Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 916394 * **PatientHealthSystemStayID:** 680362 * **Gender:** Female * **Age:** 66 * **Ethnicity:** Caucasian * **HospitalID:** 167 * **WardID:** 324 * **Unit Type:** Neuro ICU * **Admission Time (Hospital):** 2015-XX-XX 19:23:00 * **Admission Source (Hospital):** Recovery Room * **Admission Time (Unit):** 2015-XX-XX 21:11:00 * **Admission Source (Unit):** Recovery Room * **Admission Weight:** 85 kg * **Discharge Weight:** 84.1 kg * **Discharge Time (Unit):** 2015-XX-XX 21:43:00 * **Discharge Location (Unit):** Step-Down Unit (SDU) * **Discharge Status (Unit):** Alive * **Unique Patient ID:** 006-100190 * **Admission Height:** 165 cm * **APACHE Admission Dx:** Neoplasm-cranial, surgery for (excluding transphenoidal)

2. History

NULL (Insufficient data provided)

3. Diagnoses

* **Diagnosis 1 (Primary):** oncology|CNS tumors|brain tumor|glioblastoma multiforme (ICD-9 code: 191.9, C71.9) Entered 30 minutes after unit admission. Inactive upon discharge. * **Diagnosis 2 (Primary):** oncology|CNS tumors|brain tumor|glioblastoma multiforme (ICD-9 code: 191.9, C71.9) Entered 880 minutes after unit admission. Active upon discharge.

4. Treatments

* **Treatment 1:** neurologic|procedures / diagnostics|intracranial/cerebral perfusion pressure monitoring|ventriculostomy. Entered 880 minutes after unit admission. Active upon discharge.

5. Vital Trends

NULL (Insufficient data provided. Vital signs would typically be included in a time series format.)

6. Lab Trends

The provided data includes multiple lab results at different time points. A detailed analysis requires a time-series representation to track changes in key blood parameters over the patient's stay. Specific lab values are listed below, but lack the necessary temporal context for a complete trend analysis. Note that some lab tests were performed both before and after the ICU admission.

* **Hematology:** MCV, Hgb, Hct, WBC x 1000, RDW, MCH, MCHC, platelets x 1000, RBC, MPV. * **Chemistry:** bicarbonate, sodium, potassium, creatinine, chloride, glucose, BUN, anion gap, calcium, magnesium * **Miscellaneous:** glucose - CSF, WBC's in cerebrospinal fluid, protein - CSF * **Arterial Blood Gas (ABG):** FiO2, Respiratory Rate

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

* **Physical Exam Performed:** Yes (Performed - Structured) * **Weight (kg) at Admission:** 85 kg * **Glasgow Coma Scale (GCS) Score:** 15 (Eyes: 4, Verbal: 5, Motor: 6) Recorded 22 minutes after unit admission.

Detailed Analysis of Lab Trends

The lab data shows a comprehensive set of blood tests, which were performed both before and during the patient's ICU stay. The presence of cerebrospinal fluid (CSF) analysis suggests a focus on neurological conditions, supporting the diagnoses of glioblastoma multiforme. To fully interpret these lab results, we need to analyze their trends over time. For example, a decrease in bicarbonate levels could indicate metabolic acidosis, while trends in creatinine and BUN can provide insights into kidney function. Changes in hematological parameters such as hemoglobin, hematocrit, and white blood cell count (WBC) can reveal information about anemia, infection, or other blood disorders. The repeated measurements of these parameters at different times are critical for observing trends and detecting potential complications. The presence of both chemistry and hematology panels allows for a comprehensive assessment of the patient's overall health status, and the CSF analysis provides crucial information about the central nervous system involvement. The initial and subsequent lab results allow for a comparison to identify changes over the course of the patient's stay. Abnormal values and their trends should be carefully assessed in relation to the patient’s clinical condition.