

****Medical Report for Patient 003-13223****

****1. Patient Information****

* **Patient Unit Stay ID:** 275329 * **Unique Patient ID:** 003-13223 * **Gender:** Male * **Age:** 57 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 18:55:00 * **Hospital Discharge Time:** 2015-XX-XX 16:40:00 * **Unit Admit Time:** 2015-XX-XX 19:07:00 * **Unit Discharge Time:** 2015-XX-XX 16:40:00 * **Unit Type:** Med-Surg ICU * **Admission Weight:** 67.3 kg * **Discharge Weight:** 67.3 kg * **Admission Height:** 182.9 cm * **Hospital Admit Source:** Direct Admit * **Unit Admit Source:** Direct Admit * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

****2. History****

Admission diagnosis was "Chest pain, unknown origin". The patient presented to the hospital via Direct Admit. Further details regarding the patient's medical history prior to this ICU stay are not available in the provided data. A more complete history would include information on prior medical conditions, surgeries, allergies, and family history.

****3. Diagnoses****

* **Diagnosis ID:** 5018720 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 38 * **Diagnosis String:** cardiovascular|chest pain / ASHD|chest pain * **ICD-9 Code:** 786.50, R07.9 * **Diagnosis Priority:** Other

The primary diagnosis upon admission to the ICU was chest pain, potentially related to Atherosclerotic Heart Disease (ASHD). The ICD-9 codes suggest a nonspecific chest pain and a symptom (R07.9). More detailed information is needed to fully clarify the diagnosis.

****4. Treatments****

The patient received the following treatments during their ICU stay:

* Aspirin (antiplatelet agent) * Transthoracic echocardiography * Irbesartan (angiotensin II receptor blocker) * Cardiology consultation * Compression boots (VTE prophylaxis) * Metoprolol (beta blocker)

These treatments suggest a management strategy focused on addressing potential myocardial ischemia/infarction, hypertension, and prevention of venous thromboembolism. The echocardiogram was likely used for diagnostic purposes.

****5. Vital Trends** NULL. No vital sign data was provided.**

****6. Lab Trends****

Laboratory tests were performed at 987 minutes from unit admit time. The results include:

* **Hemoglobin (Hgb):** 15.2 g/dL * **Mean Corpuscular Hemoglobin (MCH):** 31.7 pg * **White Blood Cell Count (WBC):** 5.1 K/mcL * **Mean Corpuscular Volume (MCV):** 95.4 fL * **Red Cell Distribution Width (RDW):** 13.1 % * **Mean Corpuscular Hemoglobin Concentration (MCHC):** 33.3 g/dL * **Platelets:** 314 K/mcL * **Red Blood Cells (RBC):** 4.79 M/mcL * **Hematocrit (Hct):** 45.7 % * **Anion Gap:** 12 mmol/L * **Sodium:** 142 mmol/L * **Potassium:** 5.0 mmol/L * **Chloride:** 103 mmol/L * **Bicarbonate:** 27 mmol/L * **Calcium:** 9.7 mg/dL * **Blood Urea Nitrogen (BUN):** 18 mg/dL * **Creatinine:** 1.1 mg/dL * **Glucose:** 96 mg/dL * **Erythrocyte Sedimentation Rate (ESR):** 3 mm/hr * **Monocytes:** 9 % * **Bands:** 1 % * **Lymphocytes:** 25 % * **Polymorphonuclear leukocytes:** 63 % * **Eosinophils:** 2 %

These lab results offer a snapshot of the patient's hematological and basic metabolic status. Trends over time would be helpful to assess the patient's response to treatment. Further analysis, including reference ranges, is needed for proper interpretation.

****7. Microbiology Tests**** NULL. No microbiology data was provided.

****8. Physical Examination Results****

A structured physical exam was performed. The Glasgow Coma Scale (GCS) score was 15 (Eyes: 4, Verbal: 5, Motor: 6). Admission weight was 67.3 kg. Additional details of the physical exam are unavailable.

This report is based solely on the provided data and may not reflect the complete clinical picture. Additional information may be necessary for a comprehensive assessment.