

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

\* \*\*Patient Unit Stay ID:\*\* 175399 \* \*\*Patient Health System Stay ID:\*\* 155396 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 68 \*  
\*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 61 \* \*\*Ward ID:\*\* 120 \* \*\*Admission Diagnosis:\*\* Cardiovascular medical, other  
\* \*\*Admission Height:\*\* 172.7 cm \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 21:48:00 \* \*\*Hospital Admit Source:\*\*  
Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 00:28:00 \*  
\*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit  
Time:\*\* 2015-XX-XX 21:48:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Visit Number:\*\* 1 \* \*\*Unit Stay  
Type:\*\* admit \* \*\*Admission Weight:\*\* 88.5 kg \* \*\*Discharge Weight:\*\* 85.5 kg \* \*\*Unit Discharge Time:\*\* 2015-XX-XX  
00:12:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Unique Patient ID:\*\* 002-13567

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

NULL (Insufficient data provided)

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

\* \*\*Diagnosis ID:\*\* 4021128 \* \*\*Patient Unit Stay ID:\*\* 175399 \* \*\*Active Upon Discharge:\*\* True \* \*\*Diagnosis Offset  
(minutes):\*\* 20 \* \*\*Diagnosis String:\*\* general|other syndromes|syncope \* \*\*ICD-9 Code:\*\* 780.2, R55 \* \*\*Diagnosis  
Priority:\*\* Primary

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

NULL (Insufficient data provided)

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

NULL (Insufficient data provided)

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

The provided data includes multiple lab results for various tests at different time points relative to unit admission. Detailed trends would require a time-series analysis, but we can present some key findings:

\* \*\*Troponin-I:\*\* Initial troponin-I level was 0.25 ng/mL (-93 minutes from admission), decreasing to 0.09 ng/mL (421 minutes) and further to 0.06 ng/mL (782 minutes). This suggests a possible cardiac event upon admission with subsequent improvement. \* \*\*Creatinine:\*\* Showed a decrease from 2.16 mg/dL initially to 1.63 mg/dL (782 minutes), and 1.48 mg/dL (2312 minutes). This indicates a trend towards improved renal function. \* \*\*BUN:\*\* Initial BUN level was 36 mg/dL, decreasing to 34 mg/dL (782 minutes) and further to 28 mg/dL (2312 minutes). This pattern is consistent with improving renal function. \* \*\*Potassium:\*\* Fluctuated between 3.4 mmol/L and 3.5 mmol/L over the course of the stay, remaining within a relatively normal range. \* \*\*Other Labs:\*\* Other lab values including albumin, bicarbonate, electrolytes, and complete blood count (CBC) parameters were also recorded at various time points. A full analysis of changes in these values over time is necessary to assess their clinical significance.

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

NULL (Insufficient data provided)

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

\* \*\*Physical Exam Performed:\*\* A structured physical exam was performed (9 minutes post-admission). \* \*\*Admission Weight:\*\* 88.5 kg \* \*\*Current Weight:\*\* 88.5 kg \* \*\*Weight Change:\*\* 0 kg \* \*\*Glasgow Coma Scale (GCS):\*\* A GCS score

of 3 (Eye:1, Verbal:1, Motor:1) was recorded, indicating severe impairment of consciousness. Further information is needed to understand the evolution of the GCS score.