Medical Report: Patient 002-10287

1. Patient Information

* **Patient Unit Stay ID:** 169974 * **Unique Patient ID:** 002-10287 * **Gender:** Male * **Age:** 56 * **Ethnicity:** Asian * **Hospital ID:** 69 * **Ward ID:** 98 * **Admission Diagnosis:** CVA, cerebrovascular accident/stroke * **Admission Height:** 157.5 cm * **Hospital Admit Time:** 2015-XX-XX 12:11:00 (Hospital Admit Offset: -26 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 22:00:00 (Hospital Discharge Offset: 4883 minutes from unit admit) * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 12:37:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 67.1 kg * **Discharge Weight:** 68.8 kg * **Unit Discharge Time:** 2015-XX-XX 13:40:00 (Unit Discharge Offset: 2943 minutes from unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient data provided)

3. Diagnoses

* Cerebrovascular accident (CVA)/Stroke (Admission Diagnosis)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

NULL (Insufficient data provided. Vital signs would typically be included in the dataset.)

6. Lab Trends

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

* **Hemoglobin (Hgb):** Initial Hgb was 14.6 g/dL, decreased to 13.2 g/dL at 1332 minutes post-unit admission, and further decreased to 12.4 g/dL at 2740 minutes. This suggests a potential ongoing blood loss or anemia. Further investigation is needed to determine the cause. * **Platelets:** Initial platelet count was 183 K/mcL, decreasing to 167 K/mcL at 1332 minutes and 165 K/mcL at 2740 minutes. This trend might indicate thrombocytopenia, requiring further evaluation. * **White Blood Cell Count (WBC):** Initial WBC was 9.8 K/mcL, dropping to 6.9 K/mcL at 2740 minutes. This could suggest an infection or inflammatory response, although more data is needed for a definitive conclusion. * **Creatinine:** Shows an increase from 1.59 mg/dL initially to 1.35 mg/dL at 2740 minutes. This change may signify evolving renal function, warranting close monitoring. * **Glucose:** Demonstrates significant fluctuation with several bedside glucose measurements showing values ranging from 97 mg/dL to 288 mg/dL at different times. This variability suggests potential issues with glucose regulation, potentially due to stress from the stroke or other factors. * **Electrolytes:** Initial potassium was 4.5 mmol/L, falling to 3.6 mmol/L at 2740 minutes. Sodium levels also changed from 137 mmol/L initially to 141 mmol/L at 2740 minutes. These shifts in electrolytes also require further clinical context. * **Liver Enzymes:** Elevated AST (85 Units/L) and ALT (57 Units/L) at admission suggest possible liver injury, potentially secondary to the stroke or medications. Further investigation is warranted.

7. Microbiology Tests

NULL (No microbiology data provided)

8. Physical Examination Results

* A structured physical exam was performed at 4 minutes post-unit admission. * Admission weight was recorded as 67.1 kg, and the current weight at the time of the exam was also 67.1 kg, indicating no immediate weight change. * GCS score was recorded as 15 (Eyes 4, Verbal 5, Motor 6), indicating normal neurological function.

It is crucial to note that this report is limited by the available data. A complete picture of the patient's condition requires additional information including vital signs, detailed history, treatment details, and further lab results across the ICU stay. The trends observed in the lab data require additional clinical correlation to establish diagnoses and guide treatment decisions.