Medical Report: Patient 004-13109

1. Patient Information

* **Patient Unit Stay ID:** 336272 * **Unique Patient ID:** 004-13109 * **Gender:** Female * **Age:** 67 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 16:09:00 * **Hospital Discharge Time:** 2015-XX-XX 18:39:00 * **Unit Admit Time:** 2015-XX-XX 16:09:00 * **Unit Discharge Time:** 2015-XX-XX 19:36:00 * **Hospital Admit Source:** Emergency Department * **Unit Admit Source:** Emergency Department * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive * **Admission Weight:** 64.9 kg * **Admission Height:** 162.5 cm * **Unit Type:** Med-Surg ICU

2. History

Admission history indicates the patient presented to the Emergency Department with chest pain of unknown origin. Further investigation revealed a complex medical picture. The patient has a known history of coronary artery disease and has experienced multiple episodes of atrial fibrillation with rapid ventricular response. She also presented with abdominal pain and tenderness. A prior exploratory laparotomy is documented. A history of hypothyroidism and Parkinson's disease is also noted in the medical record. The exact timeline of symptom onset for each condition is not explicitly available in this data set.

3. Diagnoses

The following diagnoses were recorded, with priority indicated:

* **Primary:** cardiovascular|chest pain / ASHD|chest pain|r/o myocardial ischemia (Active upon discharge) * **Major:** gastrointestinal|abdominal/ general|abdominal pain / tenderness (Active upon discharge) * **Major:** cardiovascular|arrhythmias|atrial fibrillation|with rapid ventricular response (Active upon discharge) * **Other:** cardiovascular|chest pain / ASHD|coronary artery disease|known (Active upon discharge) * **Other:** endocrine|thyroid|hypothyroidism (Active upon discharge) * **Other:** gastrointestinal|post-GI surgery|s/p exploratory laparotomy (Active upon discharge)

The following diagnoses were initially recorded but were not active upon discharge:

* **Primary:** cardiovascular|chest pain / ASHD|chest pain|r/o myocardial ischemia * **Other:** gastrointestinal|post-GI surgery|s/p exploratory laparotomy * **Major:** gastrointestinal|abdominal/ general|abdominal pain / tenderness * **Major:** cardiovascular|arrhythmias|atrial fibrillation|with rapid ventricular response * **Other:** endocrine|thyroid|hypothyroidism * **Major:** neurologic|misc|Parkinson's disease

4. Treatments

The patient received a range of treatments during her ICU stay. Active treatments upon discharge included: Ondansetron (antiemetic), Pantoprazole (stress ulcer prophylaxis), Narcotic analgesics, Lisinopril (ACE inhibitor), Transthoracic echocardiography, Oral feeds, Compression stockings (VTE prophylaxis), Nasal cannula oxygen therapy, and Simvastatin (HMG-CoA reductase inhibitor). Other treatments administered but not active upon discharge included Levothyroxine (T4), Aspirin, Amiodarone, and Sublingual nitroglycerin. The precise dosages and administration schedules are not detailed in the provided data.

5. Vital Trends

NULL. Vital sign trends (heart rate, blood pressure, respiratory rate, oxygen saturation) are available in the physical examination data, however, these are single point measurements rather than trends over time. Additional data would be needed to generate vital sign trends.

6. Lab Trends

NULL. Similar to vital signs, lab results are single time point measurements. A time series of lab values would be required to show trends.

7. Microbiology Tests

NULL. No microbiology test data is provided.

8. Physical Examination Results

A structured physical exam was performed. Key findings include:

* Heart Rate: 149 bpm * Blood Pressure (Systolic): 134 mmHg * Blood Pressure (Diastolic): 81 mmHg * Respiratory Rate: 19 breaths/min * Oxygen Saturation: 99% * Weight: 64.9 kg * Glasgow Coma Scale (GCS): 15 (Eyes: 4, Verbal: 5, Motor: 6) * Respiration Mode: Spontaneous

Note: The absence of temporal data limits the creation of meaningful trends. Additional data points over time are needed for a complete analysis.