Medical Report for Patient 002-10160

1. Patient Information

* **Patient Unit Stay ID:** 172414 * **Unique Patient ID:** 002-10160 * **Gender:** Female * **Age:** 48 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-01-01 00:01:00 * **Hospital Discharge Time:** 2015-01-01 17:30:00 * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-01-01 00:02:00 (estimated, based on hospital admit time) * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-01-01 22:42:00 * **Unit Discharge Location:** Floor * **Admission Weight:** 63.4 kg * **Discharge Weight:** 63.4 kg * **Admission Height:** 172.7 cm * **Admission Diagnosis:** Drug withdrawal

2. History

NULL (Insufficient data provided to elaborate on patient history.)

3. Diagnoses

* Primary Diagnosis: Drug withdrawal (as per `apacheadmissiondx`)

4. Treatments

NULL (Insufficient data provided to detail specific treatments administered.)

5. Vital Trends

The provided data includes some vital signs from the physical exam at 89 minutes post unit admission: * Heart Rate (HR): Current 102 bpm, Lowest 102 bpm, Highest 117 bpm * Blood Pressure (BP): Systolic Current 95 mmHg, Lowest 95 mmHg, Highest 118 mmHg; Diastolic Current 58 mmHg, Lowest 58 mmHg, Highest 83 mmHg * Oxygen Saturation (O2 Sat): Current 98%, Lowest 95%, Highest 99%

More comprehensive vital sign data is needed to generate meaningful trends.

6. Lab Trends

The laboratory data shows multiple blood tests performed at various times during the patient's stay. There are two sets of tests; one around 575 minutes post-admission and another around 2074 minutes. There are also some tests taken prior to the unit admission (-215 minutes). Key observations from the lab results include:

* **Electrolytes:** Initial sodium levels were slightly low (134 mmol/L) but improved to 140 mmol/L. Potassium levels were initially low (2.8 mmol/L), improving to 3.2 mmol/L. Bicarbonate levels were also low initially (19 mmol/L) but improved to 28 mmol/L. Chloride levels fluctuated between 92 and 103 mmol/L. * **Liver Function Tests (LFTs):** AST (SGOT) and ALT (SGPT) levels were elevated initially (106 and 78 Units/L respectively) and subsequently decreased to 43 and 51 Units/L. Alkaline phosphatase was elevated (79 Units/L) initially and improved to 80 Units/L. * **Renal Function Tests (RFTs):** Creatinine levels were elevated initially (1.9 mg/dL) and decreased to 0.8 mg/dL. BUN levels showed a similar pattern, reducing from 29 mg/dL to 6 mg/dL. * **Complete Blood Count (CBC):** Hemoglobin (Hgb) and Hematocrit (Hct) levels were slightly low initially (11.9 g/dL and 33.9% respectively) and remained relatively stable. White blood cell (WBC) count was elevated initially (11.6 K/mcL) and decreased to 4.5 K/mcL. Platelets were also initially low (147 K/mcL) and improved to 177 K/mcL. Mean Corpuscular Volume (MCV) was slightly elevated (98.5 fL and 97.7 fL). Red cell distribution width (RDW) was elevated (12.5%). * **Other:** Albumin levels improved slightly from 3.6 g/dL to 4.3 g/dL. Total bilirubin was elevated initially (1.2 mg/dL) and improved to 0.5 mg/dL. Total protein levels also decreased from 8.1 g/dL to 6.5 g/dL. Bedside glucose levels were consistently above normal range. * **Note:** There is an inconsistency in the ionized calcium result which is recorded in mg/dL and mmol/L simultaneously. This requires clarification.

More detailed time-series analysis and visual representation would provide further insights into these trends.

7. Microbiology Tests

NULL (No microbiology test data provided.)

8. Physical Examination Results

A structured physical exam was performed at 89 minutes post unit admission. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6). The patient's weight was 63.4kg. Intake and output were 0 ml. The exam included vital signs as detailed above in section 5.

Additional physical exam findings would enrich this section of the report.