

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 976505 Patient Health System Stay ID: 719862 Gender: Female Age: 52 Ethnicity: African American Hospital ID: 183 Ward ID: 426 Admission Height (cm): 167.64 Admission Weight (kg): 124.97 Discharge Weight (kg): 113.4 Hospital Admit Time: 18:25:00 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2015 Hospital Discharge Time: 17:30:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Neuro ICU Unit Admit Time: 19:53:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Unit Discharge Time: 22:46:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Unique Patient ID: 007-10010 APACHE Admission Diagnosis: Hypertension, uncontrolled (for cerebrovascular accident-see Neurological System)

## **\*\*History\*\***

NULL (Insufficient data provided)

## **\*\*Diagnoses\*\***

Diagnosis 1 (Other): cardiovascular|valvular disease|valvular insufficiency|with CHF (ICD-9 code: ) Diagnosis 2 (Other): cardiovascular|vascular disorders|hypertension (ICD-9 code: 401.9, I10)

The patient presented with valvular insufficiency with CHF and uncontrolled hypertension. The lack of ICD-9 codes makes precise diagnostic categorization more challenging. Further information on the patient's presenting symptoms and medical history is needed for a complete clinical picture. The diagnoses were both active upon discharge from the unit.

## **\*\*Treatments\*\***

Treatment 1: pulmonary|ventilation and oxygenation|non-invasive ventilation (Active upon discharge) Treatment 2: cardiovascular|hypertension|vasodilating agent - IV|labetalol (Active upon discharge)

The patient received non-invasive ventilation for pulmonary support and labetalol intravenously to manage hypertension. Both treatments were ongoing at the time of discharge. The specific details regarding treatment duration, dosages, and response are missing and essential for a thorough report.

## **\*\*Vital Trends\*\***

NULL (Insufficient data provided. Vital signs like heart rate, blood pressure, respiratory rate, and oxygen saturation are typically tracked in an ICU setting and would be included here.)

## **\*\*Lab Trends\*\***

The provided data includes multiple lab results at different time points. The values include Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Platelets, Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Red Cell Distribution Width (RDW), various differential counts (-monos, -lymphs, -polys, -eos, -basos), blood chemistry values (BUN, Creatinine, Albumin, Total Protein, Bicarbonate, Calcium, Chloride, Glucose, Total Bilirubin, Anion Gap), Troponin-I, and ABG values (pH, PaO2, PaCO2, O2 Sat, HCO3, Base Excess). However, without specific timestamps, it's impossible to present trends in a meaningful way in this section. A time-series analysis would reveal the trends in these parameters over the patient's stay. Initial and final values are available for some labs, showing some changes during the stay.

## **\*\*Microbiology Tests\*\***

NULL (Insufficient data provided)

## **\*\*Physical Examination Results\*\***

The physical examination was performed and documented. Specific findings are partially documented, such as the systolic blood pressure recorded as 156 mmHg (both current and lowest values) and diastolic blood pressure of 111 mmHg (current and lowest values). The Glasgow Coma Scale (GCS) score was 15 (Eyes: 4, Verbal: 5, Motor: 6). Admission weight was 124.97 kg, which remained unchanged during the stay. The patient's FiO2 was 40%. More detailed information on the physical exam is necessary to provide a complete picture.