Medical Report: Patient 006-100716

1. Patient Information

* **Patient Unit Stay ID:** 603254 * **Patient Health System Stay ID:** 492414 * **Unique Patient ID:** 006-100716 * **Gender:** Male * **Age:** 59 * **Ethnicity:** Caucasian * **Hospital ID:** 165 * **Ward ID:** 402 * **Unit Type:** CSICU * **Unit Admit Time:** 22:08:00 * **Unit Admit Source:** ICU * **Unit Discharge Time:** 17:16:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 04:05:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 02:00:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 77 kg * **Discharge Weight:** 73.1 kg * **Admission Height:** 180 cm * **APACHE Admission Diagnosis:** Cardiac arrest (with or without respiratory arrest; for respiratory arrest see Respiratory System)

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was cardiac arrest (ICD-9 codes 427.5, I46.9), with multiple instances recorded throughout the stay. This indicates the severity and recurrence of this critical condition. Major diagnoses included post-CABG (Coronary Artery Bypass Graft) within 7 days of surgery and encephalopathy (ICD-9 codes 348.30, G93.40). The encephalopathy diagnosis was also recorded multiple times, suggesting a persistent neurological complication. Note that ICD-9 codes were not consistently provided for all diagnoses.

* **Diagnosis 1 (Primary):** cardiovascular|cardiac arrest|cardiac arrest|initial rhythm: ventricular fibrillation (ICD-9: 427.5, I46.9) * **Diagnosis 2 (Major):** cardiovascular|cardiac surgery|s/p CABG < 7 days * **Diagnosis 3 (Major):** neurologic|altered mental status / pain|encephalopathy (ICD-9: 348.30, G93.40)

4. Treatments

The patient received various treatments during their ICU stay. These included mechanical ventilation (pulmonary|ventilation and oxygenation|mechanical ventilation), multiple instances of intraaortic balloon pump (cardiovascular|non-operative procedures|intraaortic balloon pump and cardiovascular|shock|intraaortic balloon pump), vasodilators (nicardipine and nitroprusside) to manage ventricular dysfunction, and amiodarone (cardiovascular|arrhythmias|antiarrhythmics|class III antiarrhythmic|amiodarone) for arrhythmias. Non-invasive ventilation was also administered at one point. The timing of these treatments is indicated by the `treatmentoffset` field, showing the minutes elapsed since unit admission.

* **Treatment 1:** cardiovascular|ventricular dysfunction|vasodilator|nicardipine * **Treatment 2:** pulmonary|ventilation and oxygenation|mechanical ventilation * **Treatment 3:** cardiovascular|arrhythmias|antiarrhythmics|class III antiarrhythmic|amiodarone * **Treatment 4:** cardiovascular|non-operative procedures|intraaortic balloon pump * **Treatment 5:** pulmonary|ventilation and oxygenation|non-invasive ventilation

5. Vital Trends

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

6. Lab Trends

The laboratory data reveals fluctuations in several key indicators. Blood glucose levels varied significantly, ranging from 80 mg/dL to 224 mg/dL across multiple measurements. BUN (Blood Urea Nitrogen) also showed a noticeable increase from 7 mg/dL to 22 mg/dL, indicating potential kidney function issues. Potassium levels fluctuated, with values between 3.3

mmol/L and 4.8 mmol/L. Hematological parameters like Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Platelets, and Red Blood Cell Distribution Width (RDW) were also measured, showing variations that could indicate underlying conditions or treatment responses. ABG (Arterial Blood Gas) analysis shows fluctuations in pH, PaO2, PaCO2, and HCO3, reflecting changes in respiratory and acid-base balance. Additional blood chemistry tests, such as chloride, calcium, anion gap, albumin, total protein, total bilirubin, direct bilirubin, AST (SGOT), and ALT (SGPT) were also performed, providing further insights into the patient's metabolic status.

7. Microbiology Tests

NULL (No microbiology test data provided.)

8. Physical Examination Results

Physical examinations were conducted at 0 minutes and 1558 minutes post-unit admission. The structured physical exam recorded vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation) at both times. Heart rate displayed a significant increase from 58 bpm to 99 bpm. Blood pressure and respiratory rate also changed between the two measurements. The Glasgow Coma Scale (GCS) was assessed, but the score was only estimated due to medication effects. Weight and input/output (I&O;) data were also documented. The patient's initial weight was 77 kg, which increased to 78.8 kg at a later timepoint. The net fluid balance was initially -230 mL, later changing to +364 mL.