

****Medical Report: Patient 002-1007****

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

* **Patient Unit Stay ID:** 204935 * **Patient Health System Stay ID:** 178462 * **Unique Patient ID:** 002-1007 *
Gender: Female * **Age:** 83 years * **Ethnicity:** Caucasian * **Hospital ID:** 71 * **Ward ID:** 87 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 20:37:00 * **Unit Admit Source:** Floor * **Unit Discharge Time:** 08:40:00 * **Unit
Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 08:41:00 (Hospital admit offset:
-2156 minutes from unit admit) * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2014 * **Hospital
Discharge Time:** 23:10:00 (Hospital discharge offset: 1593 minutes from unit admit) * **Hospital Discharge Location:**
Death * **Hospital Discharge Status:** Expired * **Admission Height:** 162.6 cm * **Admission Weight:** NULL *
Discharge Weight: 86.5 kg * **APACHE Admission Diagnosis:** CHF, congestive heart failure

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

* **Diagnosis ID 4207989 (Primary):** cardiovascular|ventricular disorders|congestive heart failure (ICD-9 code: 428.0,
I50.9) * **Diagnosis ID 3554093 (Other):** cardiovascular|chest pain / ASHD|coronary artery disease * **Diagnosis ID
3763330 (Other):** renal|disorder of kidney|chronic renal insufficiency (ICD-9 code: 585.9, N18.9) * **Diagnosis ID
3435115 (Other):** endocrine|glucose metabolism|diabetes mellitus

****4. Treatments****

NULL (Insufficient data provided)

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

NULL (Insufficient data provided. Vital signs would typically be included in the vital signs table, which is missing from the provided data.)

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

The patient underwent multiple laboratory tests during their stay, including blood chemistry, hematology, and miscellaneous tests. Significant trends observed include:

* **Elevated Creatinine:** Creatinine levels were consistently elevated throughout the stay, ranging from 4.4 to 4.5 mg/dL, indicating impaired kidney function. This is consistent with the diagnosis of chronic renal insufficiency. * **Elevated Potassium:** Potassium levels were also elevated, reaching 6.1 mmol/L, presenting a potential risk of cardiac arrhythmias. This warrants further investigation into the cause and potential treatment, such as dialysis. * **Low Hemoglobin:** Hemoglobin levels were low at 9.1 to 9.4 g/dL, suggesting anemia, which could contribute to fatigue and other symptoms. * **Elevated BNP:** BNP levels were significantly elevated (916-1694 pg/mL), strongly suggesting severe heart failure, aligning with the primary diagnosis. * **Electrolyte Imbalances:** The patient showed fluctuations in sodium, chloride, and bicarbonate levels, suggesting possible electrolyte imbalances that may need correcting. * **Glucose Levels:** Glucose levels were elevated, ranging from 92 mg/dL to 238 mg/dL, indicating poor glucose control consistent with diabetes mellitus.

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

NULL (Insufficient data provided)

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

* A structured physical exam was performed. * Weight: 84.1 kg at the time of the exam. * Fluid balance: Intake 220 ml, Output 170 ml, Net +50 ml. * Glasgow Coma Scale (GCS): Total score of 10 (Eyes: 2, Verbal: 4, Motor: 4) indicating some level of neurological impairment.

****Note:**** The absence of specific time points for lab results and vital signs prevents a detailed analysis of trends over time. The data provided is limited in its scope, preventing a complete medical report.