Medical Report - Patient 004-1002

1. Patient Information

* **Patient Unit Stay ID:** 335868 * **Unique Patient ID:** 004-1002 * **Gender:** Female * **Age:** 72 * **Ethnicity:** Caucasian * **Hospital ID:** 122 * **Ward ID:** 212 * **Unit Type:** Cardiac ICU * **Unit Admit Time:** 2014-XX-XX 20:25:00 * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 2014-XX-XX 20:47:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 20:18:00 * **Hospital Discharge Time:** 2014-XX-XX 21:37:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 149.8 cm * **Admission Weight:** 67.7 kg * **Discharge Weight:** NULL * **APACHE Admission Dx:** Angina, unstable (angina interferes w/quality of life or meds are tolerated poorly)

2. History

NULL (Insufficient data provided)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon discharge 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 'Other' diagnosis of diabetes mellitus was also recorded early in the stay. The temporal relationship between diagnoses suggests a potential connection between the cardiovascular and endocrine issues.

* **Primary Diagnosis (Discharge):** cardiovascular|chest pain / ASHD|chest pain (786.50, R07.9) * **Major Diagnoses:** * endocrine|thyroid|hypothyroidism (244.9, E03.9) * endocrine|glucose metabolism|diabetes mellitus * **Other Diagnosis:** endocrine|glucose metabolism|diabetes mellitus

4. Treatments

The patient received a comprehensive treatment plan addressing her diagnoses. Treatments active upon discharge included levothyroxine (T4) for hypothyroidism, pantoprazole for stress ulcer prophylaxis, endocrinology and cardiology consultations, a foley catheter, transdermal and sublingual nitroglycerin for myocardial ischemia, ketorolac and acetaminophen for pain management, and nasal cannula oxygen therapy. Several other treatments were initiated but discontinued before discharge, including a sedative agent and additional insulin and aspirin.

* **Active Upon Discharge:** * Levothyroxine (T4) * Pantoprazole * Endocrinology Consultation * Cardiology Consultation * Foley Catheter * Transdermal Nitroglycerin * Sublingual Nitroglycerin * Ketorolac * Acetaminophen * Nasal Cannula Oxygen Therapy * Sliding Scale Insulin * Aspirin * **Inactive Upon Discharge:** * Sedative Agent * Additional Insulin * Aspirin (earlier in the stay)

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

Multiple lab tests were performed, primarily focusing on chemistry and hematology panels. Bedside glucose levels fluctuated significantly throughout the stay, ranging from 37 mg/dL to 369 mg/dL, indicating challenges in glucose control. Troponin-I levels were elevated (0.224 ng/mL initially, rising to 1.691 ng/mL later), suggestive of myocardial injury. CPK levels also showed elevation (42 IU/L initially, peaking at 66 IU/L and falling to 44 IU/L later), consistent with muscle damage. Other lab results such as electrolytes (sodium, potassium, chloride, bicarbonate, calcium), and complete blood count (RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, WBC) were also obtained, with some indicating underlying conditions. BNP was measured, showing a high level (552.6 pg/mL). PT and PT-INR were measured, suggesting a

potential coagulation issue.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

A structured physical exam was performed. Initial vital signs recorded included a heart rate of 97 bpm, a systolic blood pressure of 117 mmHg, a diastolic blood pressure of 54 mmHg, and a respiratory rate of 17 breaths per minute. Oxygen saturation was 97%. Neurological examination was limited due to medication effects. The physical exam results were consistent with the patient's presenting complaints and diagnoses.