

****Medical Report for Patient 006-101284****

****1. Patient Information****

****Patient Unit Stay ID:**** 576214 ****Unique Patient ID:**** 006-101284 ****Gender:**** Male ****Age:**** 68 ****Ethnicity:**** Caucasian ****Hospital Admission Time:**** 2015, 19:21:00 ****Hospital Admission Source:**** Emergency Department ****Hospital Discharge Time:**** 2015, 23:35:00 ****Hospital Discharge Location:**** Home ****Hospital Discharge Status:**** Alive ****Unit Type:**** Med-Surg ICU ****Unit Admission Time:**** 05:34:00 ****Unit Admission Source:**** Emergency Department ****Unit Discharge Time:**** 21:13:00 ****Unit Discharge Location:**** Step-Down Unit (SDU) ****Unit Discharge Status:**** Alive ****Admission Weight:**** 99.4 kg ****Admission Height:**** 188 cm

****2. History****

Insufficient data provided to generate a detailed patient history. The available data only contains admission and discharge times and locations, along with some basic demographics. A comprehensive history would require additional information such as presenting complaints, past medical history, family history, social history, and medication history. This section would typically include a narrative description of the events leading up to the patient's admission to the ICU, detailing the patient's symptoms and the progression of their illness.

****3. Diagnoses****

****Primary Diagnosis:**** ****Diagnosis String:**** cardiovascular|arrhythmias|SVT ****ICD-9 Code:**** 427.0, I47.1 ****Active Upon Discharge:**** True ****Additional Diagnoses:**** ****Diagnosis String:**** cardiovascular|arrhythmias|SVT ****ICD-9 Code:**** 427.0, I47.1 ****Active Upon Discharge:**** False ****Diagnosis String:**** cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) ****ICD-9 Code:**** 410.71, I21.4 ****Active Upon Discharge:**** False ****Diagnosis String:**** cardiovascular|chest pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) ****ICD-9 Code:**** 410.71, I21.4 ****Active Upon Discharge:**** False

The diagnoses indicate a primary diagnosis of Supraventricular Tachycardia (SVT) and a secondary diagnosis of Non-ST Elevation Myocardial Infarction (NSTEMI). The presence of both suggests a complex cardiovascular event requiring ICU monitoring and treatment.

****4. Treatments****

NULL. No treatment information is available in the provided data.

****5. Vital Trends****

NULL. No vital sign data is provided. A vital signs trend would typically include heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time.

****6. Lab Trends****

The provided lab data includes multiple tests conducted at different times (offsets from unit admission). The data shows several blood tests including complete blood count (CBC) components (Hgb, Hct, MCV, MCH, MCHC, RDW, RBC, WBC, Platelets), basic metabolic panel (BMP) components (BUN, creatinine, glucose, sodium, potassium, chloride, bicarbonate, calcium, anion gap), liver function tests (LFTs) (AST, ALT, total bilirubin, alkaline phosphatase, total protein, albumin), and coagulation studies (PT, PTT, PT-INR) and lipase and TSH. A detailed analysis would require plotting these values against time to identify trends and abnormalities.

****7. Microbiology Tests****

NULL. No microbiology test results are included in the provided dataset.

****8. Physical Examination Results****

The physical examination recorded vital signs (heart rate, blood pressure, respiratory rate, and oxygen saturation) at two different time points. The physical exam notes indicate that a structured physical exam was performed. The values recorded suggest a stable condition based on the reported vital signs, but further context and additional parameters would be required to provide a complete assessment. Specifically, a narrative description of the physical examination findings would provide a much more detailed picture of the patient's condition.