

****Medical Report for Patient 004-10053****

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

****PatientUnitStayID:**** 402918 ****PatientHealthSystemStayID:**** 344345 ****UniquePID:**** 004-10053 ****Gender:**** Female ****Age:**** 65 ****Ethnicity:**** African American ****HospitalID:**** 110 ****WardID:**** 185 ****Unit Type:**** CCU-CTICU ****Admission Height (cm):**** 165.1 ****Admission Weight (kg):**** 93.75 ****Discharge Weight (kg):**** NULL ****Hospital Admit Time:**** 2015-XX-XX 05:40:00 (Hospital offset: -268 minutes from unit admit) ****Hospital Admit Source:**** Emergency Department ****Hospital Discharge Year:**** 2015 ****Hospital Discharge Time:**** 2015-XX-XX 18:27:00 (Hospital offset: 499 minutes from unit admit) ****Hospital Discharge Location:**** Home ****Hospital Discharge Status:**** Alive ****Unit Admit Time:**** 2015-XX-XX 10:08:00 ****Unit Admit Source:**** Emergency Department ****Unit Visit Number:**** 1 ****Unit Stay Type:**** Admit ****Unit Discharge Time:**** 2015-XX-XX 18:27:00 (Unit offset: 499 minutes from unit admit) ****Unit Discharge Location:**** Home ****Unit Discharge Status:**** Alive

****2. History****

NULL (Insufficient data provided to elaborate on patient history. The provided data focuses on diagnoses, lab results, and treatments during the ICU stay, not the broader patient history leading up to admission.)

****3. Diagnoses****

****Primary Diagnosis (Diagnosis Priority: Primary):**** Cardiovascular | Ventricular disorders | Hypertension | Uncontrolled (ICD-9 code: 401.9, I10) ****Major Diagnosis (Diagnosis Priority: Major):**** Gastrointestinal | Abdominal/General | Obesity | Morbid (ICD-9 code: 278.01, E66.01) ****Other Diagnosis (Diagnosis Priority: Other):**** Pulmonary | Disorders of the airways | Obstructive sleep apnea (ICD-9 code: 780.57, G47.33)

All diagnoses were active upon discharge from the unit.

****4. Treatments****

****Cardiovascular Treatment:**** Cardiovascular | Hypertension | Vasodilating agent - IV | Nicardipine (Active upon discharge) ****Neurological Treatment:**** Neurologic | Pain / Agitation / Altered Mentation | Sedative Agent | Lorazepam (Active upon discharge) ****Gastrointestinal Treatment:**** Gastrointestinal | Nutrition | Enteral Feeds | Oral Feeds (Active upon discharge)

****5. Vital Trends****

****Heart Rate (HR):**** Current 73 bpm, Lowest 71 bpm, Highest 73 bpm ****Blood Pressure (BP):**** Systolic Current 140 mmHg, Lowest 139 mmHg, Highest 140 mmHg; Diastolic Current 83 mmHg, Lowest 84 mmHg, Highest 83 mmHg ****Respiratory Rate (RR):**** Current 20 breaths/min, Lowest 16 breaths/min, Highest 23 breaths/min ****Oxygen Saturation (O2 Sat):**** Lowest 95%, Highest 97%

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

The following lab results were obtained -253 minutes from unit admission unless otherwise noted:

****Hemoglobin (Hgb):**** 11.8 g/dL ****Eosinophils (-eos):**** 9% ****Mean Corpuscular Volume (MCV):**** 76 fL ****White Blood Cell Count (WBC):**** 6.3 K/mcL ****Platelets:**** 199 K/mcL ****Basophils (-basos):**** 0% ****Potassium:**** 4.0 mmol/L ****Mean Corpuscular Hemoglobin (MCH):**** 25 pg ****Creatinine:**** 1.00 mg/dL ****Lymphocytes (-lymphs):**** 18% ****Sodium:**** 141 mmol/L ****Monocytes (-monos):**** 8% ****Blood Urea Nitrogen (BUN):**** 10 mg/dL ****Chloride:**** 104 mmol/L ****Hematocrit (Hct):**** 36.4% ****Mean Corpuscular Hemoglobin Concentration (MCHC):**** 32 g/dL ****Glucose:**** 75 mg/dL ****Polymorphonuclear Leukocytes (-polys):**** 64% ****Red Blood Cell Count (RBC):**** 4.8 M/mcL ****Calcium:**** 9.2 mg/dL ****Red Cell Distribution Width (RDW):**** 16% ****Urinary Specific Gravity:**** 1.010 (obtained -262 minutes from

unit admission) * **FiO2:** 21% (obtained +57 minutes from unit admission)

****7. Microbiology Tests****

NULL (No microbiology test data provided.)

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

A structured physical exam was performed. The patient was ill-appearing. GCS score was 15 (Eyes 4, Verbal 5, Motor 6). The patient's heart rhythm was sinus and respiratory mode was spontaneous.

****Note:**** This report is based solely on the provided data. Additional information may be needed for a more comprehensive medical history and assessment.