Medical Report: Patient 006-10118

1. Patient Information

* **PatientUnitStayID:** 852423 * **PatientHealthSystemStayID:** 641980 * **UniquePID:** 006-10118 * **Gender:** Female * **Age:** 79 * **Ethnicity:** Caucasian * **HospitalID:** 171 * **WardID:** 377 * **APACHE Admission Dx:** Cardiomyopathy * **Admission Height:** 156 cm (Assuming cm as it's a common unit for height) * **Hospital Admit Time:** 05:55:00 (2014) * **Hospital Admit Offset (minutes from unit admit):** -6750 * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 22:57:00 * **Hospital Discharge Offset (minutes from unit admit):** 7232 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 22:25:00 * **Unit Admit Source:** Floor * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 66.5 kg * **Discharge Weight:** 65.1 kg * **Unit Discharge Time:** 22:51:00 * **Unit Discharge Offset (minutes from unit admit):** 1466 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, all ultimately resolved upon discharge. These include:

* **Primary:** Dilated cardiomyopathy (ICD-9 code: I42.0) * **Major:** Cardiogenic shock (ICD-9 codes: 785.51, R57.0); Congestive heart failure (ICD-9 codes: 428.0, I50.9); Acute hepatic dysfunction (ICD-9 codes: 573.9, K76.9); Hypotension (ICD-9 codes: 458.9, I95.9) (multiple entries); Encephalopathy (ICD-9 codes: 348.30, G93.40) (multiple entries); Ischemic dilated cardiomyopathy (ICD-9 codes: 425.8, I25.5); Acute renal failure (ICD-9 codes: 584.9, N17.9).

The diagnoses suggest a complex clinical picture involving significant cardiovascular compromise, likely contributing to the other organ dysfunction (hepatic and renal).

4. Treatments

The patient received the following treatments during their ICU stay:

* **Cardiovascular Shock Management:** Vasopressors (norepinephrine > 0.1 micrograms/kg/min) were administered, indicating the severity of the shock. This treatment was not active upon discharge. * **Ventricular Dysfunction Management:** Inotropic agents (dobutamine) were used to support ventricular function. This treatment was also not active upon discharge.

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The provided lab data shows multiple tests conducted at various time points, both before and during the ICU stay. There is evidence of significant liver damage (ALT (SGPT) of 1200 IU/L at 25 minutes post-admit and 2016 IU/L at 735 minutes post-admit), and elevated creatinine levels indicating renal impairment (2.51 mg/dL at 25 minutes post-admit and 2.05 mg/dL at 735 minutes post-admit). BUN levels were also consistently elevated (56 mg/dL at 25 minutes post-admit and 56 mg/dL at 735 minutes post-admit). There are also multiple bedside glucose measurements showing fluctuating values throughout the stay. Complete blood count (CBC) data show fluctuations in several parameters, including Hemoglobin

(Hgb), Hematocrit (Hct), White Blood Cell count (WBC), and Platelets. Further analysis is needed to fully interpret these trends and their correlation to diagnoses and treatment.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

A structured physical exam was performed. The patient's admission weight was recorded as 66.5 kg. A GCS score of 12 (3+4+5) was documented. Note that many other physical exam results are missing from the data provided.

Conclusion The report highlights a 79-year-old female patient admitted to the Med-Surg ICU with a complex presentation of cardiogenic shock, heart failure, and multi-organ dysfunction. The elevated liver and kidney markers in the lab results are particularly noteworthy. More detailed data is needed to fully understand the patient's clinical course and the effectiveness of the treatments provided. This includes vital signs and a more complete physical examination record.