

****Patient Medical Report****

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

***PatientUnitStayID:** 444241 ***PatientHealthSystemStayID:** 377951 ***Gender:** Female ***Age:** 35 *
Ethnicity: Hispanic * **HospitalID:** 141 * **WardID:** 286 * **APACHEAdmissionDx:** Effusion, pericardial *
Admission Height: 167.6 cm * **Hospital Admit Time:** 03:57:00 (24-hour format) * **Hospital Admit Source:**
Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 21:57:00 (24-hour format) *
Hospital Discharge Location: Home * **Hospital Discharge Status:** Alive * **Unit Type:** Cardiac ICU * **Unit Admit
Time:** 05:54:00 (24-hour format) * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay
Type:** Admit * **Admission Weight:** 96.6 kg * **Discharge Weight:** NULL * **Unit Discharge Time:** 20:23:00 (24-hour
format) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **UniquePID:** 005-10238

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The diagnoses included:

* **Cardiovascular:** Chest pain/ASHD, Pericardial effusion (post-surgical) * ICD-9 Codes: 786.50, R07.9, 423.9, I31.9 *
Priority: Other * **Pulmonary:** Post thoracic surgery (s/p thoracoscopic procedure, wedge resection) * ICD-9 Code: NULL
* Priority: Other * **Endocrine:** Hypothyroidism * ICD-9 Codes: 244.9, E03.9 * Priority: Other * **Oncology:** Mediastinal
tumor (thymoma) * ICD-9 Code: NULL * Priority: Other

Note that some ICD-9 codes are missing and diagnosis priority for all diagnoses is listed as 'Other'. This may indicate that a primary diagnosis was not explicitly defined in the patient's record. More details on the patient's medical history are needed for a complete understanding of the condition's development and progression.

****4. Treatments****

The patient received various treatments during their ICU stay. These included:

* **Neurologic:** Lorazepam (sedative agent) – Active at admission, inactive upon discharge. * **Infectious Diseases:**
Penicillins and Vancomycin (therapeutic antibacterials) – Both were active at admission, with vancomycin active upon
discharge and penicillins inactive upon discharge. * **Cardiovascular:** Cardiac surgery consultation – Active upon
discharge. * **Gastrointestinal:** Famotidine and Pantoprazole (stress ulcer prophylaxis) and Laxatives. Famotidine and
laxatives were active upon discharge, while pantoprazole was active at admission, and inactive upon discharge.

The timing of treatments relative to diagnosis onset is not explicitly stated, but it can be inferred from the treatment and diagnosis offset times. Further detail on the rationale for each treatment and its effectiveness would enhance the report.

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

NULL (Insufficient data provided. Time-series data on vital signs such as heart rate, blood pressure, respiratory rate, and oxygen saturation are required to generate this section.)

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

The provided lab data includes multiple chemistry and hematology tests performed at different times during the patient's stay. Specific values are available for BUN, alkaline phosphatase, total bilirubin, glucose, anion gap, albumin, AST

(SGOT), ALT (SGPT), calcium, chloride, potassium, sodium, Troponin-I, PT, PT-INR, PTT, MCH, RBC, Hgb, Hct, MCV, MPV, RDW, WBC, ESR, and bedside glucose. These values were drawn at multiple time points (offsets). However, without timestamps associated with each measurement, we cannot provide a trend analysis in this section. The absence of vital sign trend data also limits the full interpretation of the lab results.

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

NULL (Insufficient data provided.)

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

Physical examination records include vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation), and a GCS score. The lowest recorded heart rate was 119 bpm, and the highest was 128 bpm. The lowest systolic blood pressure was 102 mmHg and the highest was 111 mmHg. The lowest diastolic blood pressure was 64 mmHg and the highest was 75 mmHg. The lowest respiratory rate was 27 breaths per minute and the highest was 33 breaths per minute. The lowest oxygen saturation was 97% and the highest was 100%. The GCS was recorded as 15 at one point, and then as a scored 15 on another occasion. The patient's admission weight was 96.6kg, and their heart rhythm was Sinus. The patient's appearance was noted as ill-appearing, obese, and not in acute distress. More detailed physical examination findings are required for a comprehensive assessment.