraaortic balloon pump (insertion and removal), Permanent pacemaker implantation,  
Cardiac angiography, Packed red blood cells administration, IV furosemide \* \*\*Gastrointestinal Management:\*\* Oral and  
enteral feeds, Antiemetic medications (promethazine, ondansetron), Stress ulcer prophylaxis (famotidine) \* \*\*Renal  
Management:\*\* Nephrology consultation, Renal ultrasound \* \*\*Infectious Disease Management:\*\* Therapeutic  
antibacterials (cefuroxime, vancomycin), Antifungal therapy (fluconazole) \* \*\*Pain Management:\*\* Oral and bolus  
parenteral analgesics, Sedative agents (midazolam, haloperidol) \* \*\*Other:\*\* Physical therapy consultation, Central  
venous and arterial catheter placement

The treatment strategy was clearly multidisciplinary and targeted several organ systems simultaneously. The active treatments on discharge highlight ongoing needs for management even after the acute phase of the illness. The `activeupondischarge` flag within the treatment data is crucial for understanding the long-term management plan.

## **\*\*5. Vital Trends\*\***

NULL (Insufficient data provided. Vital signs would need to be included to populate this section.)

## **\*\*6. Lab Trends\*\***

The lab data shows multiple blood tests conducted over the course of the patient's stay. Significant trends include:

\* **Blood Glucose:** Fluctuated significantly throughout the stay (values ranging from 72 to 202 mg/dL), indicating potential challenges in glucose control. Further analysis is needed to determine the cause and treatment response. \* **Hemoglobin (Hgb):** Low at multiple time points (values ranging from 6.9 to 9.5 g/dL), suggesting anemia and potential need for blood transfusions. This warrants further investigation into the cause of anemia. \* **Creatinine:** Elevated values (values ranging from 1.26 to 3.23 mg/dL), indicative of renal dysfunction, consistent with the diagnoses of acute and chronic renal failure. \* **Potassium:** Fluctuated, ranging from 3.6 to 4.9 mmol/L. This requires further examination of the electrolyte balance and its management. \* **Bicarbonate:** Values fluctuated between 19 and 27.9 mmol/L, reflecting the acid-base disturbances associated with the patient's conditions. The changes in bicarbonate levels likely reflect the patient's response to treatment. \* **Blood Gases (ABG):** Multiple ABG measurements are available, providing valuable insights into the patient's respiratory and acid-base status. Specific trends in pH, PaO<sub>2</sub>, PaCO<sub>2</sub>, and Base Excess/Deficit should be analyzed to evaluate the severity and response to treatment.

## **\*\*7. Microbiology Tests\*\***

NULL (Insufficient data provided)

## **\*\*8. Physical Examination Results\*\***

Initial physical exam (at 55 minutes post-unit admission) revealed:

\* **Heart Rate (HR):** 84 bpm (both current, highest, and lowest recorded values are the same) \* **Blood Pressure (BP):** 104/63 mmHg (systolic) – indicating hypotension. \* **Respiratory Rate (RR):** 21 breaths/minute (both current, highest, and lowest recorded values are similar) \* **Oxygen Saturation (SpO<sub>2</sub>):** 98% (both current and lowest recorded values are the same) \* **CVP:** 23 (units unspecified) \* **Weight:** 116.7 kg \* **I&O:** 1450 ml urine output, 0 ml intake, net fluid balance of -1450 ml \* **Respiratory Mode:** Spontaneous \* **GCS:** 15 (Eyes 4, Verbal 5, Motor 6)

A subsequent exam (at 1507 minutes post-unit admission) showed:

\* **Heart Rate (HR):** 90 bpm (lowest 82, highest 97) \* **Blood Pressure (BP):** 72/68 mmHg (systolic/diastolic) – indicating further hypotension. \* **Respiratory Rate (RR):** 24 breaths/minute (lowest 13, highest 26) \* **Oxygen Saturation (SpO<sub>2</sub>):** 99% (lowest 84, highest 100) \* **CVP:** 21 (units unspecified) \* **SVR:** 561 (units unspecified) \* **FiO<sub>2</sub>:** 100% \* **PEEP:** 5 (units unspecified) \* **Vent Rate:** 14 (units unspecified) \* **Weight:** 116.7 kg \* **I&O:** 2250 ml urine output, 0 ml intake, net fluid balance of -2250 ml \* **Respiratory Mode:** Ventilated

The physical exam findings support the diagnoses of cardiogenic shock (hypotension), respiratory distress (increased respiratory rate, high FiO<sub>2</sub> requirement), and suggest some neurological effects (although the GCS score remains normal). The significant fluid output also reflects the patient's condition.

**Note:** The provided data lacks timestamps for vital signs and many lab results. This limits the ability to create detailed trends and fully assess the patient's response to treatment. Additional data is required to make a more complete assessment.

