Patient Medical History Report

1. Patient Information

***PatientUnitStayID:** 976722 * **PatientHealthSystemStayID:** 720034 * **Gender:** Male * **Age:** 80 * **Ethnicity:** Caucasian * **HospitalID:** 181 * **WardID:** 425 * **APACHEAdmissionDx:** Rhythm disturbance (ventricular) * **Admission Height:** 172.72 cm * **Hospital Admit Time:** 2015-XX-XX 21:28:00 (Hospital Admit Offset: -114 minutes) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 17:04:00 (Hospital Discharge Offset: 5382 minutes) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 2015-XX-XX 23:22:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 86.36 kg * **Discharge Weight:** 86.6 kg * **Unit Discharge Time:** 2015-XX-XX 19:40:00 (Unit Discharge Offset: 4098 minutes) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **UniquePID:** 007-10067

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with ventricular tachycardia. This diagnosis was recorded multiple times throughout the ICU stay, with varying `activeupondischarge` statuses. The initial diagnosis was entered 76 minutes after unit admission. A subsequent diagnosis was recorded at 1175 minutes and 1396 minutes. Finally, a diagnosis of ventricular tachycardia remained active upon discharge from the unit, entered at 1699 minutes post-unit admission. All entries used ICD-9 codes 427.1 and I47.2 and were marked as 'Primary' diagnosis.

4. Treatments

The patient received treatment for ventricular tachycardia, including antiarrhythmics and AICD placement. The antiarrhythmic treatment was initiated at 76 minutes post-unit admission and continued through discharge. AICD placement was performed, with entries at 1396 minutes and 1699 minutes post-unit admission. The entry at 1699 minutes was active on discharge.

5. Vital Trends

Vital signs were recorded at multiple time points. The data suggests some variation in heart rate (HR) ranging from a low of 54 bpm to a high of 68 bpm at one point, and 60bpm and 58bpm at later points. Blood pressure (BP) showed a systolic range from 90 mmHg to 140 mmHg, and 123 mmHg at a later point, and diastolic range of 55 mmHg to 76 mmHg, and 71 mmHg at a later point. Respiratory rate (Resp) ranged from 18 breaths per minute to 33 breaths per minute, and 29 and 26 breaths per minute at later points. Oxygen saturation (O2 Sat) remained relatively stable between 95% and 99%, with current values at 98% and 96% at different points.

6. Lab Trends

The patient underwent multiple blood tests during the ICU stay. Several chemistry and hematology panels were conducted. These include, but are not limited to, tests for troponin-I, CPK, CPK-MB, electrolytes (sodium, potassium, chloride, bicarbonate), liver enzymes (AST, ALT), renal function (BUN, creatinine), and complete blood count (CBC) parameters (Hgb, Hct, platelets, MCV, MCH, MCHC, RDW, -eos, -basos, -polys, -monos, -lymphs). There are multiple entries for most of these tests, indicating repeated monitoring. The exact trends require graphical representation for detailed analysis.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

Physical examinations were performed at multiple time points. Weight measurements show a decrease from 86.36kg to 85.5kg, and 85.9kg at a later point. Fluid balance shows a positive net fluid balance. A GCS (Glasgow Coma Scale) score was recorded at 15 (4+5+6) at one point.