Medical Report for Patient 002-10630

1. Patient Information

* **Patient Unit Stay ID:** 187823 * **Unique Patient ID:** 002-10630 * **Gender:** Male * **Age:** 58 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 23:04:00 * **Hospital Discharge Time:** 2015-XX-XX 17:15:00 * **Unit Admission Time:** 00:42:00 * **Unit Discharge Time:** 01:15:00 * **Admission Weight:** 130.2 kg * **Discharge Weight:** 129.5 kg * **Admission Diagnosis:** Angina, unstable (angina interferes w/quality of life or meds are tolerated poorly) * **Unit Type:** Med-Surg ICU * **Hospital ID:** 69 * **Ward ID:** 98 * **Admission Height:** 188 cm

2. History

NULL (Insufficient data provided to describe the patient's medical history. The admission diagnosis indicates unstable angina, but further details regarding prior medical history, presenting symptoms, and events leading to admission are needed.)

3. Diagnoses

* **Primary Diagnosis:** Unstable Angina (based on `apacheadmissiondx`)

4. Treatments

NULL (No treatment information is available in the provided data.)

5. Vital Trends

NULL (No vital sign data is included in the provided dataset.)

6. Lab Trends

The following laboratory results were recorded during the patient's ICU stay. Note that the `labresultoffset` indicates the time relative to unit admission (00:42:00). Negative offsets represent times before admission. Multiple measurements were taken at different times for some lab tests, reflecting the monitoring of the patient's condition.

***Chemistry Panel:** Initial chemistry panel (-1490 minutes from unit admit) showed an anion gap of 16 mmol/L, AST (SGOT) of 13 Units/L, alkaline phosphatase of 96 Units/L, calcium of 9.1 mg/dL, glucose of 180 mg/dL, sodium of 141 mmol/L, creatinine of 1.18 mg/dL, albumin of 3.9 g/dL, bicarbonate of 25 mmol/L, total bilirubin of 0.5 mg/dL, BUN of 15 mg/dL, and potassium of 4.1 mmol/L, and chloride of 104 mmol/L. A repeat chemistry panel (2068 minutes from unit admit) showed an anion gap of 12 mmol/L, calcium of 8 mg/dL, glucose of 219 mg/dL, bicarbonate of 26 mmol/L, creatinine of 1.19 mg/dL, and potassium of 4.1 mmol/L and chloride of 107 mmol/L. **Hematology Panel:** Initial hematology tests (-1490 and -876 minutes from unit admit) showed variations in platelet count (200 K/mcL and 157 K/mcL), MCHC (35.7 g/dL and 35.5 g/dL), MCH (29.2 pg and 29.1 pg), Hct (42.6% and 40.9%), RBC (5.21 mil/mcL and 4.99 mil/mcL), WBC (8.9 K/mcL and 8.2 K/mcL), RDW (13.5% and 13.5%), and Hgb (15.2 g/dL and 14.5 g/dL). Additional hematology tests at 2068 minutes from unit admit showed MCHC of 35.4 g/dL, platelets of 149 K/mcL, MCH of 29.2 pg, RDW of 13.6%, Hct of 38.4%, and RBC of 4.66 mil/mcL and WBC of 6.5 K/mcL and MCV of 82.4 fL and 81.8 fL. **Miscellaneous Labs:** Bedside glucose measurements were taken at various points during the stay, showing fluctuations. Troponin-I levels were consistently below the detection limit (<0.02 ng/mL).

7. Microbiology Tests

NULL (No microbiology test results are available in the dataset.)

8. Physical Examination Results

Physical exam performed at 9 minutes from unit admission. Glasgow Coma Scale (GCS) was scored: Eyes 4, Motor 6, Verbal 5. Blood pressure (systolic) was 124 mmHg. Blood pressure (diastolic) was 68 mmHg. Admission weight was 130.2 kg, and current weight was 130.3 kg. Total fluid intake was 982 ml; total output was 0 ml (net +982 ml).