

****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 in JSON to elaborate on the patient's medical history before ICU admission. Information such as past medical conditions, surgeries, allergies, family history, and social history is needed.)

****Diagnoses****

Diagnosis 1 (Primary, Active upon Discharge): Acute Myocardial Infarction (Non-ST Elevation) ICD-9 code: 410.71, I21.4
Diagnosis String: cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) Time of Entry: 554 minutes post unit admission

Diagnosis 2 (Primary, Not Active upon Discharge): Acute Myocardial Infarction (Non-ST Elevation) ICD-9 code: 410.71, I21.4
Diagnosis String: cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) Time of Entry: 10 minutes post unit admission

Diagnosis 3 (Primary, Active upon Discharge): Status Post Percutaneous Transluminal Coronary Angioplasty (PTCA)
ICD-9 Code: Diagnosis String: cardiovascular|chest pain / ASHD|acute coronary syndrome|s/p PTCA Time of Entry: 554 minutes post unit admission

Note: The repetition of the acute myocardial infarction diagnosis suggests a potential error in data entry or a change in assessment. Further clarification is needed.

****Treatments****

NULL (Insufficient data provided. Specific medications, procedures (e.g., PTCA details), and other interventions are needed for detailed treatment information.)

****Vital Trends****

NULL (Insufficient data provided. Time-series data on heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation are needed to generate vital sign trends.)

****Lab Trends****

The following lab values were obtained during the patient's stay. Trends require visualization to fully understand their significance:

* ****Troponin-I (ng/mL):**** Elevated levels were observed at multiple time points, suggesting ongoing myocardial injury. Specific values and timing need further analysis. * ****Creatinine (mg/dL):**** Shows an increase from 0.95 mg/dL to 1.19 mg/dL, potentially indicating kidney function impairment. More data points are needed to confirm the trend. * ****Hemoglobin (g/dL):**** Fluctuation between 13.4 g/dL and 14.8 g/dL, indicating potential blood loss or anemia. Additional data points would clarify the pattern. * ****Other labs:**** Numerous other blood tests were performed including electrolytes (sodium, potassium, chloride, bicarbonate), complete blood count (CBC) components, liver function tests (AST, ALT, total bilirubin,

total protein, albumin), lipid panel (total cholesterol, LDL, HDL, triglycerides), and others. These require detailed analysis and visualization.

****Microbiology Tests****

NULL (No microbiology test results are included in the provided data.)

****Physical Examination Results****

Initial Physical Exam (7 minutes post unit admission): A structured physical exam was performed. Weight on admission was 124 kg and the current weight was 124.1 kg. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6). Initial vital signs were recorded, but specific values are missing.

Follow-up Physical Exam (552 minutes post unit admission): A structured physical exam was performed. Current weight was 121.9 kg (a decrease of 2.1 kg from admission). GCS score was 14 (Eyes 3, Verbal 5, Motor 6). Vital signs including heart rate (65, lowest 59, highest 73), blood pressure (systolic 128, lowest 128, highest 151; diastolic 74, lowest 74, highest 88), respiratory rate (22, lowest 10, highest 22), and oxygen saturation (96%, lowest 92%, highest 96%) were recorded.

Note: The significant drop in weight between the initial and follow up physical exams requires further investigation.