Medical Report: Patient 003-10003

1. Patient Information

* **Patient Unit Stay ID:** 306247 * **Unique Patient ID:** 003-10003 * **Gender:** Female * **Age:** 62 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 16:45:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 18:25:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015, 17:44:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015, 00:42:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 96.1 kg * **Discharge Weight:** 96.1 kg * **Admission Height:** 160.02 cm

2. History

The patient was admitted to the hospital via the Emergency Department and subsequently transferred to the Med-Surg ICU. The admission diagnosis was unstable angina, indicating the patient experienced chest pain significantly impacting their quality of life or poorly tolerating medication. The patient's history suggests a complex cardiovascular presentation. Further details regarding the patient's medical history prior to this ICU stay are unavailable in the provided data.

3. Diagnoses

The patient received multiple diagnoses during their ICU stay. The primary diagnosis, recorded at 97 minutes and again at 1599 minutes post-unit admission, was chest pain with rule-out myocardial ischemia. Additional diagnoses included atrial fibrillation with and without hemodynamic compromise, both recorded at 97 and 1599 minutes post-unit admission respectively. The diagnoses of atrial fibrillation were marked as 'Other' while the chest pain diagnoses were 'Primary'. The status of the chest pain and atrial fibrillation diagnoses changed from false to true upon discharge from the unit, indicating ongoing concerns at discharge.

4. Treatments

The patient received several cardiovascular treatments during their ICU stay. These included antiarrhythmics, metoprolol (beta blocker), and esmolol (beta blocker). The administration of beta blockers indicates management of the patient’s arrhythmias and possibly hypertension. Antiarrhythmics were also administered, supporting the management of atrial fibrillation. The treatment of esmolol and metoprolol were active upon discharge, suggesting an ongoing need for these medications. The timing of treatment initiation suggests an immediate response to the patient's acute presentation.

5. Vital Trends

The available physical exam data shows the following vital signs:

* **Heart Rate (HR):** Current HR was recorded at 95, with a lowest HR of 94, and a highest HR of 98 (at 72 minutes post-unit admission). At 1597 minutes post admission, current HR was 64, lowest was 61, and highest was 103. These HR values indicate variability, requiring further investigation of the underlying causes of the changes. * **Blood Pressure (BP):** Systolic BP was consistently recorded as 137 (at 72 minutes post-unit admission). At 1597 minutes post-admission, the systolic BP was 86, with a lowest of 72, and a highest of 131. Diastolic BP was consistently recorded as 93 (at 72 minutes post admission). At 1597 minutes post admission, the diastolic BP was 59, with a lowest of 49 and a highest of 98. The observed BP fluctuations require further analysis to assess the significance of these changes. * **Respiratory Rate:** Respiratory rate was consistently recorded as 17 (at 72 minutes post-unit admission). At 1597 minutes post admission, the respiratory rate was 16, with a lowest of 8 and a highest of 20. The changes in respiratory rate warrant further investigation. * **Oxygen Saturation (O2 Sat):** O2 saturation (at 1597 minutes post admission) was 96%, with a lowest of 96% and a highest of 100%. This indicates adequate oxygenation. * **Weight:** Admission and current weight at 1597 minutes post-admission were both 96.1kg, indicating no change in weight during the ICU stay.

6. Lab Trends

Multiple laboratory tests were performed, with results available at both -154 and 1041 minutes post-unit admission (and a few other points). These tests include complete blood count (CBC) with differential, basic metabolic panel (BMP), and cardiac biomarkers. A trend analysis is needed to assess changes in these values over time and correlate them with the patient's clinical course. Specific values are detailed in the CSV data below.

7. Microbiology Tests

NULL. No microbiology test data is provided.

8. Physical Examination Results

The physical exam at 18 minutes post admission indicated the patient was ill-appearing, obese, but not in acute distress. Neurological exam revealed a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6). At 1597 minutes post admission, a physical exam again indicated the patient was ill-appearing, obese, and not in acute distress, with a GCS of 15 (Eyes 4, Verbal 5, Motor 6). The patient's heart rhythm was noted as irregular at both time points.