

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 280350 Unique Patient ID: 003-10348 Gender: Male Age: 78 Ethnicity: Caucasian Hospital Admit Time: 2014-XX-XX 19:25:00 Hospital Discharge Time: 2014-XX-XX 19:26:00 Hospital Discharge Location: Rehabilitation Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 18:16:00 Unit Discharge Time: 2014-XX-XX 17:05:00 Unit Discharge Location: Floor Admission Weight: 86.2 kg Discharge Weight: 89.3 kg APACHE Admission Diagnosis: CVA, cerebrovascular accident/stroke

## **\*\*Medical History\*\***

Insufficient data provided for a detailed medical history. The provided data only includes diagnoses and treatments during this specific ICU stay, not the patient's complete medical history prior to admission.

## **\*\*Diagnoses\*\***

The patient presented with multiple diagnoses during their ICU stay. The diagnoses, their ICD-9 codes (where available), and their priority are listed below:

\* **Primary Diagnosis (Diagnosis Priority: Primary):** \* Diagnosis String: neurologic|disorders of vasculature|stroke \* ICD-9 Code: 436, I67.8 \* Active Upon Discharge: True

\* **Other Diagnoses (Diagnosis Priority: Other):** \* Diagnosis String: pulmonary|pulmonary infections|pneumonia \* ICD-9 Code: 486, J18.9 \* Active Upon Discharge: True and False (recorded at different times) \* Diagnosis String: cardiovascular|chest pain / ASHD|acute coronary syndrome \* ICD-9 Code: (blank) \* Active Upon Discharge: True and False (recorded at different times) \* Diagnosis String: hematology|platelet disorders|thrombocytopenia|etiology unknown \* ICD-9 Code: 287.5, D69.6 \* Active Upon Discharge: True

Note: Multiple entries for the same diagnosis string and ICD-9 code exist, indicating multiple assessments and updates to the diagnosis throughout the stay. This may reflect evolving understanding of the patient's condition or changes in their clinical presentation.

## **\*\*Treatments\*\***

The patient received a variety of treatments during their ICU stay. The treatments, their descriptions, and their active status upon discharge are detailed below:

\* **Active Upon Discharge:** \* Neurology consultation \* VTE prophylaxis (compression boots) \* Azithromycin (macrolide antibacterial) \* Cardiology consultation \* MRI - head \* Atorvastatin (HMG-CoA reductase inhibitor) \* Normal saline administration \* Aspirin (antiplatelet agent) \* Transthoracic echocardiography

\* **Not Active Upon Discharge:** \* Cardiology consultation \* Neurology consultation \* VTE prophylaxis (compression boots) \* Azithromycin (macrolide antibacterial) \* MRI - head \* Atorvastatin (HMG-CoA reductase inhibitor) \* Normal saline administration \* Aspirin (antiplatelet agent) \* Transthoracic echocardiography

Note: Similar to diagnoses, some treatments have multiple entries, suggesting repeated administrations or changes in treatment plans.

## **\*\*Vital Trends\*\***

NULL. No vital sign data was provided.

## **\*\*Lab Trends\*\***

The patient underwent numerous laboratory tests. Detailed analysis of lab trends requires time-series data with timestamps, which is not fully available. The available data shows results from multiple time points, but precise timing isn't consistently available. However, some notable lab values include:

\* **Hematology:** The complete blood count (CBC) shows variations in Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Platelets, and Red cell distribution width (RDW) across multiple time points, indicating potential fluctuations in blood cell production or function. Further analysis with timestamps is needed to assess the trends. \*

**Chemistry:** Electrolyte levels (Sodium, Potassium, Chloride, Bicarbonate, Calcium, BUN, Creatinine) show some variations, which need to be analyzed in the context of time to determine if they represent significant trends. Liver function tests (ALT, AST) and total bilirubin levels are also available and should be reviewed for patterns. \*

**Cardiac Markers:** Troponin T levels are reported at least twice, and CPK-MB and CPK values are available, which require a time-series analysis to interpret trends related to potential cardiac events. \*

**Other:** High-sensitivity C-reactive protein (CRP-hs) and Brain Natriuretic Peptide (BNP) are available but require additional context for interpretation.

#### **Microbiology Tests**

NULL. No microbiology test results were provided.

#### **Physical Examination Results**

The physical exam recorded the patient as 'healthy appearing' and 'well developed', not in acute distress. The Glasgow Coma Scale (GCS) was scored as 15 (4, 5, 6), indicating normal neurological function. Heart rate, blood pressure, and oxygen saturation levels were recorded, but without timestamps, trend analysis is not possible. Heart rhythm was noted as sinus rhythm with a regular beat. Respiratory mode was spontaneous.