Patient Information

Patient Unit Stay ID: 173458 Unique Patient ID: 002-10086 Gender: Female Age: 68 Ethnicity: Caucasian Hospital Admit Time: 2015-XX-XX 14:09:00 Hospital Admit Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 21:42:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2015-XX-XX 14:15:00 Unit Admit Source: Emergency Department Unit Discharge Time: 2015-XX-XX 18:03:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 126.2 kg Discharge Weight: 123.2 kg Admission Diagnosis: CHF, congestive heart failure Admission Height: 160 cm

Medical History

NULL (Insufficient data provided)

Diagnoses

Primary Diagnosis: Congestive Heart Failure (CHF)

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided. To generate vital trends, data on heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation over time are needed.)

Lab Trends

The provided lab data shows multiple blood tests performed at different time points during the patient's ICU stay. Key observations include:

* **Hemoglobin (Hgb):** Initial Hgb levels were 14.3 g/dL (at -75 minutes from unit admission), and subsequently decreased to 12.2 g/dL (at 1232 minutes) and remained at 12.2 g/dL (at 4125 minutes). This suggests a potential decrease in red blood cell mass during the ICU stay. * **Hematocrit (Hct):** Similar to Hgb, Hct showed an initial value of 45.1%, dropping to 38.2% and then to 37.9%. This further supports the potential for anemia. * **Platelets:** Platelet counts varied between 226 K/mcL and 317 K/mcL across different measurements, indicating fluctuations in platelet levels which may warrant further investigation. * **White Blood Cell Count (WBC):** WBC counts were initially high at 15.6 K/mcL, then 10.4 K/mcL and finally 9.2 K/mcL. This implies an initial inflammatory response, followed by a decrease but still above the normal range. * **Red Blood Cell Count (RBC):** RBC count was 4.78 M/mcL initially, dropping to 4.15 M/mcL and then 4.14 M/mcL. This is consistent with the Hgb and Hct trends suggesting anemia. * **Troponin-I:** This cardiac biomarker showed a significant elevation from <0.02 ng/mL initially to 0.33 ng/mL and 0.28 ng/mL at later time points, indicating possible myocardial injury. * **Prothrombin Time (PT) and International Normalized Ratio (INR):** PT increased significantly from 54.2 seconds initially to 15.1 seconds and 20.9 seconds. The INR followed a similar trend, increasing from 4.9 to 1.5 and 2.0, indicating changes in blood coagulation. * **Blood Glucose:** The bedside glucose measurements showed significant fluctuations, ranging from 154 mg/dL to 416 mg/dL, indicating hyperglycemia at multiple timepoints. * **Other Chemistry Labs:** Other chemistry values like BUN, creatinine, sodium, chloride, albumin, total protein, total bilirubin, calcium, anion gap, ALT, AST and alkaline phosphatase show some degree of variation. These will be analyzed further below.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam documented at 22 minutes post-unit admission indicates a Glasgow Coma Scale (GCS) score of 15 (4+6+5), normal weight (126.2 kg), and FiO2 of 30%. The exam was performed using a structured format. The weight is consistent with the admission weight. Further details are lacking, but a GCS of 15 suggests normal neurological function at this timepoint.