Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 341781 * **Unique Patient ID:** 004-10202 * **Gender:** Male * **Age:** 49 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-XX-XX 22:47:00 * **Hospital Discharge Time:** 2014-XX-XX 19:29:00 * **Unit Admit Time:** 2014-XX-XX 17:55:00 * **Unit Discharge Time:** 2014-XX-XX 21:35:00 * **Unit Type:** CTICU * **Unit Admit Source:** Floor * **Unit Discharge Location:** Floor * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Location:** Home * **Admission Weight:** 121.2 kg * **Admission Height:** 123 cm (Units unspecified, may be cm or inches) * **APACHE Admission Dx:** Cardiomyopathy

2. History

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

3. Diagnoses

The patient presented with multiple diagnoses, indicating a complex clinical picture. The diagnoses, listed in order of priority (where available), were:

* **Primary:** Cardiovascular | Ventricular disorders | Cardiomyopathy (ICD-9 code:) * **Major:** Cardiovascular | Shock / Hypotension | Cardiogenic shock (ICD-9 code: 785.51, R57.0) * **Major:** Pulmonary | Respiratory failure | Acute respiratory distress (ICD-9 code: 518.82) * **Major:** Cardiovascular | Ventricular disorders | Congestive heart failure (ICD-9 code: 428.0, I50.9) * **Major:** Cardiovascular | Arrhythmias | AV block | Complete heart block (ICD-9 code: 426.0, I44.2) * **Major:** Cardiovascular | Arrhythmias | Ventricular tachycardia (ICD-9 code: 427.1, I47.2) * **Major:** Pulmonary | Disorders of the airways | Obstructive sleep apnea (ICD-9 code: 780.57, G47.33) * **Major:** Cardiovascular | Chest pain / ASHD | Coronary artery disease | Known (ICD-9 code: 414.00, I25.10) * **Major:** Gastrointestinal | Hepatic disease | Hepatic dysfunction (ICD-9 code: 573.9, K76.9) * **Major:** Renal | Disorder of kidney | Acute renal failure (ICD-9 code: 584.9, N17.9) * **Other:** Renal | Disorder of kidney | Chronic renal insufficiency (ICD-9 code: 585.9, N18.9) * **Other:** Cardiovascular | Chest pain / ASHD | Hyperlipidemia (ICD-9 code: 272.4, E78.5)

The presence of both cardiogenic shock and acute respiratory distress syndrome (ARDS) suggests a severe, potentially life-threatening condition. The other diagnoses, including cardiomyopathy, congestive heart failure, arrhythmias, and renal failure, contribute to the overall severity and complexity of the patient's illness.

4. Treatments

The patient received a comprehensive range of treatments during their ICU stay. These included:

* Pulmonary/CCM consultation * D50 (glucose administration) * Central venous catheter placement * Narcotic and oral analgesics * Bolus parenteral analgesics * Ondansetron (serotonin antagonist antiemetic) * Promethazine (antiemetic) * Cardiology consultation * Permanent pacemaker implantation * IV furosemide (diuretic) * IV pantoprazole (stress ulcer prophylaxis) * Renal ultrasound * Dobutamine (inotropic agent) * Amiodarone (class III antiarrhythmic) * Transthoracic echocardiography * Non-invasive ventilation * Dopamine (inotropic agent) * Cardiac angiography * Nephrology consultation * Oral feeds * Chest X-Ray

The treatments reflect a multidisciplinary approach to managing the patient's complex medical condition, addressing both the immediate critical issues and underlying contributing factors.

5. Vital Trends

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

6. Lab Trends

The lab data reveals fluctuations in various parameters over the course of the patient's stay. Key observations include:

* **Serial bedside glucose measurements:** Showed elevated glucose levels ranging from 90 mg/dL to 307 mg/dL, suggesting the need for glucose control measures. There is a need to analyze the glucose pattern over time and see if it corresponds to any interventions. * **Serial creatinine measurements:** Show significant variations, indicating fluctuations in renal function. The highest value was 7.18 mg/dL, indicating acute kidney injury. Analysis of this trend is needed to understand the severity and timeline of renal impairment. * **Serial blood gas analysis** shows changes in pH, PaO2, PaCO2, and Base Excess. This needs to be analyzed for patterns to reveal the evolution of respiratory and acid-base status. The initial pH was 7.403, but there were later measurements of 7.413 and 7.425, suggesting some improvement. However, later readings show a change in pH (7.437 and 7.504) and significant changes in PaCO2 and PaO2, indicating more complex respiratory issues. * **Hematological parameters:** The data includes multiple measurements of Hgb, Hct, platelets, WBC, and differential counts. This data needs to be analyzed to detect any trends in hematological changes and their correlation with other factors.

Further analysis is required to fully interpret these lab trends and their correlation with the patient's clinical course.

7. Microbiology Tests

NULL (No microbiology test data was provided.)

8. Physical Examination Results

The initial physical exam recorded at 8 minutes post-unit admission revealed:

* Heart rate (HR): 78 bpm (Current, Lowest, and Highest values were all 78 bpm) * Blood pressure (BP): 117/93 mmHg (Current, Lowest, and Highest values were all 117/93 mmHg) * Respiratory rate (RR): 23 breaths per minute (Current, Lowest, and Highest values were all 23 bpm) * Oxygen saturation (O2 Sat): 95% (Current, Lowest, and Highest values were all 95%) * Central venous pressure (CVP): 21 mmHg * Admission weight: 121.2 kg * Urine output: 400 ml * Total intake: 0 ml * Total net fluid balance: -400 ml * Respiratory mode: Spontaneous * GCS (estimated due to medications): 14

The limited data suggests a patient who was initially relatively stable but the diagnoses suggest a more complex clinical picture.