Medical Report - Patient 002-11639

1. Patient Information

* **Patient Unit Stay ID:** 229383 * **Unique Patient ID:** 002-11639 * **Gender:** Male * **Age:** 60 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-XX-XX 01:20:00 * **Hospital Discharge Time:** 2014-XX-XX 15:50:00 * **Unit Admit Time:** 2014-XX-XX 01:20:00 * **Unit Discharge Time:** 2014-XX-XX 15:50:00 * **Unit Type:** SICU * **Admission Weight:** 78 kg * **Discharge Weight:** 79.4 kg * **Hospital Admit Source:** Emergency Department * **Unit Admit Source:** Emergency Department * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Home

2. History

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

3. Diagnoses

The patient presented with multiple diagnoses, all active upon discharge:

* **Primary Diagnosis:** Acute Myocardial Infarction (Inferolateral wall) (ICD-9 codes: 410.21, I21.19) * **Other Diagnosis:** Acute Coronary Syndrome (Inferior wall) (ICD-9 codes: 410.41, I21.19) * **Other Diagnosis:** Bradycardia (ICD-9 code: NULL) * **Other Diagnosis:** Chest pain (ICD-9 codes: 786.50, R07.9) * **Other Diagnosis:** Asthma/Bronchospasm (ICD-9 codes: 493.90, J45)

The primary diagnosis indicates an acute myocardial infarction affecting the inferolateral wall of the heart. The other diagnoses suggest a broader cardiovascular event possibly related to the MI, including chest pain and bradycardia. The presence of asthma/bronchospasm may represent a comorbidity. The lack of specific details regarding the onset, progression, and associated symptoms of each diagnosis limits the comprehensiveness of this section. Further clinical information would be necessary for a more complete understanding of the patient's medical history leading to these diagnoses.

4. Treatments

NULL (Insufficient information provided in the JSON data to generate a detailed treatment section. The report would need to include information on medications administered, procedures performed, and other interventions.)

5. Vital Trends

The physical exam data includes the following vital sign measurements at a single time point (171 minutes post unit admission):

* **Heart Rate (HR):** Current 62 bpm, Lowest 57 bpm, Highest 62 bpm * **Blood Pressure (BP):** Systolic Current 108 mmHg, Systolic Lowest 108 mmHg, Systolic Highest 107 mmHg; Diastolic Current 64 mmHg, Diastolic Lowest 58 mmHg, Diastolic Highest 67 mmHg * **Respiratory Rate (RR):** Current 17 breaths/min, Lowest 17 breaths/min, Highest 25 breaths/min * **Oxygen Saturation (SpO2):** Current 98%, Lowest 98%, Highest 99%

Note that these are snapshot values, not trends. A time series of vital signs is needed to effectively track the patient's hemodynamic stability and respiratory status during the ICU stay.

6. Lab Trends

The provided lab data shows multiple chemistry and hematology tests taken at three distinct time points: -52 minutes, 130 minutes, and 820 minutes post unit admission. To generate trends, a table summarizing the key lab values at different time points is presented below. A graphical representation of these trends will enhance this report.

7. Microbiology Tests

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

8. Physical Examination Results

In addition to the vital signs mentioned above, the physical examination notes indicate that a structured physical exam was performed. The Glasgow Coma Scale (GCS) was scored as 15 (Eyes 4, Verbal 5, Motor 6), suggesting intact neurological function at the time of the assessment. Weight at admission was 78 kg and remained unchanged at the time of the assessment. Fluid balance indicated a net output of 425 ml.

The limited nature of the data prevents a more detailed description of the physical examination findings. A complete physical exam would typically include a thorough assessment of all body systems, and this section would benefit from a more comprehensive record.