

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

Patient Unit Stay ID: 234934 Unique Patient ID: 002-10184 Gender: Female Age: 59 Ethnicity: Caucasian Hospital ID: 73 Ward ID: 114 Admission Diagnosis: Chest pain, unknown origin Admission Height: 175.3 cm Admission Weight: 109.9 kg Discharge Weight: 109.9 kg Hospital Admit Time: 2015-XX-XX 08:30:00 Hospital Discharge Time: 2015-XX-XX 22:25:00 Unit Type: CCU-CTICU Unit Admit Time: 2015-XX-XX 09:16:00 Unit Discharge Time: 2015-XX-XX 22:26:00 Hospital Admit Source: Emergency Department Unit Admit Source: Emergency Department Hospital Discharge Location: Home Unit Discharge Location: Home Hospital Discharge Status: Alive Unit Discharge Status: Alive

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

NULL (Insufficient data provided)

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

Primary Diagnosis: Chest pain, unknown origin Secondary Diagnoses: NULL (Insufficient data provided)

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

NULL (Insufficient data provided)

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

NULL (Insufficient data provided)

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

The provided lab data includes multiple blood tests performed at different time points relative to unit admission. There are both chemistry and hematology panels. Key lab values show some variations over time. For example, glucose levels were initially high (318 mg/dL at -201 minutes from unit admission) and remained elevated throughout the stay, fluctuating between 213 and 317 mg/dL. Similarly, troponin-I levels were elevated (0.78 ng/mL at 126 minutes and peaking at 1.41 ng/mL at 804 minutes), suggesting possible myocardial injury. Other notable variations include sodium (133-138 mmol/L), potassium (4.0-4.2 mmol/L), and creatinine (0.96-1.06 mg/dL), which should be closely monitored for renal function. The complete blood count (CBC) shows some fluctuations in white blood cell count (9.1-10.4 K/mcL), hemoglobin (11.9-12.8 g/dL), and hematocrit (35.7-38.6%), which may indicate an inflammatory response. The lipid profile, including total cholesterol, LDL, and HDL, are also provided from tests done early and late in the stay. The significance of these values will need to be evaluated in the context of the patient's overall medical history and other clinical findings.

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

NULL (Insufficient data provided)

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

The physical examination recorded at 6 minutes post-unit admission indicates a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), suggesting normal neurological function. The patient's admission and current weight were both recorded as 109.9 kg, indicating no change in weight during the ICU stay. Intake and output values were recorded as 0, requiring further clarification. A structured physical exam was performed.