

## **\*\*Medical Report for Patient 004-11150\*\***

### **\*\*1. Patient Information\*\***

\*\*\*Patient Unit Stay ID:\*\* 379570 \*\*\*Unique Patient ID:\*\* 004-11150 \*\*\*Gender:\*\* Female \*\*\*Age:\*\* 30 \*\*\*Ethnicity:\*\* African American \*\*\*Hospital Admission Time:\*\* 2015-XX-XX 04:40:00 \*\*\*Hospital Admission Source:\*\* Emergency Department \*\*\*Hospital Discharge Time:\*\* 2015-XX-XX 19:30:00 \*\*\*Hospital Discharge Location:\*\* Home \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Unit Type:\*\* Med-Surg ICU \*\*\*Unit Admission Time:\*\* 2015-XX-XX 07:52:00 \*\*\*Unit Admission Source:\*\* Emergency Department \*\*\*Unit Discharge Time:\*\* 2015-XX-XX 19:10:00 \*\*\*Unit Discharge Location:\*\* Floor \*\*\*Unit Discharge Status:\*\* Alive \*\*\*Admission Weight:\*\* 150 kg \*\*\*Admission Height:\*\* 170.2 cm

### **\*\*2. History\*\***

The patient was admitted to the hospital via the Emergency Department with a primary diagnosis of unstable angina (angina interfering with quality of life or poorly tolerated medications) and a major diagnosis of anemia. The exact details surrounding the onset and progression of these conditions are not fully detailed in the provided data. Further information is required to provide a complete patient history. The admission note would provide more context. The patient's hospital stay lasted approximately 3578 minutes, and her ICU stay lasted approximately 2118 minutes.

### **\*\*3. Diagnoses\*\***

\*\*\*Primary Diagnosis:\*\* Cardiovascular | Chest pain / ASHD | Chest pain (ICD-9 codes: 786.50, R07.9) \*\*\*Major Diagnosis:\*\* Hematology | Bleeding and red blood cell disorders | Anemia (ICD-9 code: NULL)

The primary diagnosis points to a cardiovascular issue, specifically chest pain, potentially related to acute coronary syndrome (ASHD). The major diagnosis of anemia suggests a potential contributing factor or consequence of the cardiovascular issue, possibly related to blood loss or other underlying conditions. Additional information is needed to clarify the relationships between these diagnoses.

### **\*\*4. Treatments\*\***

The patient received the following treatments during her ICU stay:

\*\*\*Cardiovascular | Myocardial ischemia / infarction | Antiplatelet agent | Aspirin:\*\* This suggests the use of aspirin, a common antiplatelet agent for managing cardiovascular events. The dosage and duration of treatment are unavailable. \*\*\*Cardiovascular | Vascular disorders | VTE prophylaxis:\*\* This indicates prophylactic treatment to prevent venous thromboembolism (blood clots), a common risk in hospitalized patients, especially those with cardiovascular issues. The specific prophylactic agent is not specified. \*\*\*Cardiovascular | Myocardial ischemia / infarction | Analgesics:\*\* The administration of analgesics for pain management, likely related to the chest pain, is noted. The type and dosage of analgesics are not specified. \*\*\*Gastrointestinal | Medications | Stress ulcer prophylaxis:\*\* This suggests preventive measures were taken to reduce the risk of stress ulcers, a common complication in critically ill patients. The specific medication is not specified.

Further details regarding the administration, dosage, and effectiveness of each treatment are not available in this dataset.

### **\*\*5. Vital Trends\*\***

Based on the Physical Examination data, the following vital signs were recorded: \*\*\*Heart Rate (HR):\*\* Current, Lowest, and Highest readings all recorded as 95. The time points for these measurements are missing. \*\*\*Respiratory Rate (Resp):\*\* Current, Lowest, and Highest readings all recorded as 14. The time points for these measurements are missing. \*\*\*Oxygen Saturation (O2 Sat%):\*\* Current, Lowest, and Highest readings all recorded as 100%. The time points for these measurements are missing.

Additional vital sign data (e.g., blood pressure, temperature) are not available.

#### **\*\*6. Lab Trends\*\***

The following lab results were recorded:

\* \*\*Glucose:\*\* 97 mg/dL \* \*\*BUN:\*\* 6 mg/dL \* \*\*Creatinine:\*\* 0.7 mg/dL \* \*\*Hematocrit (Hct):\*\* 26.8 % \* \*\*Sodium:\*\* 139 mEq/L \* \*\*White Blood Cell count (WBC):\*\* 8.3 K/mcL

All lab results were obtained at approximately 120-121 minutes after unit admission. A time series analysis is not possible with the provided data. Serial lab values over time would be needed to establish trends.

#### **\*\*7. Microbiology Tests\*\***

NULL. No microbiology test data was provided.

#### **\*\*8. Physical Examination Results\*\***

The physical examination revealed the following:

\* Weight at admission: 150 kg \* Glasgow Coma Scale (GCS): Estimated as 13 (Eyes 3, Verbal 4, Motor 6), though the assessment was considered to be an estimate due to medication effects.

The physical exam is incomplete and lacks detailed observations. Further information is needed for a comprehensive evaluation.