**Medical Report: Patient 004-10113**

**1. Patient Information**

* **Patient Unit Stay ID:** 417578 * **Unique Patient ID:** 004-10113 * **Gender:** Female * **Age:** 53 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015, 18:26:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015, 15:59:00 * **Hospital Discharge Location:** Rehabilitation * **Hospital Discharge Status:** Alive * **Unit Type:** CTICU * **Unit Admit Time:** 05:33:00 * **Unit Admit Source:** Other ICU * **Unit Discharge Time:** 20:54:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight (kg):** 59.7 * **Admission Height (cm):** 167.6

**2. History**

NULL. The provided data does not contain a patient history section. A complete medical report requires detailed information about the patient's presenting complaint, relevant past medical history (including surgeries, allergies, and medications), family history, and social history (e.g., smoking, alcohol consumption). This information is crucial for understanding the context of the ICU stay and the patient's overall health status.

**3. Diagnoses**

The patient presented with multiple diagnoses, many of which are cardiovascular and neurological in nature. The diagnoses listed below are ordered by their `diagnosisPriority` and whether they were `activeupondischarge`. Note that multiple entries for the same condition reflect multiple instances of diagnosis or re-evaluation during the stay.

* **Primary Diagnosis (at admit):** Chest pain, r/o aortic dissection (ICD-9 code: ) * **Major Diagnoses (at admit):** * Hypotension (458.9, I95.9) * Acute Coronary Syndrome, Myocardial Ischemia (411.89, I24.8) * Seizures (345.90, R56.9) * Hypertension (401.9, I10) * Leukocytosis (288.8, D72.829) * Acute Myocardial Infarction (no ST elevation) (410.71, I21.4) * Sepsis (038.9, A41.9) * Ischemic Stroke (434.91, I63.50) * Bipolar Disorder (296.80, F31.9) * Depression (moderate) (311, F32.9) * **Major Diagnoses (on discharge):** * Leukocytosis (288.8, D72.829) * Depression (moderate) (311, F32.9) * Ischemic Stroke (434.91, I63.50) * Hypotension (458.9, I95.9) * Acute Coronary Syndrome, Myocardial Ischemia (411.89, I24.8) * Acute Myocardial Infarction (no ST elevation) (410.71, I21.4) * Sepsis (038.9, A41.9) * Hypertension (401.9, I10) * SVT (427.0, I47.1) * Dilated Cardiomyopathy (idiopathic) (425.4, I42.8) * Hyperlipidemia (272.4, E78.5) * Chest pain, r/o aortic dissection (ICD-9 code: )

**4. Treatments**

The patient received a wide range of treatments during her ICU stay. The treatments listed below are categorized and include their `activeupondischarge` status. Many cardiovascular medications were administered, along with treatments for seizures, pain management, and infection control. Multiple entries for the same treatment reflect multiple instances of administration or changes in the treatment regimen.

* **Active Treatments (on discharge):** * Diphenhydramine (antiemetic, anticholinergic) * Enoxaparin (low molecular weight heparin) * Lamotrigine (anticonvulsant) * Promethazine (antiemetic) * Lisinopril (ACE inhibitor) * Bolus parenteral analgesics * Oral analgesics * Pulmonary/CCM consultation * Spironolactone (oral diuretic) * Acetaminophen (non-narcotic analgesic) * Ibuprofen (non-narcotic analgesic) * Narcotic analgesic * Cardiac surgery consultation * Urine culture (voided) * Blood culture (peripheral) * Pantoprazole (IV) (stress ulcer prophylaxis) * Atorvastatin (HMG-CoA reductase inhibitor) * Aspirin (antiplatelet agent) * Labetalol (vasodilating agent - IV) * Clonidine * Potassium (electrolyte administration) * Chest x-ray * Left heart cardiac angiography * Compression stockings (VTE prophylaxis) * Compression boots (VTE prophylaxis) * Non-invasive testing for DVT * Nicotine patch * Occupational therapy consult * Physical therapy consult * Discharge planning consult * Neurology consultation * Cardiology consultation * Smoking cessation counseling * Head CT scan (without contrast) * MRI - head

* **Inactive Treatments:** Many other treatments, including various cardiovascular medications, were administered but were inactive upon discharge. The specific details are omitted for brevity, but a full list is available in the raw data.

**5. Vital Trends**

NULL. The provided data does not include time-series data for vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, etc.). This information is essential for assessing the patient's physiological status and response to treatment.

**6. Lab Trends**

The available lab data includes Hematology and Chemistry values at two time points. Changes in these values need to be interpreted in the context of the patient's clinical picture and diagnoses. Further lab data is needed to construct reliable trends.

* **Initial Hematology Panel (207 minutes post-unit admit):** WBC: 6.7 K/mcL; RBC: 4.89 M/mcL; Hct: 44.9%; MCH: 30 pg; MCHC: 33 g/dL; RDW: 14.5%; Platelets: 166 K/mcL * **Repeat Hematology Panel (1667 minutes post-unit admit):** WBC: 6.9 K/mcL; RBC: 4.63 M/mcL; Hct: 42.7%; MCH: 31 pg; MCHC: 33 g/dL; RDW: 14.6%; Platelets: 195 K/mcL * **Initial Chemistry Panel (207 minutes post-unit admit):** Chloride: 105 mmol/L; Calcium: 9.5 mg/dL; BUN: 11 mg/dL; Creatinine: 0.77 mg/dL; Glucose: 135 mg/dL; Potassium: 3.8 mmol/L; Bicarbonate: 21 mmol/L; Sodium: 137 mmol/L; Magnesium: 1.42 mg/dL * **Repeat Chemistry Panel (1667 minutes post-unit admit):** Chloride: 106 mmol/L; Calcium: 9.3 mg/dL; BUN: 18 mg/dL; Creatinine: 1.03 mg/dL; Glucose: 102 mg/dL; Potassium: 3.4 mmol/L; Bicarbonate: 22 mmol/L; PT: 36 sec; PT-INR: 3.2; PT: 22 sec; PT-INR: 2.4

**7. Microbiology Tests**

NULL. The provided data does not contain any information regarding microbiology tests (blood cultures, urine cultures, etc.). This information is critical for the diagnosis and management of infections.

**8. Physical Examination Results**

A structured physical exam was performed at 48 minutes post-unit admit. The patient's GCS score was 14 (Eyes: 3, Verbal: 5, Motor: 6). Heart rate was between 70 and 78 bpm, with a sinus rhythm. Blood pressure was 99/67 mmHg, and respiratory rate was between 20 and 23 breaths per minute. Oxygen saturation was 97-100%. Admission weight was 59.69 kg, and the patient was breathing spontaneously with an FiO2% of 28.