Medical Report: Patient 002-10187

1. Patient Information

* **Patient Unit Stay ID:** 169525 * **Unique Patient ID:** 002-10187 * **Gender:** Female * **Age:** 59 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 20:05:01 * **Hospital Admission Source:** Operating Room * **Hospital Discharge Time:** 2015, 20:33:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** CTICU * **Unit Admission Time:** 2015, 20:19:00 * **Unit Admission Source:** Operating Room * **Unit Discharge Time:** 2015, 20:34:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 74.1 kg * **Discharge Weight:** 74.1 kg * **Admission Height:** 162.6 cm * **Admission Diagnosis:** Endarterectomy, carotid

2. History

NULL (Insufficient information provided)

3. Diagnoses

NULL (Insufficient information provided)

4. Treatments

NULL (Insufficient information provided)

5. Vital Trends

NULL (Insufficient information provided. Vital signs data is needed to generate this section.)

6. Lab Trends

The provided lab data shows several key blood chemistry and hematology values tracked during the patient's ICU stay. Multiple measurements were taken at different times relative to the unit admission time. Key observations include:

* **Potassium (mmol/L):** Initial potassium levels were slightly low (3.3 mmol/L and 3.6 mmol/L at different times early in the stay), showing some fluctuation. Later measurements were also around 3.3 mmol/L and 3.6 mmol/L. This suggests potential electrolyte imbalances requiring monitoring. * **Calcium (mg/dL):** Calcium levels were initially within the normal range (8 mg/dL) but later rose slightly to 8.9 mg/dL. This warrants further investigation to rule out hypercalcemia. * **BUN (mg/dL):** Blood urea nitrogen (BUN) showed an increase from 10 mg/dL to 16 mg/dL early in the stay suggesting possible kidney function impairment. This needs further assessment. * **Glucose (mg/dL):** Glucose levels were consistently elevated, ranging from 135 mg/dL to 251 mg/dL across multiple tests. This indicates hyperglycemia, possibly requiring management strategies. * **Hemoglobin (g/dL):** Hemoglobin levels were measured at 12.2 g/dL and 13.1 g/dL, values that are generally within the normal range for women. This would need to be considered in the context of the patient's overall health and the potential for blood loss during surgery. * **Complete Blood Count (CBC) with Differential:** The CBC results show a white blood cell count (WBC) of 10.6 K/mcL, slightly elevated which may indicate an inflammatory response. Other differential values such as eosinophils, basophils, lymphocytes, and monocytes are also available but require further analysis in context of other clinical findings. The red blood cell (RBC) count is slightly low, along with decreased hematocrit (Hct). The mean corpuscular volume (MCV) and mean corpuscular hemoglobin concentration (MCHC) are slightly low, indicating microcytic, hypochromic anemia. The mean corpuscular hemoglobin (MCH) is also slightly low. The red cell distribution width (RDW) is slightly elevated which could suggest that there is variability in the size of the red blood cells. Platelet counts were in the normal range (199 K/mcL and 196 K/mcL). * **Blood Gas Analysis (ABG):** Two ABG analyses show a slightly elevated partial pressure of carbon dioxide (PaCO2) at 48 mmHg and 53 mmHg suggesting mild respiratory acidosis. Oxygen saturation is relatively normal, but PaO2 is slightly low at 91mmHg and 402 mmHg, requiring additional investigation. * **Bedside Glucose:** Multiple bedside glucose tests show fluctuating

hyperglycemia, ranging from 127 mg/dL to 251 mg/dL. This warrants close monitoring and potential intervention.

7. Microbiology Tests

NULL (No microbiology data provided.)

8. Physical Examination Results

A physical exam was performed. The recorded systolic blood pressure was 106 mmHg, diastolic blood pressure was 58 mmHg, and the patient's weight was 74.1kg. A Glasgow Coma Scale (GCS) score of 14 (Eyes 4, Verbal 5, Motor 5) was documented. Further details are needed for a complete assessment.