

## **\*\*Patient Medical Report\*\***

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

\*\*\*Patient Unit Stay ID:\*\* 532223 \*\*\*Patient Health System Stay ID:\*\* 449292 \*\*\*Unique Patient ID:\*\* 005-10397 \*  
\*\*Gender:\*\* Male \*\*\*Age:\*\* 88 \*\*\*Ethnicity:\*\* Hispanic \*\*\*Hospital ID:\*\* 141 \*\*\*Ward ID:\*\* 307 \*\*\*Unit Type:\*\* Med-Surg  
ICU \*\*\*Unit Admit Time:\*\* 2015-XX-XX 20:11:00 (Assuming a date exists in the original data, but it's not present in the  
provided JSON) \*\*\*Unit Admit Source:\*\* Recovery Room \*\*\*Unit Discharge Time:\*\* 2015-XX-XX 23:02:00 (Assuming a  
date exists in the original data, but it's not present in the provided JSON) \*\*\*Unit Discharge Location:\*\* Floor \*\*\*Unit  
Discharge Status:\*\* Alive \*\*\*Hospital Admit Time:\*\* 2015-XX-XX 15:06:00 (Assuming a date exists in the original data, but  
it's not present in the provided JSON) \*\*\*Hospital Admit Source:\*\* Recovery Room \*\*\*Hospital Discharge Time:\*\*  
2015-XX-XX 19:34:00 (Assuming a date exists in the original data, but it's not present in the provided JSON) \*\*\*Hospital  
Discharge Location:\*\* Home \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Admission Height:\*\* 175.26 cm \*\*\*Admission  
Weight:\*\* 77.5 kg \*\*\*Discharge Weight:\*\* NULL \*\*\*APACHE Admission Diagnosis:\*\* Aneurysm, abdominal aortic

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

NULL (No history information provided in the JSON data.)

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

The patient presented with multiple diagnoses, primarily related to cardiovascular and gastrointestinal issues. The diagnoses entered during the ICU stay, listed in order of entry time, include:

\*\*\*Cardiovascular|vascular disorders|hypertension|controlled (ICD-9: 401.9, I10):\*\* This was a Major diagnosis active upon discharge. It indicates controlled hypertension. \*  
\*\*\*Gastrointestinal|abdominal/ general|abdominal pain / tenderness|epigastric (ICD-9: 789.06, R10.13):\*\* This was a Major diagnosis active upon discharge, signifying epigastric abdominal pain and tenderness. \*  
\*\*\*Cardiovascular|diseases of the aorta|aortic aneurysm|abdominal|stable (ICD-9: 441.4, I71.4):\*\* This was a Primary diagnosis active upon discharge, indicating a stable abdominal aortic aneurysm. \*  
\*\*\*Cardiovascular|post vascular surgery|s/p aneurysm resection/repair abdominal aorta|stent graft:\*\* This was a Primary diagnosis, indicating post-surgery from an abdominal aortic aneurysm repair involving a stent graft. \*  
\*\*\*Cardiovascular|chest pain / ASHD|coronary artery disease|known (ICD-9: 414.00, I25.10):\*\* This diagnosis indicates known coronary artery disease. \*  
\*\*\*Cardiovascular|chest pain / ASHD|hyperlipidemia (ICD-9: 272.4, E78.5):\*\* This diagnosis indicates hyperlipidemia in the context of chest pain and ASHD (Atherosclerotic Heart Disease). \*  
\*\*\*Cardiovascular|ventricular disorders|hypertension (ICD-9: 401.9, I10):\*\* This diagnosis indicates hypertension and ventricular disorders. \*  
\*\*\*Cardiovascular|post vascular surgery|s/p aneurysm resection/repair:\*\* This diagnosis indicates post-surgical state following aneurysm resection/repair.

Note that several diagnoses were entered multiple times. The 'diagnosisPriority' field helps to distinguish the relative importance of each diagnosis, with 'Primary' indicating the most significant.

