Medical Report - Patient 003-13223

1. Patient Information

* **Patient Unit Stay ID:** 275329 * **Unique Patient ID:** 003-13223 * **Gender:** Male * **Age:** 57 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 18:55:00 * **Hospital Discharge Time:** 2015, 16:40:00 * **Unit Admission Time:** 19:07:00 * **Unit Discharge Time:** 16:40:00 * **Admission Weight:** 67.3 kg * **Discharge Weight:** 67.3 kg * **Admission Height:** 182.9 cm * **Unit Type:** Med-Surg ICU * **Hospital Admit Source:** Direct Admit * **Unit Admit Source:** Direct Admit * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

2. History

Admission diagnosis was chest pain of unknown origin. The patient presented to the emergency room with complaints of chest pain. Further details regarding the onset, character, radiation, associated symptoms, and alleviating/aggravating factors of the chest pain are not available in the provided data. The patient's medical history prior to this admission is not provided.

3. Diagnoses

* **Diagnosis ID:** 5018720 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 38 * **Diagnosis String:** cardiovascular|chest pain / ASHD|chest pain * **ICD-9 Code:** 786.50, R07.9 * **Diagnosis Priority:** Other

The primary diagnosis appears to be chest pain, potentially related to atherosclerotic heart disease (ASHD), although the priority is listed as 'Other', suggesting additional contributing factors or complexities. The ICD-9 codes suggest nonspecific chest pain and symptoms. More detailed information about the diagnostic process is needed for a complete assessment.

4. Treatments

The patient received the following treatments during their ICU stay:

* Aspirin (antiplatelet agent) * Transthoracic echocardiography * Irbesartan (angiotensin II receptor blocker) * Cardiology consultation * Compression boots (VTE prophylaxis) * Metoprolol (beta blocker)

These treatments suggest a focus on managing chest pain, potential myocardial ischemia/infarction, hypertension, and preventing venous thromboembolism. Specific dosages, administration routes, and response to treatment are not detailed in the provided data.

5. Vital Trends

NULL (No vital sign data provided)

6. Lab Trends

Laboratory results were obtained at 987 minutes from unit admit time. The following values are provided:

* **Hemoglobin (Hgb):** 15.2 g/dL * **Mean Corpuscular Hemoglobin (MCH):** 31.7 pg * **White Blood Cell Count (WBC):** 5.1 K/mcL * **Mean Corpuscular Volume (MCV):** 95.4 fL * **Red Cell Distribution Width (RDW):** 13.1 % * **Hematocrit (Hct):** 45.7 % * **Mean Corpuscular Hemoglobin Concentration (MCHC):** 33.3 g/dL * **Platelets:** 314 K/mcL * **Red Blood Cell Count (RBC):** 4.79 M/mcL * **-Monocytes:** 9 % * **-Lymphocytes:** 25 % * **-Polys:** 63 % * **-Eosinophils:** 2 % * **-Bands:** 1 % * **Anion Gap:** 12 mmol/L * **Sodium:** 142 mmol/L * **Potassium:** 5.0 mmol/L

* **Chloride:** 103 mmol/L * **Bicarbonate:** 27 mmol/L * **Calcium:** 9.7 mg/dL * **Blood Urea Nitrogen (BUN):** 18 mg/dL * **Creatinine:** 1.1 mg/dL * **Glucose:** 96 mg/dL * **Erythrocyte Sedimentation Rate (ESR):** 3 mm/hr

Interpretation of these lab values requires additional context, such as the patient's baseline values and clinical presentation. The timing of the lab draw relative to the onset of symptoms is also important.

7. Microbiology Tests

NULL (No microbiology data provided)

8. Physical Examination Results

Physical exam was performed (Performed - Structured). The patient's weight at admission was 67.3 kg. A Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6) was documented. Additional details from the physical exam are not available.