

## **\*\*Medical Report for Patient 004-1002\*\***

### **\*\*1. Patient Information\*\***

\*\*\*Patient Unit Stay ID:\*\* 335868 \*\*\*Unique Patient ID:\*\* 004-1002 \*\*\*Gender:\*\* Female \*\*\*Age:\*\* 72 \*\*\*Ethnicity:\*\* Caucasian \*\*\*Hospital Admission Time:\*\* 2014-XX-XX 20:18:00 \*\*\*Hospital Discharge Time:\*\* 2014-XX-XX 21:37:00 \*\*\*Unit Admission Time:\*\* 2014-XX-XX 20:25:00 \*\*\*Unit Discharge Time:\*\* 2014-XX-XX 20:47:00 \*\*\*Unit Type:\*\* Cardiac ICU \*\*\*Admission Weight:\*\* 67.7 kg \*\*\*Admission Height:\*\* 149.8 cm \*\*\*Hospital Admission Source:\*\* NULL \*\*\*Hospital Discharge Location:\*\* Home \*\*\*Hospital Discharge Status:\*\* Alive \*\*\*Unit Admission Source:\*\* Direct Admit \*\*\*Unit Discharge Location:\*\* Floor \*\*\*Unit Discharge Status:\*\* Alive \*\*\*APACHE Admission Diagnosis:\*\* Angina, unstable (angina interferes w/quality of life or meds are tolerated poorly)

### **\*\*2. History\*\***

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

### **\*\*3. Diagnoses\*\***

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon admission and during the ICU stay was chest pain (ICD-9 codes 786.50, R07.9). Major diagnoses included hypothyroidism (ICD-9 codes 244.9, E03.9) and diabetes mellitus. An additional diagnosis of diabetes mellitus was listed as 'Other' upon admission. The temporal relationship between diagnoses is noteworthy: chest pain and hypothyroidism were initially diagnosed at 748 minutes post-unit admission, while the diabetes mellitus diagnoses were documented both earlier (41 minutes) and later (1009 minutes). This suggests an evolving clinical picture, with the chest pain initially being a primary concern, followed by more comprehensive diagnostic workup identifying other significant conditions.

### **\*\*4. Treatments\*\***

The patient received a comprehensive range of treatments throughout their ICU stay. These included medications such as levothyroxine (T4) for hypothyroidism, pantoprazole for stress ulcer prophylaxis, and various medications for chest pain management, including nitroglycerin (sublingual and transdermal) and aspirin. Pain management involved ketorolac and acetaminophen. The patient also received insulin via sliding-scale administration for diabetes mellitus, and was treated with oxygen therapy via nasal cannula. Consultations from cardiology and endocrinology were also documented. The use of a Foley catheter is also noted. The timing of treatment initiation provides insights into the management strategy; some treatments started earlier than others.

### **\*\*5. Vital Trends\*\***

NULL (Vital signs data is missing from the provided JSON.)

### **\*\*6. Lab Trends\*\***

The laboratory results reveal fluctuating glucose levels, ranging from a low of 37 mg/dL to a high of 369 mg/dL, indicating significant glycemic instability which reflects the diabetes mellitus diagnosis. The troponin-I levels show an initial elevation (1.691 ng/mL) at 725 minutes post-admission, suggestive of myocardial injury, and a slightly lower level (1.248 ng/mL) at 1155 minutes, indicating ongoing cardiac issues. The CPK levels also show some fluctuation, with an initial peak (64 Units/L) at 725 minutes, then a lower level (44 Units/L) at 2290 minutes. Other lab values, such as electrolytes (sodium, potassium, chloride, bicarbonate, calcium, magnesium), complete blood count (hemoglobin, hematocrit, RBC, WBC, platelets, MCV, MCH, MCHC, RDW) and bedside glucose levels, show some variation, but overall, the trends indicate the presence of cardiac and metabolic derangements. The initial and follow-up lab values provide crucial information about the patient's condition and the effectiveness of treatment. The multiple bedside glucose measurements highlight the need for frequent monitoring of blood sugar levels.

## **\*\*7. Microbiology Tests\*\***

NULL (No microbiology test data is included in the JSON.)

## **\*\*8. Physical Examination Results\*\***

A structured physical exam was performed. Heart rate was recorded at 97 bpm, blood pressure at 117/54 mmHg, and respiratory rate at 17 breaths per minute. Oxygen saturation was 97%. A neurological examination was attempted, but a GCS score could not be obtained due to medications. This limited physical exam provides a snapshot of the patient's condition at a single point in time and underscores the impact of medications on the assessment. More frequent and comprehensive physical exam data would have provided a richer picture of the patient's evolving status.