

****Medical Report for Patient 003-10235****

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

****Patient Unit Stay ID:**** 299914 ****Unique Patient ID:**** 003-10235 ****Gender:**** Male ****Age:**** 74 ****Ethnicity:**** Caucasian ****Hospital Admit Time:**** 2014-XX-XX 16:00:00 ****Hospital Discharge Time:**** 2014-XX-XX 21:23:00 ****Unit Admit Time:**** 2014-XX-XX 18:34:00 ****Unit Discharge Time:**** 2014-XX-XX 21:23:00 ****Unit Type:**** Med-Surg ICU ****Admission Weight:**** 88.5 kg ****Discharge Weight:**** 88.5 kg ****Admission Height:**** 177.8 cm

****2. History:****

The patient, a 74-year-old Caucasian male, was admitted to the Med-Surg ICU with a primary diagnosis of unstable angina (interfering with quality of life or poorly tolerated medications) and secondary diagnoses including coronary artery disease (s/p CABG), acute coronary syndrome, controlled hypertension, hyperlipidemia, seizures, and hypothyroidism. The patient's history suggests a complex cardiovascular condition necessitating multiple interventions and ongoing management. The presence of seizures and hypothyroidism indicates co-morbidities that may impact cardiovascular stability and overall prognosis. Further details regarding the patient's past medical history, family history, and social history are needed for a comprehensive evaluation.

****3. Diagnoses:****

****Primary:**** Acute Coronary Syndrome (411.1, I20.0), Acute Coronary Syndrome (s/p PTCA with drug-eluting stent placement) ****Major:**** Coronary artery disease (s/p CABG) (414.00, I25.10), Controlled Hypertension (401.9, I10), Hyperlipidemia (272.4, E78.5), Seizures (345.90, R56.9), Hypothyroidism (244.9, E03.9), Myocardial Ischemia (411.89, I24.8)

The multiple cardiovascular diagnoses highlight the severity and complexity of the patient's condition. The presence of both unstable angina and myocardial ischemia indicates ongoing cardiac compromise. The past history of CABG and subsequent PTCA with stent placement suggests prior significant coronary artery disease. The additional diagnoses of hypertension, hyperlipidemia, seizures, and hypothyroidism represent significant co-morbidities that likely contributed to the patient's acute presentation and require ongoing management.

****4. Treatments:****

The patient received various cardiovascular treatments, including cardiac angiography (left and right heart), angioplasty, stent placement, and intravenous normal saline administration. Medications administered included carvedilol (alpha/beta blocker), sublingual nitroglycerin, and aspirin (antiplatelet agent). An occupational therapy consult was ordered. Levothyroxine (T4) was administered to address the patient's hypothyroidism. The comprehensive treatment plan addresses both the acute cardiovascular event and the management of the patient's chronic conditions.

****5. Vital Trends:**** NULL (Insufficient data provided)

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

Laboratory results obtained at approximately 980 minutes post-unit admission revealed the following: * Hemoglobin (Hgb): 10.9 g/dL * Sodium: 142 mmol/L * RBC: 3.58 M/mcL * Calcium: 8.9 mg/dL * MCHC: 32.4 g/dL * Bicarbonate: 28 mmol/L * RDW: 14.5 % * Chloride: 103 mmol/L * Platelets: 98 K/mcL * Potassium: 3.8 mmol/L * MCH: 30.4 pg * BUN: 21 mg/dL * Creatinine: 1.05 mg/dL * MCV: 93.9 fL * Anion Gap: 11 mmol/L * WBC: 7.3 K/mcL * Bedside Glucose (prior to admission): 172 mg/dL * Glucose: 129 mg/dL * FiO2 (early in stay): 21%

These lab values require further analysis to determine their significance within the context of the patient's clinical presentation and overall health. Trends over time would be particularly valuable in assessing the patient's response to treatment.

****7. Microbiology Tests:**** NULL (Insufficient data provided)

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

Physical examination results obtained 9 minutes post-unit admission indicated a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), with normal level of consciousness, calm and appropriate affect, and oriented x3. Heart rate ranged from 57 to 66 bpm, with a current rate of 62 bpm and a sinus rhythm. Blood pressure ranged from 94/32 to 115/88 mmHg, with a current reading of 115/64 mmHg. Respiratory rate ranged from 12 to 17 breaths per minute, with a current rate of 15 breaths per minute and spontaneous respiration. Oxygen saturation ranged from 91% to 94%, with a current saturation of 93%. Weight was recorded at 88.5 kg at both admission and during the examination. The physical exam findings are largely unremarkable, except for the cardiovascular parameters which are potentially indicative of the patient's diagnoses.