

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 220469 Unique Patient ID: 002-10334 Gender: Male Age: 54 Ethnicity: Caucasian Hospital Admit Time: 2015-XX-XX 15:43:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 18:25:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2015-XX-XX 07:14:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2015-XX-XX 22:33:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 124 kg Discharge Weight: 124.8 kg Admission Height: 182.9 cm

## **\*\*Medical History\*\***

NULL (Insufficient data provided)

## **\*\*Diagnoses\*\***

Diagnosis 1 (Primary, Active upon Discharge): cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) (ICD-9 code: 410.71, I21.4) Diagnosis 2 (Primary, Not Active upon Discharge): cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) (ICD-9 code: 410.71, I21.4) Diagnosis 3 (Primary, Active upon Discharge): cardiovascular|chest pain / ASHD|acute coronary syndrome|s/p PTCA

## **\*\*Treatments\*\***

NULL (Insufficient data provided)

## **\*\*Vital Trends\*\***

The provided data includes some vital signs from physical examinations, but not in a time-series format necessary for trends. We have measurements at two different time points. The first, at 7 minutes post unit admission, shows a GCS score of 15 (Eyes:4, Verbal:5, Motor:6). The second, at 552 minutes post unit admission, shows a GCS score of 14 (Eyes:3, Verbal:5, Motor:6), a heart rate ranging from 59 to 73 bpm (current rate 65 bpm), a systolic blood pressure ranging from 128 to 151 mmHg (current reading 128 mmHg), a diastolic blood pressure ranging from 74 to 88 mmHg (current reading 74 mmHg), and an oxygen saturation ranging from 92% to 96% (current reading 96%). This suggests a potential decline in neurological function and possibly cardiovascular stability between these two time points. More frequent vital sign data would be needed to establish clear trends. Furthermore, weight increased by 0.1kg in the first recorded observation and decreased by 2.1kg in the second observation. More data is needed to understand this change.

## **\*\*Lab Trends\*\***

The lab data contains multiple blood tests performed at different time points. The data shows two sets of complete blood counts (CBCs) and chemistry panels, one near the beginning of the stay and another later on. A comparison reveals changes in several parameters. For example, creatinine increased from 0.95 mg/dL to 1.19 mg/dL, indicating possible kidney function impairment. Troponin-I levels were initially low (0.08 ng/mL) but rose significantly over the course of the stay (1.35 ng/mL, 18.46 ng/mL, 22.43 ng/mL, and 30.77 ng/mL) this is consistent with the diagnosis of acute myocardial infarction. Other lab values, such as sodium, potassium, chloride, and bicarbonate, also showed some fluctuations, but more frequent measurements are needed to determine the significance of these changes. The complete blood counts show changes in various blood cell counts and indices which may indicate an evolving clinical picture. More data is needed to establish detailed trends. Additional data points would allow for a more thorough analysis.

## **\*\*Microbiology Tests\*\***

NULL (Insufficient data provided)

## **\*\*Physical Examination Results\*\***

Two structured physical examinations were performed. The first, shortly after admission, recorded weight as 124kg. The second, at 552 minutes post unit admission, recorded weight as 121.9kg. Both examinations documented vital signs. A more detailed and comprehensive physical examination report would be beneficial for a more complete picture of the patient's condition.