Medical Report for Patient 004-12478

1. Patient Information:

* **Patient Unit Stay ID:** 327581 * **Unique Patient ID:** 004-12478 * **Gender:** Female * **Age:** 85 * **Ethnicity:** African American * **Hospital Admission Time:** 2014-XX-XX 05:00:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 05:15:00 * **Hospital Discharge Location:** Other Hospital * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 01:15:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 05:02:00 * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Admission Weight:** 50 kg * **Discharge Weight:** NULL * **Admission Height:** 162.5 cm

2. History:

The patient was admitted to the hospital via the Emergency Department and subsequently transferred to the Med-Surg ICU. The admission diagnosis was recorded as "Chest pain, unknown origin." The detailed history leading to admission is not available in the provided data. Further information is needed to complete this section.

3. Diagnoses:

* **Primary Diagnosis:** cardiovascular|chest pain / ASHD|chest pain|r/o myocardial ischemia (ICD-9 code: NULL) * **Major Diagnoses:** renal|disorder of kidney|acute renal failure (ICD-9 code: 584.9, N17.9) - This diagnosis was active upon discharge from the unit.

Note: Two entries for both primary and major diagnoses exist, indicating potential revisions or multiple diagnoses considered during the patient's stay. The timing of these entries is indicated by the `diagnosisoffset` field. More detailed information is required to understand the clinical context.

4. Treatments:

The patient received several treatments during their ICU stay. These included:

* **Active upon discharge:** * cardiovascular|myocardial ischemia / infarction|analgesics|narcotic analgesic * cardiovascular|myocardial ischemia / infarction|anticoagulant administration|low molecular weight heparin|enoxaparin * renal|electrolyte correction|electrolyte administration|potassium * cardiovascular|myocardial ischemia / infarction|analgesics|bolus parenteral analgesics * renal|electrolyte correction|electrolyte administration|oral * cardiovascular|ventricular dysfunction|oral diuretic|po furosemide * **Not active upon discharge:** * renal|electrolyte correction|electrolyte administration|potassium * cardiovascular|myocardial ischemia / infarction|analgesics|bolus parenteral analgesics * cardiovascular|ventricular dysfunction|oral diuretic|po furosemide * renal|electrolyte correction|electrolyte administration|oral * cardiovascular|myocardial ischemia / infarction|analgesics|narcotic analgesic * cardiovascular|myocardial ischemia / infarction|anticoagulant administration|low molecular weight heparin|enoxaparin

The duration and effectiveness of these treatments are not specified in the provided data. A detailed treatment timeline would greatly enhance this section.

5. Vital Trends:

Based on the physical examination, the following vital signs were recorded:

* **Heart Rate (HR):** Highest: 98 bpm, Current: 96 bpm, Lowest: 94 bpm * **Blood Pressure (BP):** Systolic: Highest: 113 mmHg, Current: 113 mmHg, Lowest: 110 mmHg; Diastolic: Highest: 68 mmHg, Current: 66 mmHg, Lowest: 66 mmHg * **Respiratory Rate (RR):** Highest: 17 breaths/min, Current: 17 breaths/min, Lowest: 15 breaths/min * **Oxygen Saturation (SpO2):** 100%

6. Lab Trends:

The following lab results were recorded at approximately the same time:

* **BUN:** 33 mg/dL * **Creatinine:** 2.0 mg/dL * **Hematocrit (Hct):** 34.6 % * **Glucose:** 175 mg/dL * **White Blood Cell Count (WBC):** 11.1 K/mcL

7. Microbiology Tests:

NULL. No microbiology test data is provided.

8. Physical Examination Results:

In addition to the vital signs mentioned above, a Glasgow Coma Scale (GCS) was performed and scored as follows: Eyes: 3, Verbal: 5, Motor: 6. The patient's admission weight was recorded as 50 kg. A more complete physical examination would be beneficial for a comprehensive assessment.