

**\*\*Medical Report: Patient 005-10067\*\***

**\*\*1. Patient Information\*\***

**\*\*\*Patient Unit Stay ID:\*\* 498515 \*\*\*Patient Health System Stay ID:\*\* 422053 \*\*\*Unique Patient ID:\*\* 005-10067 \***  
**\*\*Gender:\*\* Male \*\*\*Age:\*\* 71 \*\*\*Ethnicity:\*\* Hispanic \*\*\*Hospital ID:\*\* 140 \*\*\*Ward ID:\*\* 261 \*\*\*Unit Type:\*\* Med-Surg ICU \*\*\*Unit Admit Time:\*\* 03:15:00 (2014) \*\*\*Unit Admit Source:\*\* Emergency Department \*\*\*Unit Discharge Time:\*\* 23:01:00 (2014) \*\*\*Unit Discharge Location:\*\* Floor \*\*\*Unit Discharge Status:\*\* Alive \*\*\*Hospital Admit Time:\*\* 01:43:00 (2014) \*\*\*Hospital Admit Source:\*\* Emergency Department \*\*\*Hospital Discharge Year:\*\* 2014 \*\*\*Hospital Discharge Time:\*\* 15:17:00 (2014) \*\*\*Hospital Discharge Location:\*\* Home \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Admission Height:\*\* 170.2 cm \*\*\*Admission Weight:\*\* 70.7 kg \*\*\*Discharge Weight:\*\* NULL**

**\*\*2. History\*\***

Insufficient data provided to generate a detailed patient history. The provided data only includes diagnoses and treatments, lacking information on presenting symptoms, family history, social history, or past medical history. A complete history is crucial for a comprehensive medical understanding of the patient's condition.

**\*\*3. Diagnoses\*\***

The patient presented with multiple diagnoses during their ICU stay. These diagnoses, listed in order of priority where available, include:

**\*\*\*Primary:\*\* Congestive Heart Failure (CHF) (428.0, I50.9) \*\*\*Major:\*\* Acute Pulmonary Edema due to Renal Dysfunction (428.1, I50.1) \*\*\*Major:\*\* Hypertension (401.9, I10) \*\*\*Major:\*\* ESRD (End-Stage Renal Disease) (585.6, N18.6) \*\*\*Major:\*\* Acute Respiratory Distress (518.82) \*\*\*Major:\*\* Hypoxemia (799.02, J96.91) \*\*\*Major:\*\* Hyperkalemia (276.7, E87.5) \*\*\*Major:\*\* Anemia of Chronic Disease (285.29, D63.8) \*\*\*Major:\*\* Anemia of Renal Disease (285.21, D63.1) \*\*\*Major:\*\* Pneumonia (486, J18.9) \*\*\*Major:\*\* Type I Diabetes Mellitus (controlled) (250.01, E10.9)**

Note that some diagnoses were active upon discharge (Hyperkalemia, ESRD, Anemia of Renal Disease, Pneumonia, and Anemia of Chronic Disease), indicating ongoing concerns.

**\*\*4. Treatments\*\***

The patient received a variety of treatments during their ICU stay, including:

**\*\*\*Hemodialysis:\*\* Both emergent and for chronic renal failure (multiple entries indicating ongoing treatment) \***  
**\*\*Electrolyte correction:\*\* For hyperkalemia (multiple entries) \*\*\*Medications:\*\* Piperacillin/tazobactam, Lisinopril, Metoprolol, Simvastatin, Aspirin, Albuterol, Ipratropium, and Vancomycin (multiple entries and varied routes of administration) \*\*\*Insulin:\*\* Sliding scale administration and subcutaneous doses of regular insulin (multiple entries) \***  
**\*\*VTE prophylaxis:\*\* Compression boots and subcutaneous conventional heparin therapy (multiple entries) \***  
**\*\*Bronchodilator therapy:\*\* Nebulized and albuterol (multiple entries) \*\*\*Oxygen therapy:\*\* Nasal cannula (up to 40%) and face mask (40-60%) \*\*\*Stress ulcer prophylaxis:\*\* Pantoprazole (oral and IV) \*\*\*Consultations:\*\* Nephrology, Infectious Disease, and Pulmonary/CCM**

Several treatments, such as hemodialysis, piperacillin/tazobactam, lisinopril, metoprolol, simvastatin, aspirin, albuterol, ipratropium, vancomycin, and oxygen therapy, were active upon discharge, suggesting a need for continued medical management.

**\*\*5. Vital Trends\*\***

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) are available from the physical exam, but not in a time-series format suitable for trend analysis. More data is required.

#### **\*\*6. Lab Trends\*\***

NULL. Laboratory results are available, but not in a time-series format suitable for trend analysis. More data is required.

#### **\*\*7. Microbiology Tests\*\***

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

#### **\*\*8. Physical Examination Results\*\***

Two physical exams were recorded. The initial exam (at 58 minutes) indicated a heart rate between 99-108 bpm, blood pressure between 134/60 and 138/68 mmHg, and respiratory rate between 19-24 breaths per minute, with 100% oxygen saturation. A second exam (at 1019 minutes) showed improved respiratory rate (17-29 breaths per minute), heart rate (78-118 bpm), blood pressure (86/35-148/117 mmHg), and oxygen saturation (91-100%), indicating some improvement in the patient's condition. Both exams noted bilateral lower extremity edema and the presence of JVD in the second exam. The initial exam noted labored respirations and a regular dysrhythmia. Both exams documented a GCS score of 15. The second exam also included detailed assessments of the patient's respiratory and cardiovascular systems, gastrointestinal system, genitourinary system, skin, and extremities.