

## **\*\*Medical Report for Patient 005-10033\*\***

### **\*\*1. Patient Information\*\***

\* \*\*Patient Unit Stay ID:\*\* 482789 \* \*\*Unique Patient ID:\*\* 005-10033 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 79 \* \*\*Ethnicity:\*\* Hispanic \* \*\*Hospital Admit Time:\*\* 2014, 14:16:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2014, 23:17:00 \* \*\*Hospital Discharge Location:\*\* Skilled Nursing Facility \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 22:45:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 23:01:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 82.5 kg \* \*\*Admission Height:\*\* 600 (Units unspecified)

### **\*\*2. History\*\***

Insufficient data provided to generate a detailed patient history. The available data only includes the time of admission and discharge, and the source and location of admission and discharge. No information on presenting symptoms, prior medical history, family history, or social history is available. A comprehensive history is crucial for a complete understanding of the patient's condition and should be obtained from additional sources.

### **\*\*3. Diagnoses\*\***

\* \*\*Primary Diagnosis:\*\* Pneumonia (ICD-9 code: 486, J18.9) \* Diagnosis String: pulmonary|pulmonary infections|pneumonia \* \*\*Major Diagnosis:\*\* Pneumonia (ICD-9 code: 486, J18.9) \* Diagnosis String: infectious diseases|chest|pulmonary infections|pneumonia \* \*\*Major Diagnosis:\*\* Hypertension (ICD-9 code: 401.9, I10) \* Diagnosis String: cardiovascular|vascular disorders|hypertension \* \*\*Major Diagnosis:\*\* Atrial Fibrillation (ICD-9 code: 427.31, I48.0) \* Diagnosis String: cardiovascular|arrhythmias|atrial fibrillation

All diagnoses were active upon discharge.

### **\*\*4. Treatments\*\***

\* \*\*Pulmonary:\*\* Pulmonary/CCM consultation, chest x-ray, pulmonary ventilation perfusion study. \* \*\*Cardiovascular:\*\* Cardiology consultation, lisinopril (ACE inhibitor), digoxin, transthoracic echocardiography. \* \*\*Infectious Diseases:\*\* Ampicillin/sulbactam, levofloxacin, blood cultures, urine cultures. \* \*\*Neurologic:\*\* Head CT scan.

### **\*\*5. Vital Trends\*\***

NULL. No vital sign data is available in the provided dataset. This section would typically include trends in heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time.

### **\*\*6. Lab Trends\*\***

The following lab values were recorded:

\* \*\*Chemistry (Multiple time points):\*\* Potassium (mmol/L), Sodium (mmol/L), Albumin (g/dL), Chloride (mmol/L), ALT (SGPT) (IU/L), Bicarbonate (mmol/L), Creatinine (mg/dL), Calcium (mg/dL), Anion Gap, Glucose (mg/dL), Total Protein (g/dL), Magnesium (mg/dL), BUN (mg/dL), Phosphate (mg/dL), Total Bilirubin (mg/dL). \* \*\*Hematology (Multiple time points):\*\* WBC x 1000 (K/uL), RBC (M/uL), Hemoglobin (g/dL), MCV (fL), MCHC (g/dL), Platelets x 1000 (K/uL), -monos (%), -eos (%), -basos (%), -lymphs (%), PT (Seconds), PTT (Seconds), PT-INR (ratio). \* \*\*Miscellaneous (Single time point):\*\* WBC's in urine (/HPF), Urinary Specific Gravity, T4 (mcg/mL), T3 (ng/mL), Digoxin (ng/mL).

Detailed trends require a time series analysis of these values, which is not feasible with the current data representation. The lab results are presented at multiple time points, but the exact timing is not explicitly defined in the report, hindering

the analysis. Additional information is needed to show trends.

#### **\*\*7. Microbiology Tests\*\***

Blood and urine cultures were obtained. Results are not available within the provided data.

#### **\*\*8. Physical Examination Results\*\***

The physical exam was performed. The patient's GCS was scored as 14 (Eyes 4, Verbal 4, Motor 6). Heart rate was between 86 and 90 bpm; blood pressure was between 136/109 and 138/99 mmHg; respiratory rate was between 18 and 20 breaths per minute; and oxygen saturation was between 73% and 77%. The patient was noted as ill-appearing, but well developed and not in acute distress. The patient had an irregular heart rhythm. The patient was spontaneously breathing. Further details are not available.