Medical Report for Patient 006-102048

1. Patient Information

* **Patient Unit Stay ID:** 538214 * **Unique Patient ID:** 006-102048 * **Gender:** Male * **Age:** 82 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 18:23:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 23:09:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** MICU * **Unit Admission Time:** 00:12:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 14:53:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 87.5 kg * **Discharge Weight:** 84.3 kg

2. History

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history. Details such as presenting complaints, past medical history, family history, and social history are missing.)

3. Diagnoses

* **Primary Diagnosis:** Decompensated Congestive Heart Failure (428.0, I50.9) * This diagnosis indicates the patient presented with a severe form of heart failure, where the heart is unable to pump enough blood to meet the body's needs. The ICD-9 codes suggest a primary diagnosis of congestive heart failure. The diagnosis was active upon discharge. * **Other Diagnosis:** Hypotension (458.9, I95.9) * This secondary diagnosis points to low blood pressure, a condition that can be a consequence or a contributing factor to decompensated heart failure. It was recorded concurrently with the primary diagnosis. The diagnosis was active upon discharge.

4. Treatments

NULL (The provided data does not contain information about the treatments administered to the patient during their ICU stay.)

5. Vital Trends

NULL (No vital sign data is available in the provided JSON. To create this section, data on heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time would be needed.)

6. Lab Trends

The lab results show several key findings. There are multiple entries for several lab tests, indicating serial monitoring. Noteworthy trends include:

* **Calcium:** Elevated levels, ranging from 7.9 mg/dL to 8.8 mg/dL, indicating potential hypercalcemia. The fluctuation in calcium levels requires further investigation and may be linked to the patient's heart condition. * **Creatinine:** Elevated levels, with values ranging from 1.17 mg/dL to 1.47 mg/dL, suggesting impaired kidney function. This is a critical finding and warrants attention given the patient's age and other diagnoses. * **BUN (Blood Urea Nitrogen):** This also shows elevated levels, ranging from 25 mg/dL to 33 mg/dL, further supporting the suspicion of renal impairment. The correlation between elevated BUN and creatinine reinforces the diagnosis of kidney dysfunction. * **Potassium:** Potassium levels fluctuated, ranging from 3.9 mmol/L to 4.4 mmol/L. While within the normal range, the variation might indicate an underlying electrolyte imbalance that needs to be monitored closely, especially in relation to heart function. * **Anion Gap:** This showed some variation (4-7), suggesting metabolic derangements that need to be analyzed in context with other lab values and clinical findings. Further investigation is needed to interpret the significance of these changes. * **Hemoglobin (Hgb) and Hematocrit (Hct):** These show some variation (Hgb 11.5-11.9 g/dL, Hct 38-39%). These values are at the lower end of the normal range. This may point to anemia, possibly related to the patient's overall health status or medication side effects. Further analysis is needed for a definitive conclusion. * **PT (Prothrombin Time) and PT-INR

(International Normalized Ratio):** These tests, measuring blood clotting times, show increased values (PT 20-28 seconds, PT-INR 1.7-2.5), indicating possible clotting abnormalities. This requires further evaluation and could be a risk factor for bleeding or thrombosis. This could be related to medication or the underlying disease process. * **Troponin-I:** Low levels were recorded (0.02 ng/mL), which suggests that there is no evidence of acute myocardial infarction. However, this should be interpreted considering the clinical picture and other investigations. * **BNP (B-type Natriuretic Peptide):** Markedly elevated BNP levels (10618 pg/mL) strongly support the diagnosis of heart failure.

7. Microbiology Tests

NULL (No microbiology test results are provided in the JSON data.)

8. Physical Examination Results

A structured physical exam was performed. The patient's admission and current weight were both recorded as 87.5 kg, indicating no weight change at the time of the initial assessment. A Glasgow Coma Scale (GCS) score of 15 (4+5+6) was documented, indicating an intact neurological status. Additional details of the physical examination are missing.