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**Medical Report - Patient 002-11027**
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1. Patient Information

* **Patient Unit Stay ID:** 156308 * **Unique Patient ID:** 002-11027 * **Gender:** Male * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 08:46:00 * **Hospital Discharge Time:** 2014-XX-XX 20:30:00 * **Unit Admission Time:** 2014-XX-XX 08:47:00 * **Unit Discharge Time:** 2014-XX-XX 20:30:00 * **Unit Type:** Med-Surg ICU * **Admission Weight:** 86.18 kg * **Admission Height:** 172.7 cm * **Hospital Admit Source:** Emergency Department * **Unit Admit Source:** Emergency Department * **Hospital Discharge Status:** Alive * **Unit Discharge Location:** Home

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. The admission diagnosis mentions Sepsis and pulmonary issues, but no further details are available on the onset, duration, or progression of these conditions. Additional information such as past medical history, family history, social history, and presenting complaints is needed.)

3. Diagnoses

The patient was diagnosed with the following conditions upon discharge from the unit:

* **COPD:** ICD-9 codes 491.20, J44.9 (Other priority) * **Pneumonia:** ICD-9 codes 486, J18.9 (Other priority) * **Diabetes Mellitus:** (Other priority) * **Primary Lung Cancer:** ICD-9 codes 162.9, C34.90 (Other priority) * **Sepsis:** ICD-9 codes 038.9, A41.9 (Other priority)

The diagnosis priority field indicates that none of these diagnoses were considered primary or major. Further investigation into the relative severity of each condition is necessary for a complete clinical picture.

4. Treatments

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

5. Vital Trends

The following vital signs were recorded during the initial physical examination (at approximately 39 minutes post-unit admission):

* **Heart Rate (Current):** 96 bpm * **Heart Rate (Lowest):** 92 bpm * **Heart Rate (Highest):** 96 bpm * **Respiratory Rate (Current):** 22 breaths/min * **Respiratory Rate (Lowest):** 21 breaths/min * **Respiratory Rate (Highest):** 22 breaths/min * **Oxygen Saturation (Current):** 100% * **Oxygen Saturation (Lowest):** 100% * **Oxygen Saturation (Highest):** 100%

(A complete vital signs trend analysis requires a time series of vital sign measurements, which is not provided.)

6. Lab Trends

The patient underwent multiple lab tests. Significant findings include:

* **Elevated Glucose:** Multiple readings throughout the ICU stay reveal consistently high glucose levels (e.g., 446 mg/dL initially, 241 mg/dL later, etc.), suggesting hyperglycemia. Further analysis of glucose levels over time is needed to assess

the effectiveness of any treatment. * **Electrolyte Imbalances:** The initial blood work showed elevated potassium (5.4 mmol/L) and calcium (8.4 mg/dL) levels. Subsequent measurements indicate some fluctuation in these values. Evaluation of trends in potassium and calcium levels is crucial to determine the need for correction. * **Elevated Lactate:** An initial lactate level of 3.0 mmol/L, along with another reading of 1.5 mmol/L suggests possible lactic acidosis which requires further investigation and monitoring. * **Anemia:** Hemoglobin and hematocrit levels (e.g., 8.2 g/dL and 27% respectively at one point) are below the normal range, indicating anemia. Consistent monitoring and trend analysis of these values is needed to assess the severity and response to treatment (if any). * **Reduced Albumin:** The albumin level was low (2.3 g/dL initially), indicating potential hypoalbuminemia. This requires ongoing monitoring to evaluate nutritional status and overall health.

(Comprehensive lab trend analysis requires a full time series of results, which is not available here.)

7. Microbiology Tests

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

8. Physical Examination Results

The physical exam was performed and the Glasgow Coma Scale (GCS) was scored. The initial GCS score was 15 (Eyes: 4, Verbal: 5, Motor: 6). The physical exam was marked as 'Performed - Structured' indicating that a comprehensive assessment was completed.

(More detailed physical examination findings are needed to provide a more complete picture.)