Medical Report for Patient 003-10472

1. Patient Information

* **Patient Unit Stay ID:** 284265 * **Unique Patient ID:** 003-10472 * **Gender:** Male * **Age:** 66 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 19:57:00 * **Hospital Discharge Time:** 2015, 17:55:00 * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 18:11:00 * **Unit Discharge Time:** 18:45:00 * **Admission Weight:** 93.8 kg * **Discharge Weight:** 96.4 kg * **Admission Height:** 180.34 cm * **Hospital Admit Source:** Floor * **Unit Admit Source:** Floor * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

2. History

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

3. Diagnoses

The patient presented with multiple diagnoses, all related to cardiovascular arrhythmias, specifically atrial fibrillation. The diagnoses included:

* Atrial fibrillation without hemodynamic compromise (Diagnosis IDs: 5192753, 5321752, 4357455, 4461585; ICD-9 code: 427.31, I48.0; Priority: Other). This diagnosis was active upon discharge. * Atrial fibrillation with rapid ventricular response (Diagnosis IDs: 4858890, 5324286, 4687868, 5032087; ICD-9 code: 427.31, I48.0; Priority: Other). This diagnosis was also active upon discharge.

It is important to note that the diagnosis priority is listed as 'Other' for all entries. Further information would be needed to determine the primary diagnosis.

4. Treatments

The patient received several treatments during their ICU stay, primarily focused on managing their atrial fibrillation and associated symptoms. These treatments included:

* **Cardiovascular Treatments:** Multiple antiarrhythmic medications were administered, including diltiazem (Class IV), atenolol (beta-blocker), and metoprolol (Class II). The use of these medications suggests an attempt to control the heart rhythm. Enoxaparin (low molecular weight heparin) was used for VTE prophylaxis. Diagnostic ultrasound of the heart was also performed. * **Neurologic Treatments:** Ibuprofen and acetaminophen were used as non-narcotic analgesics to manage pain or agitation. * **Pulmonary Treatments:** The use of nebulized bronchodilators and beta-agonists suggests the presence of pulmonary symptoms, perhaps related to the cardiac condition. Enoxaparin was also used for anticoagulant administration, which might suggest a broader strategy to prevent complications.

The active treatments upon discharge were ibuprofen, atenolol, ibutilide, and enoxaparin. This information highlights the ongoing management plan for the patient’s condition.

5. Vital Trends

NULL (Insufficient data provided for vital signs trends. Time-series data on heart rate, blood pressure, respiratory rate, and oxygen saturation would be needed.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at two time points, approximately 2 hours before unit admission (-1207 minutes) and shortly before unit discharge (-40 minutes), and at other points throughout the stay. The available tests include complete blood count (CBC) with differential, basic metabolic panel (BMP), and other specific tests, such as BNP and TSH. A more detailed analysis of the trends in these lab values would require time-series data with timestamps to assess changes over time. The available data only shows initial and final values (and some intermediate values), preventing a complete trend analysis.

7. Microbiology Tests

NULL (No microbiology test results are provided.)

8. Physical Examination Results

Physical examination results are documented at multiple time points. The exam includes vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation), and a neurological assessment (Glasgow Coma Scale - GCS). The patient's admission weight was 93.8 kg. There is an irregular heart rhythm. The GCS score is 15. The physical exam was performed at multiple times, and the data shows changes in vital signs over time. A more comprehensive analysis of these trends is not possible without more complete time-series data.