Medical Report: Patient 004-10577

1. Patient Information

* **Patient Unit Stay ID:** 395649 * **Unique Patient ID:** 004-10577 * **Gender:** Male * **Age:** 58 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 23:54:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 16:20:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 02:59:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 16:10:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 68.1 kg * **Admission Height:** 180.3 cm

2. History

Admission history indicates the patient presented to the Emergency Department with chest pain of unknown origin. The patient also had a history of acute COPD exacerbation.

3. Diagnoses

* **Primary Diagnosis:** Cardiovascular chest pain / ASHD chest pain (ICD-9: 786.50, R07.9) * **Major Diagnosis:** Pulmonary disorders of the airways / acute COPD exacerbation (ICD-9: 491.21, J44.1)

The primary diagnosis suggests a cardiovascular issue, specifically chest pain potentially related to Atherosclerotic Heart Disease (ASHD). The major diagnosis indicates an acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD), a respiratory condition. The presence of both diagnoses highlights the complexity of the patient's condition requiring management of both cardiovascular and respiratory issues.

4. Treatments

The patient received a comprehensive treatment regimen targeting both their cardiovascular and pulmonary issues, as well as managing pain and nausea. Specific treatments included:

* **Pulmonary:** Bronchodilator, Azithromycin (macrolide antibiotic), Glucocorticoid administration. * **Cardiovascular:** Sublingual Nitroglycerin, Aspirin (antiplatelet agent), Normal Saline administration. * **Neurologic (Pain/Agitation Management):** Lorazepam (sedative agent), Narcotic analgesic. * **Gastrointestinal:** Ondansetron (serotonin antagonist antiemetic), Oral feeds.

The combination of bronchodilators, antibiotics, and glucocorticoids suggests a treatment strategy to address the acute COPD exacerbation. The cardiovascular treatments (nitroglycerin, aspirin) aim to manage chest pain and reduce the risk of further cardiovascular events. Pain management was addressed with sedatives and analgesics, while antiemetics helped control nausea. The provision of oral feeds addresses nutritional needs. The comprehensive nature of the treatment plan reflects the severity and complexity of the patient’s condition, encompassing multiple organ systems.

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The following lab results were recorded at approximately the same time (34 minutes post-unit admission):

* **Creatinine:** 0.8 mg/dL * **Albumin:** 3.5 g/dL * **BUN:** 8 mg/dL * **Sodium:** 141 mEq/L * **Glucose:** 95 mg/dL * **WBC x 1000:** 6.6 K/mcL * **Hematocrit (Hct):** 44.7% * **Total Bilirubin:** 0.1 mg/dL

Further serial lab results would be needed to assess trends. The single time point results provide a baseline assessment of renal function (creatinine, BUN), liver function (albumin, bilirubin), blood glucose, complete blood count (WBC, Hct), and electrolyte balance (sodium).

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

Physical examination was performed, and it is noted that the patient's GCS (Glasgow Coma Scale) score was 15 (Eyes 4, Verbal 5, Motor 6). Heart rate ranged from 92 to 101 bpm, blood pressure (systolic) from 106 to 147 mmHg, and diastolic blood pressure from 71 to 73 mmHg. Respiratory rate ranged from 19 to 27 breaths per minute, and oxygen saturation was between 95% and 97%. The patient's admission weight was 68.1 kg. The respiratory mode was spontaneous.

The physical exam findings suggest the patient was alert and oriented (GCS 15) with vital signs showing slightly elevated heart rate and blood pressure, but within a manageable range. Respiratory rate and oxygen saturation indicate adequate respiratory function. A complete physical exam would provide more detailed insights into the patient’s overall condition.