Medical Report for Patient 006-10232

1. Patient Information

* **Patient Unit Stay ID:** 609949 * **Patient Health System Stay ID:** 496478 * **Unique Patient ID:** 006-10232 * **Gender:** Female * **Age:** 48 years * **Ethnicity:** Hispanic * **Hospital ID:** 146 * **Ward ID:** 374 * **Unit Type:** Med-Surg ICU * **Unit Admit Source:** Floor * **Unit Admit Time:** 2014-XX-XX 21:39:00 (Exact date missing from data) * **Unit Discharge Time:** 2014-XX-XX 02:00:00 (Exact date missing from data) * **Unit Discharge Location:** Other Hospital * **Unit Discharge Status:** Alive * **Admission Height:** 163 cm * **Admission Weight:** 65.9 kg * **Discharge Weight:** NULL (Not provided in data) * **APACHE Admission Diagnosis:** CVA, cerebrovascular accident/stroke

2. History

NULL (Detailed patient history is missing from provided data.)

3. Diagnoses

* **Diagnosis ID:** 12650656, 11401136 * **Patient Unit Stay ID:** 609949 * **Diagnosis String (Both):** neurologic|disorders of vasculature|stroke|hemorrhagic stroke|brainstem * **ICD-9 Code (Both):** 432.9, I62.9 * **Diagnosis Priority (Both):** Primary * **Active Upon Discharge:** False (for Diagnosis ID 12650656), True (for Diagnosis ID 11401136) * **Diagnosis Offset:** 67 minutes (for Diagnosis ID 12650656), 78 minutes (for Diagnosis ID 11401136)

The patient presented with two diagnoses, both categorized as primary hemorrhagic strokes affecting the brainstem. One diagnosis was active upon discharge, suggesting ongoing management or complications.

4. Treatments

NULL (Treatment details are not included in the provided data.)

5. Vital Trends

NULL (Vital sign data is not available in the provided dataset. Information such as heart rate, blood pressure, respiratory rate, and oxygen saturation over time would be included here.)

6. Lab Trends

The provided lab data includes a wide range of chemistry and hematology tests performed at multiple time points during the patient's stay. The data shows fluctuations in several key indicators. For instance, there are multiple measurements of creatinine, BUN, sodium, potassium, and various blood counts (RBC, Hgb, Hct, WBC, platelets). Analysis of these trends would require a time-series visualization to properly assess their evolution and clinical significance. Specific values are listed in the CSV data section below. The presence of ethanol in the labs suggests possible alcohol involvement. The high ammonia levels (43 mcg/dL at one time point and 71 mcg/dL at another) indicates potential liver dysfunction or other metabolic issues. These require further investigation in the context of the patient's history and other lab results. The multiple measurements of albumin and total protein also suggest a focus on assessing the patient's overall nutritional status and liver function. The fluctuations in blood counts (WBC, RBC, Hgb, Hct, platelets) suggest a possible infection or response to treatment. The PT and PTT values along with INR suggest a focus on coagulation parameters.

7. Microbiology Tests

NULL (Microbiology test results are missing from the provided data.)

8. Physical Examination Results

* **Physical Exam Performed:** Yes, structured exam performed * **Heart Rate (Current, Lowest, Highest):** 46, 45, 47 bpm * **Blood Pressure (Systolic - Current, Lowest, Highest):** 163, 173, 175 mmHg * **Blood Pressure (Diastolic - Current, Lowest, Highest):** 87, 81, 93 mmHg * **Respiratory Rate (Current, Lowest, Highest):** 13, 13, 16 breaths/min * **Oxygen Saturation (Current, Lowest, Highest):** 100%, 99%, 100% * **Weight (Admission):** 65.9 kg * **Glasgow Coma Scale (GCS) Score:** 7 (Eyes: 1, Verbal: 1, Motor: 5)

The physical exam reveals that a structured exam was performed. The GCS score of 7 suggests a significant level of neurological impairment consistent with the brainstem hemorrhage diagnosis. Vital signs were recorded at various times. The meaning of these vital signs requires further clinical context such as the timing of the measurements and the patient's clinical picture.