Medical Report for Patient 004-12478

1. Patient Information:

* **Patient Unit Stay ID:** 327581 * **Unique Patient ID:** 004-12478 * **Gender:** Female * **Age:** 85 * **Ethnicity:** African American * **Hospital Admission Time:** 2014-XX-XX 05:00:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 05:15:00 * **Hospital Discharge Location:** Other Hospital * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 01:15:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 05:02:00 * **Unit Discharge Location:** Other Hospital * **Admission Weight:** 50 kg * **Discharge Weight:** NULL

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 "Chest pain, unknown origin." The patient's history is not explicitly detailed in the provided data, further information would be needed to provide a complete medical history. Additional information would be required to provide a more thorough understanding of the patient's past medical conditions, surgical history, family history, and social history. The available data only provides a snapshot of the patient's ICU stay.

3. Diagnoses:

* **Primary Diagnosis:** Cardiovascular, chest pain/ASHD, chest pain, r/o myocardial ischemia (ICD-9 code: NULL) * **Major Diagnoses:** Renal, disorder of kidney, acute renal failure (ICD-9 code: 584.9, N17.9) (Active upon discharge) * **Major Diagnoses:** Renal, disorder of kidney, acute renal failure (ICD-9 code: 584.9, N17.9) (Not active upon discharge) * **Primary Diagnosis:** Cardiovascular, chest pain/ASHD, chest pain, r/o myocardial ischemia (ICD-9 code: NULL) (Active upon discharge)

The diagnoses suggest the patient presented with chest pain, raising concern for myocardial ischemia, and also suffered from acute renal failure, a serious kidney condition. The temporal relationship between the diagnoses is unclear without further clinical notes.

4. Treatments:

The patient received several treatments during their ICU stay, including:

* **Active Upon Discharge:** Narcotic analgesic for myocardial ischemia, Enoxaparin (low molecular weight heparin) for anticoagulation, bolus parenteral analgesics for myocardial ischemia, oral furosemide (diuretic) for ventricular dysfunction, potassium for electrolyte correction, and oral electrolyte administration. * **Not Active Upon Discharge:** Potassium for electrolyte correction, oral electrolyte administration, bolus parenteral analgesics for myocardial ischemia, oral furosemide (diuretic) for ventricular dysfunction, and narcotic analgesic for myocardial ischemia, enoxaparin (low molecular weight heparin) for anticoagulation.

The administration of analgesics, anticoagulants, and diuretics is consistent with the management of chest pain and potential cardiac complications. Electrolyte correction is consistent with management of acute renal failure. The reason for discontinuation of some treatments is not specified.

5. Vital Trends:

* **Heart Rate (HR):** Current 96, Lowest 94, Highest 98 bpm * **Blood Pressure (BP):** Systolic Current 113, Lowest 113, Highest 110 mmHg; Diastolic Current 66, Lowest 66, Highest 68 mmHg * **Respiratory Rate (RR):** Current 17, Lowest 15, Highest 17 breaths/min * **Oxygen Saturation (O2 Sat):** Current 100%, Lowest 100%, Highest 100%

These vital signs suggest a relatively stable condition at the time of physical examination, although further data is needed to understand trends over the ICU stay. The lack of time-series data for vital signs prevents a comprehensive trend analysis.

6. Lab Trends:

* **BUN:** 33 mg/dL * **Creatinine:** 2.0 mg/dL * **Hct:** 34.6 % * **Glucose:** 175 mg/dL * **WBC:** 11.1 K/mcL

The elevated BUN, creatinine, and glucose levels suggest renal insufficiency and potential hyperglycemia. The hematocrit is slightly low, and the white blood cell count is elevated, possibly indicating an inflammatory response. Again, a complete time series of these lab values is needed for a comprehensive analysis. A single time point provides limited information regarding trends.

7. Microbiology Tests:

NULL. No microbiology test data was provided.

8. Physical Examination Results:

The physical exam revealed a GCS score of 14 (Eyes 3, Verbal 5, Motor 6) and an admission weight of 50 kg. Further details of the physical exam are not provided.

This report is limited by the available data. Additional information, particularly time-series data for vital signs and lab values, is needed for a comprehensive evaluation of the patient’s condition.