Medical Report for Patient 004-11150

1. Patient Information:

* **Patient Unit Stay ID:** 379570 * **Patient Health System Stay ID:** 325235 * **Gender:** Female * **Age:** 30 * **Ethnicity:** African American * **Hospital ID:** 133 * **Ward ID:** 176 * **Admission Height:** 170.2 cm * **Admission Weight:** 150 kg * **Discharge Weight:** NULL * **Hospital Admit Time:** 2015-XX-XX 04:40:00 (Hospital Admit Offset: -192 minutes from Unit Admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 19:30:00 (Hospital Discharge Offset: 3578 minutes from Unit Admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 07:52:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2015-XX-XX 19:10:00 (Unit Discharge Offset: 2118 minutes from Unit Admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unique Patient ID:** 004-11150 * **APACHE Admission Dx:** Angina, unstable (angina interferes w/quality of life or meds are tolerated poorly)

2. History:

Insufficient data provided to describe the patient's medical history beyond the admission diagnosis of unstable angina. Further details regarding past medical conditions, surgeries, allergies, family history, and social history are needed.

3. Diagnoses:

* **Primary Diagnosis:** Cardiovascular | Chest pain / ASHD | Chest pain (ICD-9 Codes: 786.50, R07.9) * **Major Diagnosis:** Hematology | Bleeding and red blood cell disorders | Anemia (ICD-9 Code: NULL)

The unstable angina is the primary concern, potentially contributing to the anemia. More information is needed to fully understand the relationship between these diagnoses and their impact on the patient's condition.

4. Treatments:

* **Aspirin:** Indicative of treatment for myocardial ischemia/infarction. * **VTE Prophylaxis:** Suggests measures taken to prevent venous thromboembolism. * **Analgesics:** Pain management medication(s) administered. * **Stress Ulcer Prophylaxis:** Medications to prevent stress ulcers, likely due to critical illness.

The treatment plan focuses on managing the cardiovascular condition and preventing complications. Specific medications and dosages are not provided.

5. Vital Trends:

NULL. No vital sign data is available in the provided JSON.

6. Lab Trends:

* **Glucose:** 97 mg/dL * **BUN:** 6 mg/dL * **Creatinine:** 0.7 mg/dL * **Hct:** 26.8 % * **Sodium:** 139 mEq/L * **WBC x 1000:** 8.3 K/mcL

The lab results show some abnormalities. The low hematocrit (Hct) supports the diagnosis of anemia. Further serial lab data would be needed to assess trends over time.

7. Microbiology Tests:

NULL. No microbiology test results are available.

8. Physical Examination Results:

* **Heart Rate (Current, Lowest, Highest):** 95 bpm * **Respiratory Rate (Current, Lowest, Highest):** 14 breaths/min * **Oxygen Saturation (Current, Lowest, Highest):** 100% * **Admission Weight:** 150 kg * **Glasgow Coma Scale (GCS):** Estimated due to medication. Individual scores: Eyes 3, Verbal 4, Motor 6.

The physical exam findings suggest a stable cardiovascular status, but the GCS score is affected by medication, hindering a clear assessment of neurologic function. More comprehensive physical examination notes are required for a thorough evaluation.