

****Medical Report for Patient 004-11209****

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

* **Patient Unit Stay ID:** 347475 * **Unique Patient ID:** 004-11209 * **Gender:** Male * **Age:** 79 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 04:58:00 * **Hospital Discharge Time:** 2015-XX-XX 19:10:00 * **Unit Admit Time:** 2015-XX-XX 07:56:00 * **Unit Discharge Time:** 2015-XX-XX 23:08:00 * **Unit Type:** Med-Surg ICU * **Admission Height:** 176.3 cm * **Admission Weight:** 71.2 kg * **Hospital Admit Source:** NULL * **Unit Admit Source:** Floor * **Hospital Discharge Location:** Skilled Nursing Facility * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Rhythm disturbance (ventricular)

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis was ventricular tachycardia (ICD-9 codes 427.1, I47.2). Major diagnoses included COPD (ICD-9 codes 491.20, J44.9) and hypertension (ICD-9 codes 401.9, I10). Congestive heart failure (ICD-9 codes 428.0, I50.9) was also listed as a major diagnosis, although it was inactive upon discharge. Other diagnoses included dementia (ICD-9 codes 294.9, F03). The relative severity of the diagnoses is indicated by the diagnosis priority, with Primary, Major, and Other designations used. Note that some diagnoses were listed multiple times with different active status. This may indicate evolving clinical picture or changes in diagnostic assessment during the stay.

****4. Treatments****

The patient received a range of treatments during their ICU stay. Active treatments upon discharge included carvedilol (alpha/beta blocker for hypertension), IV furosemide (intravenous diuretic for ventricular dysfunction), a bronchodilator for pulmonary issues, enoxaparin (low molecular weight heparin for VTE prophylaxis), lisinopril (ACE inhibitor for hypertension), and amiodarone (class III antiarrhythmic for arrhythmias). Treatments that were not active upon discharge included a cardiology consultation, enoxaparin (VTE prophylaxis), IV furosemide (ventricular dysfunction), and a bronchodilator. The timing of treatment initiation is indicated by the treatment offset.

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

* **Heart Rate (HR):** Current HR was 63 bpm, with a lowest recorded HR of 63 bpm and a highest of 67 bpm. * **Blood Pressure (BP):** Current systolic BP was 90 mmHg, with a lowest of 90 mmHg and a highest of 99 mmHg. Current diastolic BP was 50 mmHg, with a lowest of 50 mmHg and a highest of 62 mmHg. * **Respiratory Rate (RR):** Current RR was 21 breaths per minute, with a lowest of 21 bpm and a highest of 24 bpm. * **Oxygen Saturation (SpO2):** Current SpO2 was 99%, with a lowest of 99% and a highest of 100%. * **Weight:** Admission weight was 71.2 kg. * **Glasgow Coma Scale (GCS):** Total score was 15 (Eyes: 4, Verbal: 5, Motor: 6).

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

Laboratory results included: Chloride (101 mEq/L), Glucose (114 mg/dL), Magnesium (1.8 mEq/L), Troponin-T (2.92 ng/mL), Potassium (3.5 mEq/L), Bicarbonate (27 mEq/L), Creatinine (1.8 mg/dL), Hemoglobin (12.8 g/dL), Hematocrit (40.5%), WBC (10.4 K/mcL), BUN (28 mg/dL), BNP (4248 pg/mL), Sodium (138 mEq/L), and FiO2 (28%). All these values were recorded at approximately the same time (around 35-39 minutes after unit admission). Further time-series data would be needed to assess trends effectively.

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

NULL (Insufficient information provided)

****8. Physical Examination Results****

The physical examination documented vital signs as described above. A GCS score of 15 was recorded indicating normal neurological function. Additional details from the physical exam are unavailable as only vital signs are explicitly documented.