

****Medical Report for Patient 006-100175****

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

* **Patient Unit Stay ID:** 926316 * **Unique Patient ID:** 006-100175 * **Gender:** Female * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital ID:** 154 * **Ward ID:** 394 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 18:41:00 (Date information missing from JSON) * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 2014-XX-XX 01:58:00 (Date information missing from JSON) * **Unit Discharge Location:** Other External * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 23:43:00 (Date information missing from JSON) * **Hospital Admit Source:** Floor * **Hospital Discharge Time:** 2014-XX-XX 01:58:00 (Date information missing from JSON) * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Admission Height:** 162.5 cm * **Admission Weight:** NULL * **Discharge Weight:** NULL * **Admission Diagnosis:** NULL

****2. History:****

NULL (Insufficient information provided in the JSON data.)

****3. Diagnoses:****

NULL (Insufficient information provided in the JSON data.)

****4. Treatments:****

NULL (Insufficient information provided in the JSON data.)

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

NULL (No vital sign data provided in the JSON data. This section would typically include trends of heart rate, blood pressure, respiratory rate, temperature, oxygen saturation, etc., plotted over time.)

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

The provided lab data includes various chemistry, blood gas (ABG), and hematology results. Key observations include:

* **Electrolytes:** Initial potassium was 4.1 mmol/L, sodium was 144 mmol/L, chloride was 110 mmol/L, bicarbonate was initially 29 mmol/L and later 30.2 and 31.6 mmol/L, and calcium was 7.7 mg/dL. BUN was 23 mg/dL, and glucose was 138 mg/dL. Creatinine was 0.72 mg/dL. Anion Gap was 5. * **Blood Gas:** Multiple ABG results show variability in pH, PaO₂, PaCO₂, and base excess, suggesting respiratory and/or metabolic imbalances. There is evidence of both hypoxemia (low PaO₂) and hypercapnia (high PaCO₂) during the ICU stay, with some improvement over time. FiO₂ varied between 28% and 32% and 50% during different ABG measurements. Initial measurements showed significant acidosis, with later measurements showing a trend towards improvement. Base excess varied from 2.5 mEq/L to 10.2 mEq/L at different points. O₂ Saturation varied from 94% to 100% * **Hematology:** Hemoglobin (Hgb) was 7.9 g/dL, hematocrit (Hct) was 25.7%, RBC was 2.65 M/mcL, MCV was 97 fL, MCH was 29.8 pg, MCHC was 30.7 g/dL, MPV was 10.3 fL, platelets were 116 K/mcL, and WBC was 10.6 K/mcL. RDW was 18%. * **Bedside Glucose:** Bedside glucose measurements show fluctuation, ranging from 78 mg/dL to 144 mg/dL, indicating possible glucose dysregulation. * **Mechanical Ventilation Parameters:** Measurements of Tidal Volume (TV) and PEEP were taken. There is some variability in TV measurements.

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

NULL (No microbiology test data provided in the JSON data.)

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

NULL (No physical examination results provided in the JSON data. This section would typically include detailed descriptions of the patient's physical findings upon admission and during the ICU stay.)