Medical Report for Patient ICU Stay

1. Patient Information:

* **PatientUnitStayID:** 600169 * **PatientHealthSystemStayID:** 490551 * **Gender:** Female * **Age:** 36 * **Ethnicity:** Caucasian * **HospitalID:** 155 * **WardID:** 362 * **Admission Diagnosis:** Rhythm disturbance (conduction defect) * **Admission Height (cm):** 178 * **Admission Weight (kg):** 81.3 * **Discharge Weight (kg):** NULL * **Hospital Admit Time:** 2015-XX-XX 13:39:00 (Hospital Admit Offset: -21 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 21:50:00 (Hospital Discharge Offset: 1910 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 14:00:00 * **Unit Admit Source:** Acute Care/Floor * **Unit Visit Number:** 2 * **Unit Stay Type:** transfer * **Unit Discharge Time:** 2015-XX-XX 20:25:00 (Unit Discharge Offset: 385 minutes from unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Unique Patient ID:** 006-10382

2. History:

NULL (Insufficient information provided to reconstruct a detailed patient history.)

3. Diagnoses:

* **Diagnosis ID 10828141:** cardiovascular|arrhythmias|bradycardia (Other Priority, activeUpondischarge: False, diagnosisOffset: -99 minutes from unit admit) * **Diagnosis ID 12184280:** cardiovascular|arrhythmias|bradycardia (Primary Priority, activeUpondischarge: True, diagnosisOffset: 383 minutes from unit admit)

The patient presented with bradycardia, a slow heart rate, which was identified as a primary diagnosis upon admission to the unit. A previous diagnosis of bradycardia was also noted before unit admission but was inactive upon discharge from the unit. The exact nature of the arrhythmia and its etiology requires further investigation, which is not present in this data set. Additional history would significantly enhance this section of the report.

4. Treatments:

NULL (No treatment information is available in the provided data.)

5. Vital Trends:

The provided physical exam data includes multiple entries for vital signs at two different time points (-111 minutes and 381 minutes from unit admission). There appears to be some stability in the vital signs with some fluctuation in heart rate and blood pressure. A more comprehensive time series of vital signs would be necessary for a detailed trend analysis. The data indicates:

* **Initial Assessment (-111 minutes):** HR (48-52 bpm), BP (104/62 mmHg), RR (12-15 breaths/min), SpO2 (97-98%) * **Discharge Assessment (381 minutes):** HR (43-71 bpm), BP (85-107/49-75 mmHg), RR (7-19 breaths/min), SpO2 (96-99%)

6. Lab Trends:

One lab result is available: FiO2 (fraction of inspired oxygen) of 21% at -96 minutes from unit admit. This single data point does not allow for trend analysis; further lab data would be required to assess any trends in the patient's oxygenation status.

7. Microbiology Tests:

NULL (No microbiology test results were provided.)

8. Physical Examination Results:

Physical exams were performed at -111 minutes and 381 minutes from unit admit time. The exams documented vital signs (HR, BP, RR, SpO2), weight, and fluid balance. A GCS (Glasgow Coma Scale) score was also recorded (15/15) both at the time of initial assessment and unit discharge, suggesting a normal level of consciousness.

The weight remained stable at 81.3 kg during the ICU stay. The intake was 135 ml at the initial assessment, and increased to 1405 ml at the time of discharge. Output remained at 0 ml at both time points. This is suggestive of fluid retention, but further information and context are needed for a proper interpretation.

Note: The absence of many data points (especially regarding treatments and detailed history) significantly limits the completeness of this report. More comprehensive data would allow for a more detailed and informative analysis.