

****Medical Report: Patient 005-10145****

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

* **Patient Unit Stay ID:** 518155 * **Patient Health System Stay ID:** 437988 * **Unique Patient ID:** 005-10145 *
Gender: Male * **Age:** 83 * **Ethnicity:** Hispanic * **Hospital ID:** 143 * **Ward ID:** 259 * **Unit Type:** Med-Surg
ICU * **Unit Admit Source:** Emergency Department * **Unit Admit Time:** 05:21:00 * **Unit Discharge Time:** 21:57:00 *
Unit Discharge Location: Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 03:54:00 * **Hospital
Discharge Time:** 18:27:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission
Height:** 170.2 cm * **Admission Weight:** 83.4 kg * **Discharge Weight:** NULL * **APACHE Admission Dx:** Rhythm
disturbance (conduction defect)

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

The patient presented with multiple diagnoses upon admission to the Med-Surg ICU. These diagnoses, all active upon discharge, included:

* **Primary:** Cardiovascular arrhythmias (bradycardia, symptomatic) - ICD-9 codes 427.81, R00.1 * **Major:** Endocrine
fluids and electrolytes (hypomagnesemia) - ICD-9 codes 275.2, E83.42 * **Major:** Cardiovascular chest pain/ASHD
(hyperlipidemia) - ICD-9 codes 272.4, E78.5 * **Major:** Hematology white blood cell disorders (neutropenia) - ICD-9
codes 288.0, D70.9 * **Major:** Endocrine fluids and electrolytes (hyponatremia) - ICD-9 codes 276.1, E87.1 * **Major:**
Hematology bleeding and red blood cell disorders (anemia) - ICD-9 code NULL * **Major:** Cardiovascular ventricular
disorders (hypertension) - ICD-9 codes 401.9, I10 * **Major:** Cardiovascular arrhythmias (syncope, likely cardiac origin) -
ICD-9 codes 780.2, R55

****4. Treatments****

The patient received the following treatments during their ICU stay, all active upon discharge:

* Cardiovascular intravenous fluid administration (half-normal saline solution) * Cardiovascular ventricular dysfunction
treatment with oral diuretics (thiazides) * Endocrine electrolyte correction (administration of electrolytes) * Pulmonary chest
x-ray * Gastrointestinal antiemetic medication (ondansetron, serotonin antagonist) * Cardiovascular myocardial
ischemia/infarction treatment with antihyperlipidemic agent (HMG-CoA reductase inhibitor) * Cardiovascular hypertension
treatment with beta-blocker (metoprolol) * Gastrointestinal stress ulcer prophylaxis with pantoprazole

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

NULL (Insufficient data provided. Vitals like heart rate, blood pressure, respiratory rate, and oxygen saturation would be
included here)

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

The patient underwent numerous laboratory tests during their stay. Significant lab results include:

* **Hematology:** Initial complete blood count (CBC) showed low hemoglobin (Hgb), hematocrit (Hct), red blood cell
(RBC) count, and elevated white blood cell (WBC) count and RDW. Subsequent CBC's showed improvements in these
values. Platelet counts were also monitored. * **Chemistry:** Electrolyte levels (sodium, potassium, magnesium, chloride,
bicarbonate, anion gap), creatinine, blood urea nitrogen (BUN), glucose, total protein, albumin, total bilirubin, ALT (SGPT),

AST (SGOT), alkaline phosphatase were monitored and showed some fluctuations, indicating the need for ongoing electrolyte correction and monitoring of kidney function and liver function. Troponin levels were also monitored. * **Other:**
Bedside glucose, urinary sodium, WBC's in urine, urinary specific gravity, serum osmolality, and urinary osmolality were measured.

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

NULL (Insufficient data provided)

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

Physical examination findings indicated the patient to be ill-appearing but not in acute distress, and well developed. Initial vital signs showed heart rate (HR) of 52 bpm, systolic blood pressure (BP) of 160 mmHg, diastolic BP of 79 mmHg, respiratory rate of 13 breaths per minute, and oxygen saturation (O2 Sat) of 98%. A later exam showed a slightly improved respiratory rate (10-15) and BP (160/68-162/79). Neurological exam (GCS) revealed a score of 15/15, with normal level of consciousness, oriented to person, place, and time, and calm and appropriate affect. Heart rhythm was regular. Respiratory mode was spontaneous. Weight at admission was 83.4 kg.