Medical Report: Patient 002-1115

1. Patient Information

* **Patient Unit Stay ID:** 205096 * **Patient Health System Stay ID:** 178596 * **Unique Patient ID:** 002-1115 * **Gender:** Female * **Age:** 46 * **Ethnicity:** Caucasian * **Hospital ID:** 61 * **Ward ID:** 120 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 20:03:00 * **Unit Admit Source:** Floor * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 45.8 kg * **Discharge Weight:** 45.8 kg * **Unit Discharge Time:** 20:19:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 03:37:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 16:11:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height:** 175.3 cm * **Admission Diagnosis:** Renal failure, acute

2. History

NULL (Insufficient data provided)

3. Diagnoses

* Acute Renal Failure: This was the admission diagnosis, indicating a sudden decrease in the kidneys' ability to filter waste products from the blood.

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

NULL (Insufficient data provided. Vital signs data would need to be included in the input JSON to populate this section.)

6. Lab Trends

The provided lab data shows multiple blood tests taken at various times during the patient's stay. Several key trends are apparent, though more complete data would allow for more robust analysis. The following are observations based on the available data:

* **Hemoglobin (Hgb):** Hemoglobin levels show a pattern of fluctuation. Initial values were around 8.3-8.9 g/dL. A later measurement at 927 minutes post-unit admission showed a decrease to 6.4 g/dL. Values subsequently rose to 8.4-8.9 g/dL. This suggests potential anemia, which warrants further investigation into the cause and management during the patient's stay. The decrease could be related to blood loss or other underlying conditions. * **Creatinine:** Creatinine levels were elevated, consistent with the diagnosis of acute renal failure. Initial values were around 2.94-3.03 mg/dL, indicating renal impairment. A later creatinine value of 3.22 mg/dL at 5172 minutes post-unit admission indicates a worsening of renal function. This emphasizes the severity of the acute renal failure. * **Platelets:** Platelet counts fluctuated, starting around 186 K/mcL and later dropping to 113-129 K/mcL. This could indicate a possible bleeding disorder or other complications related to the renal failure. * **Bicarbonate:** Bicarbonate levels were consistently low (18 mmol/L initially, dropping to 15-16 mmol/L later), suggesting metabolic acidosis, which is a common complication of renal failure. This would be expected given the acute renal failure. * **Total Bilirubin:** Total bilirubin increased from 0.9 mg/dL to 2.1-4.0 mg/dL, suggesting possible liver involvement or another contributing factor to the patient's condition. This warrants further investigation into the cause of the increased bilirubin. * **Albumin:** Albumin levels were initially low (<1.0 g/dL) suggesting hypoalbuminemia, which is often seen in patients with severe illness. Later levels show an increase to 2.7-3.6 g/dL, this could indicate improvement or response to treatment, but more information would be needed. * **Potassium:** Potassium levels were initially around 4.1-4.6 mmol/L and subsequently dropped to 3.5-3.8 mmol/L. This fluctuation necessitates careful monitoring and management to prevent dangerous levels of hyperkalemia or hypokalemia.

* **Blood Cell Counts:** The complete blood count shows variations in different types of blood cells. This information is important for assessing the overall health and response to treatment.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

* **Physical Exam Performed:** A structured physical exam was performed at 6 minutes post unit admission. * **Weight:** Admission weight was recorded as 45.8 kg. * **I&O;:** Intake was 0 ml and output was 100 ml. Net fluid balance was -100 ml. * **Glasgow Coma Scale (GCS):** The GCS score was 12 (Motor: 5, Verbal: 4, Eyes: 3). This suggests some level of neurological impairment.

Note: The provided data is limited. A more comprehensive report would require additional information such as vital signs, detailed medical history, treatment plans, and microbiology results.