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 * **Admission Time (24-hour):** 20:03:00 * **Admission Source:** Floor * **Admission Height:** 175.3 cm * **Admission Weight:** 45.8 kg * **Discharge Time (24-hour):** 20:19:00 * **Discharge Location:** Step-Down Unit (SDU) * **Discharge Weight:** 45.8 kg * **Hospital Admit Time (24-hour):** 03:37:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time (24-hour):** 16:11:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Admit Offset (minutes from unit admit):** 0 * **Hospital Admit Offset (minutes from unit admit):** -3866 * **Hospital Discharge Offset (minutes from unit admit):** 12728 * **Unit Discharge Offset (minutes from unit admit):** 5776 * **APACHE Admission Dx:** Renal failure, acute

2. History

NULL (Insufficient data provided)

3. Diagnoses

* Acute Renal Failure (Based on APACHE Admission Dx)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

NULL (Insufficient data provided. Vital signs data is needed to generate this section.)

6. Lab Trends

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

* **Hemoglobin (Hgb):** Fluctuated between 6.4 g/dL and 8.9 g/dL, indicating potential anemia. Further investigation into the cause of anemia is warranted. * **Platelets:** Decreased from 186 K/mcL to 113 K/mcL, suggesting thrombocytopenia. This requires further evaluation to determine the cause and potential need for treatment. * **Creatinine:** Elevated, ranging from 2.81 mg/dL to 3.22 mg/dL, consistent with the diagnosis of acute renal failure. This warrants close monitoring for progression of kidney disease. * **Bicarbonate:** Showed a decrease, indicating metabolic acidosis. The values ranged between 15 mmol/L and 23 mmol/L. This should be investigated to determine etiology and potential interventions. * **Total Bilirubin:** Increased from 0.9 mg/dL to 4.0 mg/dL, suggesting potential liver dysfunction. Further testing may be needed to assess liver function. * **Albumin:** Significantly decreased, from a value of <1.0 g/dL to 3.6 g/dL, indicating hypoalbuminemia. This could also be a consequence of acute renal failure and warrants further investigation. * **Potassium:** Fluctuated between 2.9 mmol/L and 4.6 mmol/L, signifying potential electrolyte imbalances. This requires close monitoring to prevent cardiac complications. * **Blood Gas Analysis:** ABG results (pH, PaCO2, PaO2, HCO3, Base Deficit) reveal further details about the patient's acid-base balance and respiratory function. Specific values and trends within these parameters need to be carefully analyzed to assess the severity and management of the acidosis.

7. Microbiology Tests

NULL (No microbiology data provided)

8. Physical Examination Results

* **Physical Exam Performed:** A structured physical exam was performed at 6 minutes post-unit admission. * **Weight:** Admission weight recorded as 45.8 kg. * **I&O;:** Intake of 0 ml, Output of 100 ml, and Net Dialysis of 0 ml resulting in a total net fluid balance of -100 ml. * **Glasgow Coma Scale (GCS):** Total score of 12 (Motor 5, Verbal 4, Eyes 3) indicating mild impairment of consciousness at the time of the exam.

Note: This report is based on the limited data provided. A more complete assessment requires additional information, including a detailed patient history, complete vital signs and laboratory results, imaging studies, and treatment details.