Medical Report for Patient 006-100457

1. Patient Information

* **Patient Unit Stay ID:** 671293 * **Patient Health System Stay ID:** 533305 * **Unique Patient ID:** 006-100457 * **Gender:** Male * **Age:** 74 * **Ethnicity:** Other/Unknown * **Hospital ID:** 165 * **Ward ID:** 337 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 00:43:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 01:51:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 20:38:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 21:34:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight (kg):** 63.9 * **Discharge Weight (kg):** 65.2 * **Admission Height (cm):** 177.8 * **APACHE Admission Dx:** Thrombus, arterial

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

* **Diagnosis ID 12402203:** cardiovascular|vascular disorders|peripheral vascular ischemia|atherosclerotic thrombo-occlusion (ICD-9: 440.20, I70.209), Primary diagnosis, inactive upon discharge. * **Diagnosis ID 12573902:** cardiovascular|vascular disorders|peripheral vascular ischemia|atherosclerotic thrombo-occlusion (ICD-9: 440.20, I70.209), Primary diagnosis, active upon discharge. * **Diagnosis ID 11633163:** cardiovascular|vascular disorders|peripheral vascular ischemia|with claudication (ICD-9: 440.21, I70.219), Primary diagnosis, active upon discharge. * **Diagnosis ID 12445865:** cardiovascular|vascular disorders|peripheral vascular ischemia|with claudication (ICD-9: 440.21, I70.219), Primary diagnosis, inactive upon discharge.

The patient presented with multiple diagnoses related to peripheral vascular ischemia, indicating a significant cardiovascular issue. The presence of both atherosclerotic thrombo-occlusion and claudication suggests a complex vascular problem requiring comprehensive management. The fact that some diagnoses were active at discharge indicates ongoing treatment needs.

4. Treatments

* **Treatment ID 25953643:** cardiovascular|vascular disorders|anticoagulant administration|conventional heparin therapy|intravenous, active upon discharge. * **Treatment ID 26858631:** cardiovascular|vascular disorders|thrombolytic agent|alteplase, active upon discharge. * **Treatment ID 27080926:** cardiovascular|vascular surgery|thrombectomy, active upon discharge. * **Treatment ID 27144400:** cardiovascular|vascular surgery|thrombectomy, inactive upon discharge.

The patient received a combination of medical and surgical treatments. Intravenous heparin therapy suggests anticoagulation was a primary treatment strategy. The use of alteplase (a thrombolytic agent) indicates an attempt to dissolve blood clots. A thrombectomy was performed, suggesting surgical intervention to remove a clot. The fact that some treatments continued post-discharge highlights the chronic nature of the underlying condition.

5. Vital Trends

NULL (No vital sign data was provided.)

6. Lab Trends

The provided lab data includes results from two time points: one approximately 7 hours before unit admission and another at 7 hours and 29 minutes after unit admission. Significant changes between these time points include a rise in creatinine (from 1.41 mg/dL to 1.54 mg/dL), suggesting possible kidney function impairment. The alkaline phosphatase also

increased (from 95 IU/L to 84 IU/L), which could indicate liver involvement. Total bilirubin decreased (from 0.5 mg/dL to 0.3 mg/dL), indicating improvement in liver function. The complete blood count (CBC) shows changes in various parameters, including a decrease in Hemoglobin (from 13.3 g/dL to 12.5 g/dL), Hematocrit (from 38% to 37.6%), platelets (from 242K/mcL to 198K/mcL), and an increase in WBC count (from 7.6 K/mcL to 12.4 K/mcL), suggesting a possible inflammatory response. PT and PTT showed increases, indicative of potential clotting abnormalities. Further analysis would require more frequent lab data points.

7. Microbiology Tests

NULL (No microbiology test data was provided.)

8. Physical Examination Results

A structured physical exam was performed. Blood pressure (BP) was recorded as 139/68 mmHg. The patient's admission weight was 63.9 kg. A Glasgow Coma Scale (GCS) score of 15 (4+5+6) was documented, indicating normal neurological function.