Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 441732 * **Unique Patient ID:** 005-10163 * **Gender:** Male * **Age:** 89 * **Ethnicity:** Hispanic * **Hospital Admission Time:** 2014-05-37 05:37:00 * **Hospital Admission Source:** Floor * **Hospital Discharge Time:** 2014-05-37 00:29:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-05-37 23:17:00 * **Unit Admission Source:** Floor * **Unit Discharge Time:** 2014-05-38 04:48:00 * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Admission Height (cm):** 172.7 * **Admission Weight (kg):** 77 * **Discharge Weight (kg):** NULL

2. History

Insufficient data provided to generate a detailed patient history. The provided data only includes diagnoses, lab results, treatments, and physical exam findings, lacking information on presenting complaints, prior medical history, family history, social history, or medication history. A comprehensive history is crucial for understanding the context of the patient's ICU stay and subsequent demise.

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis at the time of discharge was cardiac arrest (initial rhythm: pulseless electrical activity) (ICD-9 codes: 427.5, I46.9). Major diagnoses included ventricular tachycardia (ICD-9 codes: 427.1, I47.2) and post-operative hip surgery for a fracture. Other diagnoses included hypotension, and pulmonary embolism with hemodynamic compromise (ICD-9 codes: 415.19, I26.99). Note that some diagnoses lacked ICD-9 codes. The temporal relationship between diagnoses is unclear, though some diagnoses were entered simultaneously.

4. Treatments

The patient received a range of treatments, many of which were active upon discharge. These included mechanical ventilation, oxygen therapy (>60%), tracheal suctioning, vasopressors (norepinephrine > 0.1 micrograms/kg/min), inotropic agents (epinephrine > 0.1 micrograms/kg/min and dopamine >15 micrograms/kg/min), cardioversion (both electrical and chemical), electrolyte administration (calcium and magnesium), normal saline administration (both fluid boluses and aggressive volume resuscitation), cardiology and orthopedics consultations, and chest x-rays. The exact timing and dosages of medications are not specified in the provided data.

5. Vital Trends

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) are only partially available from the physical exam section, and lack temporal context. A complete time-series of vital signs is necessary to assess the patient's physiological response to treatment and the progression of the disease.

6. Lab Trends

The patient underwent numerous blood tests (hematology and chemistry) over several time points. Significant lab abnormalities included low pH (7.117 and 7.157) and low bicarbonate levels (19.8 and 20.6 mmol/L), indicating metabolic acidosis. The patient also exhibited increased anion gap (5, 7, and 10 mmol/L). Hematology results revealed relatively normal hemoglobin and hematocrit levels, although the platelet count was somewhat low (134 and 136 K/mcL). There are multiple instances of the same lab tests performed at different time points, suggesting a dynamic clinical picture. Additional information about the temporal sequence of these tests is needed to interpret trends accurately.

7. Microbiology Tests

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

8. Physical Examination Results

The physical examination was documented as “Performed - Structured”. Specific findings are partially available for some vital signs. The highest recorded heart rate was 106 bpm, and the systolic blood pressure was at 74 mmHg. The respiratory rate was 18 breaths per minute at its highest. The oxygen saturation was 99% at its highest. The weight at admission was 77 kg. A complete and detailed physical examination record is necessary for a full assessment of the patient's condition.