

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

Patient Unit Stay ID: 300007 Unique Patient ID: 003-11377 Gender: Male Age: 54 Ethnicity: Caucasian Hospital Admission Time: 02:25:00 (2015) Hospital Admission Source: Emergency Department Hospital Discharge Time: 20:35:00 (2015) Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 02:44:00 Unit Admission Source: Emergency Department Unit Discharge Time: 20:35:00 Unit Discharge Location: Home Unit Discharge Status: Alive Admission Weight: 75.3 kg Discharge Weight: 75.3 kg Admission Height: 182.9 cm

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

Admission Diagnosis: Chest pain, unknown origin The patient presented to the Emergency Department with chest pain of unknown origin. Further details regarding the nature, onset, duration, and associated symptoms of the chest pain are not available in the provided data. Additional information regarding the patient's past medical history, family history, social history, and medication history is also absent.

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

Diagnosis ID: 5368860 Active upon Discharge: True Diagnosis Offset (minutes from unit admit): 85 Diagnosis String: cardiovascular|chest pain / ASHD|chest pain|r/o myocardial ischemia ICD-9 Code: NULL Diagnosis Priority: Other This indicates a secondary diagnosis of chest pain, possibly related to Atherosclerotic Heart Disease (ASHD), with a differential diagnosis considering myocardial ischemia. The lack of an ICD-9 code prevents more precise classification.

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

Treatment ID: 8769927 Treatment Offset (minutes from unit admit): 85 Treatment String: cardiovascular|vascular disorders|VTE prophylaxis|compression boots Active upon Discharge: True The patient received compression boots as VTE (Venous Thromboembolism) prophylaxis during their ICU stay.

Treatment ID: 8687962 Treatment Offset (minutes from unit admit): 85 Treatment String: cardiovascular|myocardial ischemia / infarction|nitroglycerin|intravenous Active upon Discharge: True Intravenous nitroglycerin was administered, suggesting a treatment approach for potential myocardial ischemia.

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

NULL (No vital signs data is provided.)

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

The following laboratory results were obtained:

Hematology: \* MCH: 29.5 pg \* -monos: 7 % \* WBC x 1000: 8.8 K/mcL \* -eos: 3 % \* Hct: 38.8 % \* MCV: 86.8 fL \* -polys: 64 % \* RDW: 13.3 % \* Hgb: 13.2 g/dL \* -lymphs: 25 % \* RBC: 4.47 M/mcL \* -basos: 1 % \* Platelets x 1000: 302 K/mcL \* PT: 12.8 sec \* PT - INR: 0.9 ratio \* PTT: 34.3 sec \* ESR: 15 mm/hr

Chemistry: \* anion gap: 13 mmol/L \* sodium: 137 mmol/L \* creatinine: 0.8 mg/dL \* bicarbonate: 24 mmol/L \* glucose: 116 mg/dL \* calcium: 9.0 mg/dL \* total cholesterol: 112 mg/dL \* HDL: 26 mg/dL \* LDL: 70 mg/dL \* triglycerides: 79 mg/dL \* CRP: 8.5 mg/L

Note: The lab results are from a single time point and don't show trends over time. Additional data would be needed to demonstrate trends.

## **\*\*Microbiology Tests\*\***

NULL (No microbiology test data is provided.)

**\*\*Physical Examination Results\*\***

Physical Exam Performed: Yes The physical exam was performed, and a GCS (Glasgow Coma Scale) score was recorded as 15 (Eyes: 4, Verbal: 5, Motor: 6). Heart rate was recorded as 50-54 bpm, blood pressure was 113/36 - 120/68 mmHg, and respiratory rate was 18-19 breaths per minute. Admission weight was 81.6kg. Additional details are limited due to the available data.