Medical Report: Patient 005-11413

1. Patient Information

* **PatientUnitStayID:** 506770 * **PatientHealthSystemStayID:** 428745 * **UniquePID:** 005-11413 * **Gender:** Male * **Age:** 66 * **Ethnicity:** Hispanic * **HospitalID:** 140 * **WardID:** 261 * **Unit Type:** Med-Surg ICU * **Admission Time (Hospital):** 00:59:00 * **Admission Source (Hospital):** Emergency Department * **Admission Time (Unit):** 02:51:00 * **Admission Source (Unit):** Emergency Department * **Discharge Time (Unit):** 08:52:00 * **Discharge Location (Unit):** Floor * **Discharge Status (Unit):** Alive * **Discharge Time (Hospital):** 14:00:00 * **Discharge Location (Hospital):** Death * **Discharge Status (Hospital):** Expired * **Admission Weight:** 76.9 kg * **Admission Height:** 170.2 cm * **Admission Diagnosis:** Cardiac arrest (with or without respiratory arrest; for respiratory arrest see Respiratory System)

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses during their ICU stay. The primary diagnoses upon admission were cardiac arrest (427.5, I46.9 - witnessed and un-witnessed) . Major secondary diagnoses included acute hepatic dysfunction (573.9, K76.9), stress-related hyperglycemia (790.6, R73.9), and post-anoxic encephalopathy (348.1, G93.1). Other diagnoses that were not active upon discharge included acute respiratory failure (518.81, J96.00) and hyperglycemia (790.6, R73.9). Note that the presence of multiple cardiac arrest diagnoses reflects different entries in the medical record, rather than separate events. Ventricular tachycardia with hemodynamic compromise (427.1, I47.2) was also diagnosed, but was inactive upon discharge.

4. Treatments

The patient received a range of treatments during their ICU stay. Active treatments upon discharge included mechanical ventilation (tidal volume 6-10 ml/kg and assist controlled), cardiology and pulmonary/CCM consultations, normal saline administration via fluid bolus, lidocaine (class I antiarrhythmic) and sedatives. Inactive treatments included chest x-rays, insertion of an endotracheal tube, and a transthoracic echocardiogram. A foley catheter was initially placed but the status at discharge is unclear from the provided data.

5. Vital Trends

* **Heart Rate (HR):** Ranged from 96 to 112 bpm (beats per minute) at the initial physical exam, and 96 to 112 bpm at a later exam. Note that these represent the lowest and highest recorded values during the monitoring period and not necessarily the values at admission and discharge. * **Blood Pressure (BP):** Systolic pressure ranged from 99 to 134 mmHg (millimeters of mercury), and diastolic pressure ranged from 81 to 97 mmHg. Again, these ranges represent the lowest and highest values recorded, not necessarily representing admission and discharge values. * **Respiratory Rate:** Ranged from 21 to 25 breaths per minute. The exact timing of these measurements is unclear. * **Oxygen Saturation (O2 Sat):** Maintained at 98-100%. The exact timing of these measurements is unclear. * **FiO2:** Initially 100%, decreased to 40% at a later time. * **PEEP:** Maintained at 5 cm H2O (centimeters of water). * **Ventilator Rate:** 12 breaths/minute initially, increased to 16 breaths/minute at a later point.

6. Lab Trends

Initial laboratory results revealed elevated glucose (313 mg/dL), troponin-I (0.03-0.05 ng/mL), AST (250 U/L), ALT (267 U/L), and lactate (9.6 mmol/L), suggesting hepatic dysfunction, myocardial injury, and metabolic acidosis. Creatinine (1.62 mg/dL) and BUN (14 mg/dL) indicated renal impairment. Blood gas analysis showed a low pH (7.291), low bicarbonate (21 mmol/L), and low PaCO2 (36.2 mmHg), consistent with metabolic acidosis. Subsequent bedside glucose measurement showed a decrease to 151 mg/dL. Complete blood count showed normal hemoglobin and hematocrit, but elevated Mean

Platelet Volume (MPV) and slightly elevated RDW. Electrolytes were within normal ranges except for slightly elevated anion gap of 13 and low base excess of -8.7 mEq/L. The significance of the various percentages listed (-monos, -bands, -lymphs, -polys, -eos) is unclear without full context and additional information.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

Two physical exams are documented. The first exam showed the patient to be critically ill-appearing, in acute distress, comatose, and not oriented. Vital signs were recorded and the patient was intubated with a foley catheter in place. The second exam, performed later, indicated that the patient was no longer in acute distress, but still comatose and not oriented. Pupils were equal and reactive to light. Lung sounds included scattered rhonchi. Heart sounds were normal, as was the PMI (point of maximal impulse). Additional information is needed for a full interpretation of the physical exam results.