

****Patient Information****

* **Patient Unit Stay ID:** 141765 * **Unique Patient ID:** 002-1039 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital ID:** 59 * **Ward ID:** 91 * **Unit Type:** Med-Surg ICU * **Admission Diagnosis:** Rhythm disturbance (atrial, supraventricular) * **Admission Height:** 157.5 cm * **Admission Weight:** 46.5 kg * **Discharge Weight:** 45 kg * **Hospital Admit Time:** 2015-XX-XX 23:36:00 (Exact date missing) * **Unit Admit Time:** 2015-XX-XX 23:44:00 (Exact date missing) * **Hospital Discharge Time:** 2015-XX-XX 19:20:00 (Exact date missing) * **Unit Discharge Time:** 2015-XX-XX 13:14:00 (Exact date missing) * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Step-Down Unit (SDU) * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

****Medical History****

NULL (Insufficient data provided to elaborate on the patient's medical history beyond the admission diagnosis.)

****Diagnoses****

* **Primary Diagnosis:** Rhythm disturbance (atrial, supraventricular) (Based on APACHE admission diagnosis)

****Treatments****

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

****Vital Trends****

NULL (No vital sign data is provided in the dataset.)

****Laboratory Trends****

The provided data includes a series of laboratory results taken at different time points relative to the unit admission time. Key observations include:

* **Electrolytes:** Initial sodium levels were 138 mmol/L and slightly increased to 142 mmol/L at a later timepoint. Potassium levels showed some variation, from 4.4 mmol/L initially to 4.1 mmol/L subsequently. Chloride also showed an increase from 101 mmol/L to 108 mmol/L. * **Renal Function:** Creatinine levels decreased from 1.32 mg/dL to 0.85 mg/dL, suggesting improvement in renal function. BUN levels, an indicator of kidney function, also decreased from 35 mg/dL to 16 mg/dL over the course of the stay. * **Liver Function:** AST and ALT levels were elevated at 28 and 29 Units/L respectively upon admission, indicating possible liver involvement. Further evaluation of trends would be needed. * **Glucose:** Glucose levels were initially 91 mg/dL and showed variation at later time points (61 and 79 mg/dL), requiring further context for interpretation. Bedside glucose measurements further indicate fluctuations in glucose levels around 89 mg/dL. * **Complete Blood Count (CBC):** Hemoglobin (Hgb) remained relatively stable around 12.3 g/dL. Hematocrit (Hct) also showed a stable value near 37.5%. Platelet counts decreased from 239 K/mcL to 191 K/mcL, possibly indicating a response to treatment or underlying condition. White blood cell (WBC) counts were elevated at 11.1 K/mcL initially and remained slightly elevated at 10.2 K/mcL later. Differential counts show low monos and eos, and elevated polys. * **Other:** Total bilirubin (0.8 mg/dL), albumin (3.7 g/dL), and total protein (7.4 g/dL) were within the normal range. Anion gap showed a decrease from 18 mmol/L to 12 mmol/L, indicating a possible resolution of metabolic acidosis. BNP was elevated at 478 pg/mL, suggesting possible cardiac involvement. PT-INR was significantly elevated at 4.2, indicating a prolonged prothrombin time, which improved to 1.8 at a later time point. The urinary specific gravity was normal. TSH was within normal range. Troponin-I levels were low, indicating absence of acute myocardial injury.

****Microbiology Tests****

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

****Physical Examination Results****

* ****Initial Physical Exam:**** A structured physical exam was performed upon admission. The patient's weight was recorded as 46.5 kg. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6), indicating normal neurological function.