Medical Report for Patient 004-12750

1. Patient Information

* **Patient Unit Stay ID:** 351720 * **Unique Patient ID:** 004-12750 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-02-40:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-16:35:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 06:34:00 * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 14:40:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 71.2 kg * **Admission Height:** 162.6 cm

2. History

Admission history indicates the patient presented to the Emergency Department with chest pain and epigastric discomfort. The exact nature and duration of the symptoms prior to admission remain unspecified in the provided data. Further details regarding the patient's past medical history, including any prior cardiovascular events, surgeries, or significant illnesses, are unavailable in this dataset. Family history and social history are also not included in the available information.

3. Diagnoses

The patient received multiple diagnoses during her ICU stay. The primary diagnosis upon discharge was acute myocardial infarction (non-ST elevation) (ICD-9: 410.71, I21.4). Other significant diagnoses included hypertension (ICD-9: 401.9, I10), hyperlipidemia (ICD-9: 272.4, E78.5), and urinary tract infection (ICD-9: 599.0, N39.0). Multiple instances of chest pain were recorded, with varying levels of diagnosis priority. Note that the temporal relationship between the diagnoses is not fully apparent from the provided data, only the time of recording. The diagnosis of chest pain was recorded multiple times, indicating potential recurrent or persistent symptoms.

4. Treatments

The patient received a comprehensive range of treatments during her ICU stay, reflecting the complexity of her conditions. These included medications such as aspirin, enoxaparin, propranolol, simvastatin, and doxycycline. The use of these medications suggests a treatment strategy focused on managing cardiovascular risk factors (hypertension, hyperlipidemia, and acute myocardial infarction) and addressing the urinary tract infection. Furthermore, the patient received VTE prophylaxis using compression stockings and boots, highlighting the preventative measures taken to reduce the risk of venous thromboembolism. Diagnostic procedures, including blood and urine cultures and chest x-rays, were also performed. The duration of each treatment and the response of the patient to these treatments are not detailed in the dataset.

5. Vital Trends

NULL. The provided data does not include time-series data on vital signs such as heart rate, blood pressure, respiratory rate, or oxygen saturation. A complete picture of vital sign trends throughout the patient's ICU stay is therefore unavailable.

6. Lab Trends

NULL. While some lab results are provided (glucose, sodium, BUN, albumin, creatinine, Hct, WBC, FiO2), the data does not contain multiple time points for these labs. Therefore, trends in lab values cannot be analyzed.

7. Microbiology Tests

NULL. The data mentions urine and blood cultures being performed, but the results of these tests are not provided.

8. Physical Examination Results

A structured physical exam was performed. The recorded values include: Heart rate (75-83 bpm), systolic blood pressure (96-110 mmHg), diastolic blood pressure (46-55 mmHg), respiratory rate (14-25 breaths/min), and oxygen saturation (95-96%). The Glasgow Coma Scale (GCS) score was recorded as 15 (Eyes 4, Verbal 5, Motor 6). The patient's weight upon admission was 71.2 kg, and her respiratory mode was spontaneous. Additional details about the physical exam findings are absent from the dataset.