Medical Report: Patient ICU Stay

1. Patient Information

* **PatientUnitStayID:** 230427 * **PatientHealthSystemStayID:** 198249 * **UniquePID:** 002-10306 * **Gender:** Male * **Age:** 73 * **Ethnicity:** Asian * **HospitalID:** 63 * **WardID:** 95 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 21:22:00 * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 04:19:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 20:11:00 * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 14:53:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height (cm):** 152.4 * **Discharge Weight (kg):** 73.6

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple cardiovascular diagnoses during their ICU stay. The primary diagnosis, recorded 36 minutes after unit admission, was acute myocardial infarction (AMI) with ST elevation (ICD-9 codes: 410.90, I21.3). Other significant diagnoses included acute coronary syndrome post percutaneous transluminal coronary angioplasty (PTCA) with stent placement (recorded at 4124 minutes and 3574 minutes after unit admission), and post coronary artery bypass graft (CABG) surgery (within 7 days, recorded at 4124 minutes and 4391 minutes after unit admission). Coronary artery disease and diabetes mellitus were also noted as active diagnoses upon discharge (recorded at 4391 minutes). Finally, acute respiratory distress, a pulmonary diagnosis, was also recorded as active upon discharge (recorded at 4391 minutes, ICD-9 code: 518.82). The timing of diagnosis entries suggests a complex clinical picture evolving over the course of the ICU stay. The multiple entries for the same diagnosis string likely reflect updates and revisions to the patient's condition and evolving understanding of their illness. The lack of ICD-9 codes for some diagnoses may indicate incomplete documentation or reliance on the more detailed diagnosis strings for clinical management.

4. Treatments

NULL (Insufficient information provided)

5. Vital Trends

The physical examination recorded at 31 minutes post-unit admission showed the following vital signs:

* **Heart Rate (HR):** Current 65 bpm, Lowest 65 bpm, Highest 68 bpm. This indicates a relatively stable heart rate within a narrow range. * **Blood Pressure (BP):** Systolic Current 164 mmHg, Lowest 164 mmHg, Highest 166 mmHg; Diastolic Current 89 mmHg, Lowest 89 mmHg, Highest 90 mmHg. Blood pressure also demonstrates stability within a relatively narrow range. * **Respiratory Rate:** Current 15 breaths per minute, Lowest 15 breaths per minute, Highest 17 breaths per minute. Respiratory rate is consistent, suggesting no significant respiratory distress at this early time point. * **Oxygen Saturation (O2 Sat):** Current 100%, Lowest 98%, Highest 100%. Oxygen saturation is excellent, indicative of adequate oxygenation. * **Weight:** Current 68.9 kg. * **Respiration Mode:** Spontaneous * **Heart Rhythm:** Sinus rhythm; regular. * **Glasgow Coma Scale (GCS):** Total score 15 (Eyes 4, Verbal 5, Motor 6). This suggests normal neurological function.

A second physical examination, conducted at 4122 minutes post-unit admission, showed:

* **Heart Rate (HR):** Lowest 58 bpm, Highest 83 bpm; indicating some variability in heart rate. * **Blood Pressure (BP):** Systolic Lowest 107 mmHg, Highest 126 mmHg; Diastolic Lowest 65 mmHg, Highest 73 mmHg. Blood pressure is lower than the initial assessment, potentially indicating treatment response or disease progression. * **Respiratory Rate:** Lowest 13 breaths per minute, Highest 13 breaths per minute; slightly decreased from the initial assessment. * **Oxygen

Saturation (O2 Sat):** Lowest 97%, Highest 100%. Oxygen saturation remains within normal limits despite lower respiratory rate. * **Weight:** Current 70.4 kg. A slight weight gain from the initial measurement. * **Respiration Mode:** Spontaneous * **Heart Rhythm:** Sinus rhythm; regular. * **Glasgow Coma Scale (GCS):** Total score 15 (Eyes 4, Verbal 5, Motor 6). Neurological function remains normal.

The changes in vital signs between the two examinations warrant further investigation. Additional vital sign data over time would be necessary to fully characterize the patient's physiological response to treatment.

6. Lab Trends

The provided lab data shows multiple measurements taken at various times during the patient's ICU stay. Analysis requires a detailed time-series representation to identify trends. Several lab values, such as bedside glucose, show significant fluctuations. Other lab values, like electrolytes (sodium, potassium, chloride, bicarbonate, and ionized calcium), demonstrate some variability but generally remain within or close to normal ranges, although some values show slight abnormalities. Hematological parameters (Hgb, Hct, WBC, platelets, RDW, MCV, MCH, MCHC, -eos, -polys, -lymphs, -monos, -basos) also reveal some variability that needs a time-series examination. The presence of multiple bedside glucose measurements suggests monitoring for hyperglycemia. The presence of troponin-I measurements indicates the assessment of cardiac injury. The presence of ABG (arterial blood gas) measurements (pH, paO2, paCO2, HCO3, Base Deficit, Base Excess, Total CO2) suggests the evaluation of respiratory function. More comprehensive analysis is needed to draw definitive conclusions.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

See section 5. Vital Trends for the physical examination findings.