

****Patient Information****

Patient Unit Stay ID: 410108 Unique Patient ID: 004-24409 Gender: Female Age: 86 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 17:36:00 Hospital Discharge Time: 2015-XX-XX 10:52:00 Hospital Discharge Location: Skilled Nursing Facility Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 18:28:00 Unit Discharge Time: 2015-XX-XX 07:54:00 Unit Discharge Location: Step-Down Unit (SDU) Admission Weight (kg): 64 Discharge Weight (kg): NULL Admission Height (cm): 170.2 Hospital Admission Source: Direct Admit Unit Admission Source: Direct Admit

****Medical History****

Insufficient data provided for a detailed medical history. The provided data only includes the patient's demographics, admission and discharge information, and diagnoses during the ICU stay. No information is available regarding past medical history, family history, social history, or relevant allergies. Further information is required to construct a comprehensive medical history section.

****Diagnoses****

The patient presented with the following diagnoses upon admission to the ICU:

* **Primary:** Congestive Heart Failure (CHF) (ICD-9 codes: 428.0, I50.9) * **Major:** Hypertension (ICD-9 codes: 401.9, I10) * **Major:** Change in Mental Status (ICD-9 codes: 780.09, R41.82) * **Major:** Acute Respiratory Distress (ARD) (ICD-9 code: 518.82)

All diagnoses were active upon discharge from the unit.

****Treatments****

The patient received the following treatments during their ICU stay:

* Intravenous diuretic for ventricular dysfunction * Diltiazem (Class IV antiarrhythmic) for arrhythmias * Levothyroxine (T4) for thyroid disorder * Pantoprazole for stress ulcer prophylaxis

All treatments were active upon discharge from the unit.

****Vital Trends****

NULL. No vital signs data were provided.

****Lab Trends****

NULL. No laboratory data were provided.

****Microbiology Tests****

NULL. No microbiology test results were provided.

****Physical Examination Results****

The physical examination was documented as 'Performed - Structured'. Specific details are limited to:

* Admission Weight: 64 kg * Heart Rate: 73 bpm * Systolic Blood Pressure: 188 mmHg * Diastolic Blood Pressure: 69 mmHg * Respiratory Rate: 26 breaths/min * Oxygen Saturation: 94% * FiO2: 28% * Glasgow Coma Scale (GCS): Unable to score due to medications.

The limited nature of the provided data prevents a more detailed physical examination report. The lack of longitudinal data for vital signs and other physical exam parameters prevents the generation of meaningful trends.