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

The patient received various treatments during their ICU stay, including:

\*\*\*Cardiovascular|hypertension|ACE inhibitor:\*\* Treatment for hypertension with an ACE inhibitor, active upon discharge. \*  
\*\*\*Cardiovascular|hypertension|analgesics|narcotic analgesic:\*\* Treatment for hypertension with a narcotic analgesic, active upon discharge. \*  
\*\*\*Cardiovascular|hypertension|beta blocker:\*\* Treatment for hypertension with a beta-blocker, active upon discharge. \*  
\*\*\*Gastrointestinal|medications|stress ulcer prophylaxis|pantoprazole:\*\* Stress ulcer prophylaxis with pantoprazole. \*  
\*\*\*Surgery|tubes and catheters|foley catheter:\*\* Insertion of a Foley catheter. \*  
\*\*\*Cardiovascular|consultations|Vascular surgery consultation:\*\* A vascular surgery consultation was obtained. \*  
\*\*\*Surgery|analgesics /sedatives/ nmbs|analgesics|bolus parenteral analgesics:\*\* Bolus parenteral analgesics were administered. \*  
\*\*\*Cardiovascular|myocardial ischemia / infarction|antiplatelet agent|aspirin:\*\* Aspirin was administered as an antiplatelet agent. \*  
\*\*\*Cardiovascular|myocardial ischemia / infarction|antihyperlipidemic agent|HMG-CoA reductase

inhibitor:\*\* Treatment with an HMG-CoA reductase inhibitor for hyperlipidemia. \* \*\*Cardiovascular|hypertension|beta blocker|metoprolol:\*\* Treatment for hypertension with metoprolol. \* \*\*Surgery|vascular surgery|aneurysm resection / repair:\*\* Aneurysm resection/repair surgery was performed. \* \*\*Endocrine|glucose metabolism|insulin|subcutaneous dose of regular insulin:\*\* Subcutaneous regular insulin was administered. \* \*\*General|support services|occupational therapy consult:\*\* An occupational therapy consultation was obtained. \* \*\*General|support services|physical therapy consult:\*\* A physical therapy consultation was obtained. \* \*\*Cardiovascular|vascular disorders|VTE prophylaxis|conventional heparin therapy|subcutaneous:\*\* Subcutaneous conventional heparin therapy for VTE (Venous Thromboembolism) prophylaxis. \* \*\*Gastrointestinal|medications|antiemetic|serotonin antagonist|ondansetron:\*\* Ondansetron was administered as an antiemetic. \* \*\*Surgery|wounds / temperature|wound care:\*\* Wound care was provided. \* \*\*Endocrine|glucose metabolism|insulin|sliding scale administration:\*\* Insulin was administered on a sliding scale. \* \*\*Cardiovascular|consultations|Cardiology consultation:\*\* A cardiology consultation was obtained. \* \*\*Cardiovascular|hypertension|ACE inhibitor|enalapril:\*\* Enalapril was administered as an ACE inhibitor. \* \*\*Cardiovascular|hypertension|vasodilating agent - IV|nicardipine:\*\* Nicardipine was administered as an intravenous vasodilating agent. \* \*\*surgery|intravenous fluids / electrolytes|Lactated Ringer's administration:\*\* Lactated Ringer's solution was administered intravenously. \* \*\*gastrointestinal|medications|laxatives|doss (Colace):\*\* Docusate sodium (Colace) was administered as a laxative.

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

NULL (No vital signs data provided in the JSON data.)

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

The lab results show several blood tests performed at different times during the ICU stay. There are multiple measurements of complete blood counts (CBCs) with values for Hemoglobin, Hematocrit, Platelets, White Blood Cells, Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), and Red Cell Distribution Width (RDW). Chemistry panels reveal values for blood glucose, BUN, creatinine, sodium, potassium, chloride, bicarbonate, albumin, total protein, total bilirubin, and direct bilirubin. Coagulation studies include PT and PTT, with INR also calculated. Additionally, thyroid function tests (T3, T4, and TSH) were performed. These results show some fluctuation in values, but overall, the patient's labs were mostly within normal ranges, though there is a need for further interpretation. More detailed analysis requires time-series data to observe trends.

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

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

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

Physical examination results are available for several time points. The findings were mostly unremarkable, showing normal findings in several sections. However, the patient was noted as 'ill-appearing' at least once. There's also mention of decreased bowel sounds. Further analysis and interpretation are required to establish a complete picture of the patient's condition based on these findings.