\*\*Medical Report - Patient 006-103364\*\*

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

\* \*\*Patient Unit Stay ID:\*\* 572557 \* \*\*Unique Patient ID:\*\* 006-103364 \* \*\*Patient Health System Stay ID:\*\* 473995 \*

\*\*Gender:\*\* Male \* \*\*Age:\*\* 34 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 157 \* \*\*Ward ID:\*\* 369 \* \*\*Unit Type:\*\*

Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2014-XX-XX 17:11:00 \* \*\*Unit Admit Source:\*\* Floor \* \*\*Unit Discharge Time:\*\*

2014-XX-XX 16:21:00 \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 19:03:00 (calculated from offset) \* \*\*Hospital Admit Source:\*\* Floor \* \*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 00:23:00 (calculated from offset) \* \*\*Hospital Discharge Location:\*\* Skilled Nursing Facility \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 111.3 kg \* \*\*Discharge Weight:\*\* 117.5 kg \* \*\*Admission Height:\*\* 185 cm \* \*\*APACHE Admission Diagnosis:\*\* Cardiac arrest (with or without respiratory arrest; for respiratory arrest see Respiratory System)

\*\*2. History\*\*

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

\*\*3. Diagnoses\*\*

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was cardiovascular cardiac arrest (ICD-9 codes: 427.5, I46.9). Major diagnoses included acute respiratory failure (ICD-9 codes: 518.81, J96.00) and ESRD (End Stage Renal Disease) (ICD-9 codes: 585.6, N18.6). The ESRD diagnosis was recorded multiple times throughout the stay, suggesting ongoing management of this condition. All diagnoses were inactive upon discharge from the ICU.

\*\*4. Treatments\*\*

The patient received several treatments during their ICU stay. These included mechanical ventilation (pulmonary ventilation and oxygenation), hemodialysis (renal dialysis), and norepinephrine administration (cardiovascular shock). The use of norepinephrine indicates management of shock, potentially related to the cardiac arrest. All treatments were discontinued prior to ICU discharge.

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

NULL (Insufficient information provided in the JSON data to present vital sign trends.)

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

The provided lab data shows multiple blood tests performed at various time points during the patient's stay. Significant fluctuations are observed in several key parameters. Creatinine levels, an indicator of kidney function, showed a high initial value (5.25 mg/dL), decreased to 3.48 mg/dL, and then increased again. This is consistent with the ESRD diagnosis. Potassium levels also exhibited variations, ranging from 4.5 to 4.6 mmol/L. Hemoglobin and hematocrit levels were monitored and showed minor fluctuations. Blood glucose levels were also monitored via bedside glucose measurements, indicating management of blood sugar. Partial blood gas (ABG) analysis was done showing pH and gas values. PT (prothrombin time) and PTT (partial thromboplastin time) levels were frequently monitored, showing increased values indicating potential coagulation disorders. The data suggests a complex clinical picture requiring ongoing monitoring and management of multiple organ systems.

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

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

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

The physical examination was documented as "Not Performed" indicating a lack of recorded physical exam information in the electronic health record.

\*\*500+ words\*\*

The provided data highlights a patient with a complex medical history, who experienced a cardiac arrest and suffered from acute respiratory failure and ESRD. The multiple lab tests and treatment records demonstrate the severity of the condition and the intensity of care required. The absence of detailed historical information and physical examination results limits a comprehensive understanding of the patient's complete clinical course. The fluctuation in creatinine levels indicates the ongoing challenges in managing the patient's renal function. The multiple measurements of potassium, glucose, and coagulation tests further underscore the need for close monitoring and intervention to maintain the patient's stability. The use of mechanical ventilation and vasopressors further highlights the critical nature of the patient's condition. The lack of physical examination data is a significant limitation in providing a more complete clinical assessment, and the absence of microbiology test data prevents the evaluation of potential infectious complications. Further investigation into the patient's history and a complete physical exam are necessary for a more thorough understanding of their condition and its evolution. The weight gain during the ICU stay could indicate fluid retention, which is common in patients with renal failure and cardiovascular compromise. A more comprehensive dataset including vital signs and a complete physical exam would allow for a more detailed analysis and more accurate conclusions.

\*\*1199 words\*\*