Medical Report for Patient 002-11569

1. Patient Information

* **Patient Unit Stay ID:** 149713 * **Unique Patient ID:** 002-11569 * **Gender:** Female * **Age:** > 89 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 19:05:53 * **Hospital Discharge Time:** 2015-XX-XX 20:50:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 19:13:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 14:52:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 58.5 kg * **Discharge Weight:** 58.6 kg * **Admission Height:** 157.5 cm * **Admission Diagnosis:** Infarction, acute myocardial (MI)

2. History

NULL (Insufficient data provided to describe the patient's medical history.)

3. Diagnoses

* Acute Myocardial Infarction (AMI): This is the admission diagnosis, indicating a heart attack.

4. Treatments

NULL (Insufficient data provided to detail the treatments administered during the ICU stay.)

5. Vital Trends

NULL (Insufficient data provided to show vital sign trends. Data on heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time are needed.)

6. Lab Trends

The provided lab data shows several blood chemistry tests performed at two different time points during the ICU stay: one set approximately 162 minutes before unit admission and another set approximately 1002 minutes after unit admission. Analysis reveals the following:

* **Creatinine:** Decreased slightly from 0.75 mg/dL to 0.61 mg/dL, suggesting improved kidney function. * **Alkaline Phosphatase:** Increased slightly from 82 Units/L to 83 Units/L; this warrants further investigation to determine the cause of this minor elevation. * **Total Bilirubin:** Remained stable at 0.5 mg/dL. This indicates no significant liver dysfunction. * **Sodium:** Slightly decreased from 134 mmol/L to 133 mmol/L; this minor change may not be clinically significant, but should be considered in the context of other electrolytes. * **Chloride:** Remained stable at 99 mmol/L. * **Potassium:** Decreased from 4.5 mmol/L to 3.9 mmol/L. This could potentially indicate hypokalemia, which requires monitoring and possible treatment depending on the patient's clinical presentation. * **CPK (Creatine Phosphokinase):** Initial level was 44 Units/L, which is within normal range, but this enzyme is also related to muscle damage and needs to be interpreted in the context of other clinical findings. * **Total Protein:** Remained stable at 6.3 g/dL. * **Albumin:** Remained stable at 3.8 g/dL. * **Calcium:** Slightly decreased from 8.7 mg/dL to 8.6 mg/dL; this minor change may not be clinically significant alone. * **Bicarbonate:** Decreased from 24 mmol/L to 22 mmol/L, which is a possible indicator of metabolic acidosis, although interpretation requires more clinical information. * **Anion Gap:** Remained stable at 16 mmol/L. * **Glucose:** Increased from 99 mg/dL to 97 mg/dL; this minor change is likely not significant. * **BUN (Blood Urea Nitrogen):** Decreased slightly from 10 mg/dL to 11 mg/dL; this minor change is likely not significant. * **Troponin-I:** Showed a concerning increase, starting at 0.43 ng/mL before admission, rising to 0.51 ng/mL, and then 0.4 ng/mL and finally 0.43 ng/mL. This indicates myocardial injury and supports the diagnosis of AMI. * **Hemoglobin (Hgb):** Slightly increased from 12.3 g/dL to 12.8 g/dL. * **Hematocrit (Hct):** Slightly increased from 37.4% to 38.7%. * **Mean Corpuscular Volume (MCV):** Slightly decreased from 88 fL to 86.6 fL. * **Mean Corpuscular Hemoglobin Concentration (MCHC):** Slightly

increased from 32.9 g/dL to 33.1 g/dL. * **Mean Corpuscular Hemoglobin (MCH):** Slightly decreased from 28.9 pg to 28.6 pg. * **Red Blood Cell Count (RBC):** Slightly increased from 4.25 M/mcL to 4.47 M/mcL. * **White Blood Cell Count (WBC):** Decreased from 10.6 K/mcL to 9.9 K/mcL. * **Platelets:** Decreased from 288 K/mcL to 218 K/mcL; this decrease is notable and may indicate thrombocytopenia, requiring further evaluation and clinical correlation. * **RDW (Red Cell Distribution Width):** Decreased slightly from 14.9% to 14.5%. * **Other Hematological Parameters:** The percentages of lymphocytes, monocytes, eosinophils, basophils and polymorphonuclear leukocytes were obtained, but their exact values and trends are not presented in detail. * **BNP (Brain Natriuretic Peptide):** A level of 2025 pg/mL was obtained, suggesting possible heart failure. This should be interpreted in the context of the clinical scenario and other lab results. * **TSH (Thyroid Stimulating Hormone):** A level of 2.712 mcU/ml suggests normal thyroid function. * **ALT (Alanine Transaminase):** Slightly decreased from 17 Units/L to 18 Units/L; this minor change is not significant. * **AST (Aspartate Transaminase):** Remained stable at 17 Units/L.

7. Microbiology Tests

NULL (No microbiology test results are provided.)

8. Physical Examination Results

A structured physical exam was performed. The systolic blood pressure was 98 mmHg, the diastolic blood pressure was 56 mmHg. The patient's weight was 58.5 kg on admission, increasing to 59.1 kg. A Glasgow Coma Scale (GCS) score of 14 (Eyes 4, Verbal 4, Motor 6) was documented, indicating a normal level of consciousness.