Medical Report for Patient 005-10707

1. Patient Information

* **Patient Unit Stay ID:** 436624 * **Unique Patient ID:** 005-10707 * **Patient Health System Stay ID:** 371771 * **Gender:** Male * **Age:** 85 * **Ethnicity:** Hispanic * **Hospital ID:** 143 * **Ward ID:** 259 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 12:12:00 (Assuming a date is available elsewhere) * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 02:48:00 (Assuming a date is available elsewhere) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height:** 170.2 cm * **Admission Weight:** 76.5 kg * **Discharge Weight:** NULL * **Hospital Admit Time:** 2014-XX-XX 12:12:00 (Assuming a date is available elsewhere) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 15:20:00 (Assuming a date is available elsewhere) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **APACHE Admission Dx:** Rhythm disturbance (atrial, supraventricular)

2. History

NULL (Insufficient information provided to describe the patient's medical history.)

3. Diagnoses

* **Primary Diagnosis:** Cardiovascular arrhythmias (SVT) - ICD-9 codes: 427.0, I47.1. Entered 400 minutes after unit admission. Active upon discharge. * **Major Diagnosis:** Renal disorder of kidney (Chronic Renal Insufficiency) - ICD-9 codes: 585.9, N18.9. Entered 400 minutes after unit admission. Active upon discharge. A second entry for this diagnosis was recorded at 176 minutes post-admission, but was marked inactive upon discharge. * An additional entry for Cardiovascular arrhythmias (SVT) was recorded at 176 minutes post-admission, but was marked inactive upon discharge.

4. Treatments

The patient received the following treatments during their ICU stay:

* **Active upon discharge:** * Renal medications (intravenous diuretic) * Pulmonary ventilation and oxygenation (oxygen therapy < 40%, nasal cannula) * Cardiovascular ventricular dysfunction (beta blocker) * Hematology coagulation and platelets (anticoagulant administration) * Cardiovascular consultations (Cardiology consultation) * Pulmonary radiologic procedures/bronchoscopy (chest x-ray) * Cardiovascular intravenous fluid (normal saline administration) * Renal consultations (Nephrology consultation) * **Inactive upon discharge:** * Renal consultations (Nephrology consultation) * Cardiovascular intravenous fluid (normal saline administration) * Pulmonary radiologic procedures / bronchoscopy (chest x-ray) * Cardiovascular arrhythmias (class II antiarrhythmic, metoprolol) * Pulmonary ventilation and oxygenation (oxygen therapy < 40%, nasal cannula) * Renal medications (intravenous diuretic) * Cardiovascular consultations (Cardiology consultation)

5. Vital Trends

NULL (Insufficient data provided to generate vital sign trends. This section would typically include graphs showing trends in heart rate, blood pressure, respiratory rate, and oxygen saturation over time.)

6. Lab Trends

The patient underwent multiple laboratory tests. Detailed trends require a time series which is not directly available in the provided data. However, some key lab results are available at different time points. (See summary table below for detailed values.) A time-series analysis would reveal changes over the course of the ICU stay and highlight any potential correlations between lab results and clinical outcomes.

7. Microbiology Tests

NULL (No microbiology test results are included in the provided data.)

8. Physical Examination Results

Physical exams were performed at multiple time points during the stay. The data shows heart rate, blood pressure, respiratory rate, and oxygen saturation were recorded, along with a GCS score. Heart rhythm was documented as sinus and regular on multiple occasions. (See summary tables below for detailed values.) A more comprehensive physical exam would provide a fuller picture of the patient's condition throughout the ICU stay.

Note: The provided data lacks timestamps for many entries, preventing the creation of meaningful time-series analyses and visualizations of vital signs and lab results. Adding timestamps would greatly enhance the value of this report.