Medical Report: Patient 006-11882

1. Patient Information

* **Patient Unit Stay ID:** 773231 * **Patient Health System Stay ID:** 594395 * **Unique Patient ID:** 006-11882 * **Gender:** Female * **Age:** 47 * **Ethnicity:** Caucasian * **Hospital ID:** 164 * **Ward ID:** 321 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 04:01:00 * **Unit Admit Source:** Step-Down Unit (SDU) * **Unit Visit Number:** 2 * **Unit Stay Type:** Admit * **Admission Weight:** 64.9 kg * **Discharge Weight:** 64.9 kg * **Unit Discharge Time:** 17:59:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 00:41:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 20:40:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 172.7 cm * **APACHE Admission Dx:** Hypoglycemia

2. History

NULL (Insufficient information provided in the JSON to reconstruct a detailed patient history.)

3. Diagnoses

The patient presented with multiple diagnoses during her ICU stay. These include:

* **Primary:** Endocrine|glucose metabolism|hypoglycemia (ICD-9 codes: 251.1, E16.2). This diagnosis was active upon admission and later marked inactive. * **Major:** Renal|electrolyte imbalance|hyponatremia (ICD-9 codes: 276.1, E87.0, E87.1). This diagnosis was active upon admission and later marked inactive. It reappeared and was active upon discharge. * **Major:** Neurologic|neuromuscular disorders|myopathy|rhabdomyolysis (ICD-9 codes: 359.89, G72.89). This diagnosis was active upon admission and later marked inactive. It reappeared and was active upon discharge. * **Major:** Renal|disorder of kidney|acute renal failure|due to nephrotoxic agents|rhabdomyolysis (ICD-9 codes: 584.9, N17.9). This diagnosis was active upon discharge. The temporal aspects of the diagnosis entries suggest a potential progression or relationship between these conditions. The rhabdomyolysis appears to be a significant factor contributing to both renal and electrolyte imbalances.

4. Treatments

NULL (No treatment information is available in the provided JSON data.)

5. Vital Trends

Physical exam data provides snapshots of vital signs at two time points. At 24 minutes post-unit admission, the patient's heart rate (HR) ranged from 95 to 106 bpm, blood pressure (BP) from 94/68 to 117/78 mmHg, respiratory rate (RR) from 11 to 18 breaths/minute, and oxygen saturation (O2 Sat) from 95% to 98%. At 1558 minutes post-unit admission, HR was 80-99 bpm, BP 84/58 to 105/76 mmHg, RR 6-20 breaths/minute, and O2 Sat 95%-100%. A more complete time series of vital signs would be needed for a comprehensive trend analysis.

6. Lab Trends

The laboratory data shows multiple tests performed at different time points during the ICU stay. Several lab values demonstrate notable changes over time, requiring careful analysis. For example, bedside glucose levels fluctuated considerably. CPK levels were significantly elevated (1995 Units/L) at 394 minutes post-admission, suggesting muscle damage consistent with rhabdomyolysis. This was followed by subsequent decreases. Creatinine levels also show some fluctuation, with a slight increase from 0.74 mg/dL to 0.76 mg/dL between the two main lab draws, indicating a possible decline in kidney function. Additional complete blood count (CBC) results, including MCV, MCH, MCHC, MPV, RBC, Hct, Hgb, platelets, and WBC, were also collected at different times and should be analyzed for trends indicative of the patient's overall health status.

7. Microbiology Tests

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

8. Physical Examination Results

As noted above, physical exam data shows vital signs at two time points. The weight increased from 59 kg to 64.1 kg over the course of the ICU stay. Fluid balance is also included, showing a net negative balance. A GCS score is recorded as 15 (4+5+6) at 24 minutes and also as 15 (scored) at 1558 minutes, indicating stable neurological status during the ICU stay.