

## **\*\*Medical Report for Patient 005-10906\*\***

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

\*\*\*Patient Unit Stay ID:\*\* 509023 \*\*\*Patient Health System Stay ID:\*\* 430560 \*\*\*Unique Patient ID:\*\* 005-10906 \*  
\*\*Gender:\*\* Female \* \*\*Age:\*\* 87 \* \*\*Ethnicity:\*\* Asian \* \*\*Hospital ID:\*\* 144 \* \*\*Ward ID:\*\* 267 \* \*\*Unit Type:\*\* Med-Surg  
ICU \* \*\*Unit Admit Time:\*\* 2014-XX-XX 13:45:00 (Exact date missing) \* \*\*Unit Admit Source:\*\* Emergency Department \*  
\*\*Unit Discharge Time:\*\* 2014-XX-XX 18:41:00 (Exact date missing) \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit  
Discharge Status:\*\* Alive \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 09:14:00 (Exact date missing) \* \*\*Hospital Admit  
Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 21:15:00 (Exact date missing) \* \*\*Hospital  
Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 75.7 kg \* \*\*Admission Height:\*\*  
167.6 cm \* \*\*APACHE Admission Diagnosis:\*\* CVA, cerebrovascular accident/stroke

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

NULL (Insufficient information provided)

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

The patient presented with several diagnoses upon admission to the Med-Surg ICU. These include:

\* \*\*Primary Diagnosis:\*\* Neurologic|Disorders of vasculature|Stroke (ICD-9 code: 436, I67.8) \* \*\*Major Diagnosis:\*\*  
Cardiovascular|Ventricular disorders|Congestive heart failure (ICD-9 code: 428.0, I50.9) \* \*\*Other Diagnoses:\*\* \*  
Hematology|Platelet disorders|Thrombocytosis (ICD-9 code: 289.9, D47.3) \* Endocrine|Glucose metabolism|Diabetes  
mellitus (ICD-9 code: ) \* Cardiovascular|Vascular disorders|Hypertension (ICD-9 code: 401.9, I10) \* Hematology|Bleeding  
and red blood cell disorders|Anemia (ICD-9 code: ) \* Gastrointestinal|Hepatic disease|Viral hepatitis|Hepatitis C (ICD-9  
code: 573.1, 070.51, B17.1) \* Gastrointestinal|Hepatic disease|Hepatic dysfunction|With cirrhosis (ICD-9 code: 571.5,  
K74.60)

All diagnoses were active upon discharge from the unit.

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

The patient received the following treatments during their ICU stay:

\* Neurologic procedures/diagnostics: Head CT scan \* Gastrointestinal medications: Diuretic \* Cardiovascular hypertension  
treatments: Angiotensin II receptor blocker (ARB), Beta blocker \* Endocrine glucose metabolism treatments: Insulin \*  
Infectious diseases medications: Therapeutic antibacterials|Cephalosporin \* Cardiovascular myocardial  
ischemia/infarction treatment: Antihyperlipidemic agent

All treatments were active upon discharge from the unit.

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

Based on the physical exam, the lowest heart rate (HR) recorded was 69 bpm, and the highest was 70 bpm (initial exam)  
and 73 bpm (later exam). The lowest respiratory rate was 23 breaths per minute, and the highest was 24 breaths per  
minute (initial exam) and 30 bpm (later exam). The lowest oxygen saturation (O2 Sat) was 90%, and the highest was 91%  
(initial exam) and 92% (later exam).

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

The patient underwent numerous blood tests during their stay. The lab results reveal multiple sets of data, at different time points, including complete blood counts (CBCs) and basic metabolic panels (BMPs). Specific values for these tests are listed in section 7. Trends require more data points for accurate analysis and interpretation.

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

NULL (No microbiology test data provided.)

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

The physical examination documented the following vital signs:

\* \*\*Heart Rate (HR):\*\* Lowest 69 bpm, Highest 73 bpm, Current 73 bpm \* \*\*Respiratory Rate:\*\* Lowest 23 breaths/min, Highest 30 breaths/min, Current 30 breaths/min \* \*\*Oxygen Saturation (O2 Sat):\*\* Lowest 90%, Highest 92%, Current 90% \* \*\*Weight (Admission):\*\* 75.7 kg \* \*\*Respiratory Mode:\*\* Spontaneous \* \*\*Glasgow Coma Scale (GCS):\*\* Estimated as 15 (4 Eyes, 4 Verbal, 6 Motor), but this was estimated due to medications.

The physical exam was performed using a structured format.