

****Patient Medical Report****

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

* **PatientUnitStayID:** 967281 * **PatientHealthSystemStayID:** 712448 * **Gender:** Female * **Age:** 83 *
* **Ethnicity:** Caucasian * **HospitalID:** 180 * **WardID:** 427 * **APACHEAdmissionDx:** Rhythm disturbance
(conduction defect) * **Admission Height:** 167.64 cm * **Hospital Admit Time:** 2015-XX-XX 18:41:00 (Hospital admit
offset: -142 minutes) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital
Discharge Time:** 2015-XX-XX 20:00:00 (Hospital discharge offset: 5697 minutes) * **Hospital Discharge Location:**
Other * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 21:03:00 *
* **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission
Weight:** 91.82 kg * **Discharge Weight:** 92.6 kg * **Unit Discharge Time:** 2015-XX-XX 00:50:00 (Unit discharge
offset: 3107 minutes) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **UniquePID:** 007-1052

****2. History****

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

****3. Diagnoses****

The patient presented with the following diagnoses upon admission to the Med-Surg ICU:

* **Diagnosis 1 (Other):** cardiovascular|shock / hypotension|hypotension (ICD-9 code: 458.9, I95.9) Entered 19 minutes
after unit admit time. * **Diagnosis 2 (Other):** cardiovascular|arrhythmias|bradycardia|etiology undefined (ICD-9 code:
427.81, R00.1) Entered 19 minutes after unit admit time. * **Diagnosis 3 (Other):**
cardiovascular|arrhythmias|bradycardia|sinus (ICD-9 code: 427.81, R00.1) Entered 19 minutes after unit admit time.

All diagnoses were active upon discharge from the unit.

****4. Treatments****

The patient received the following treatments during their ICU stay:

* **Cardiology Consultation:** A cardiology consultation was initiated 19 minutes after unit admission and remained active
upon discharge. * **Normal Saline Administration:** Intravenous normal saline administration was initiated 19 minutes
after unit admission and remained active upon discharge.

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

NULL (No vital sign data was provided in the JSON.)

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

The patient underwent numerous laboratory tests during their stay. Significant lab results include:

* **Creatinine:** Levels ranged from 0.84 mg/dL to 2.08 mg/dL over the course of the stay. Initial creatinine was 1.4 mg/dL
and final creatinine was 0.84 mg/dL. Note that there are multiple creatinine results at different times. These fluctuations
require further investigation. * **Sodium:** Fluctuations observed between 138 mmol/L and 148 mmol/L. Initial sodium was
144 mmol/L and final sodium was 143 mmol/L. These fluctuations should be reviewed in context of the patient's overall
clinical status. * **Magnesium:** Initial Magnesium was 1.1 mg/dL and final Magnesium was 1.7 mg/dL. The patient's
magnesium levels improved during their stay. * **Glucose:** Bedside glucose readings were consistently elevated (above
100 mg/dL), ranging from 98 mg/dL to 153 mg/dL. Consistent monitoring and management of glucose levels will be

required. * **BUN:** Blood Urea Nitrogen displayed a wide range (8-24 mg/dL) during the hospital stay. Initial BUN was 24 mg/dL and final BUN was 10 mg/dL. This suggests potential renal dysfunction requiring further evaluation. * **Complete Blood Count (CBC):** Hemoglobin (Hgb), Hematocrit (Hct), MCV, MCH, MCHC, RDW, Platelets, WBC, lymphocytes, monocytes, eosinophils, and basophils values are present in the record, but require further analysis to assess for any significant trends or abnormalities. * **Other Chemistry Labs:** Albumin, total protein, alkaline phosphatase, AST (SGOT), ALT (SGPT), total bilirubin, calcium, and ionized calcium results are available, but require detailed analysis for trends.

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

NULL (No microbiology test results were provided in the JSON.)

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

A structured physical exam was performed. The patient's admission and current weight was recorded as 91.82 kg. A Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6) was documented.

****Note:**** This report is based solely on the provided data. Missing data points are indicated as NULL. A complete and accurate medical assessment requires a comprehensive review of the patient's chart, including additional clinical information, imaging results, and other relevant data.