Medical Report - Patient 002-10659

1. Patient Information

* **Patient Unit Stay ID:** 166175 * **Patient Health System Stay ID:** 148266 * **Unique Patient ID:** 002-10659 * **Gender:** Male * **Age:** 60 * **Ethnicity:** Caucasian * **Hospital ID:** 60 * **Ward ID:** 83 * **Unit Type:** Med-Surg ICU * **Admission Time (24-hour):** 00:27:00 * **Admission Source:** Emergency Department * **Admission Height:** 185.4 cm * **Admission Weight:** 107.9 kg * **Discharge Time (24-hour):** 20:02:00 * **Discharge Location:** Floor * **Discharge Weight:** 115.2 kg * **Hospital Admission Time (24-hour):** 00:03:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time (24-hour):** 23:44:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Diagnosis:** Sepsis, cutaneous/soft tissue

2. History

NULL (Insufficient data provided)

3. Diagnoses

* Sepsis * Cutaneous/soft tissue infection (Inferred from admission diagnosis)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

* **Heart Rate (HR):** The highest recorded heart rate was 120 bpm, the lowest was 114 bpm, and a current heart rate of 120 bpm was documented at 37 minutes post unit admission. More data points are needed to establish trends. * **Respiratory Rate (RR):** The highest respiratory rate was 26 breaths per minute, the lowest was 24 breaths per minute, and a current rate of 24 breaths per minute was noted at 37 minutes post unit admission. Further data is required to fully assess respiratory trends. * **Oxygen Saturation (O2 Sat):** The highest and lowest oxygen saturation levels recorded were both 97%. Additional data is needed to observe trends. * **Weight:** The patient's weight upon admission was 107.9 kg and decreased to 106.6 kg during the ICU stay, representing a net loss of 1.3 kg. Further weight measurements would be needed to fully understand weight trends.

6. Lab Trends

The provided lab data shows multiple bedside glucose measurements throughout the patient's stay, ranging from 169 mg/dL to 322 mg/dL. There is evidence of hyperglycemia. Further analysis is needed to determine if this trend is consistent or influenced by other factors. Other lab values such as creatinine (0.7-0.9 mg/dL), potassium (3.8-4.3 mmol/L), sodium (126-132 mmol/L), chloride (89-99 mmol/L), BUN (7-9 mg/dL), total protein (6.8-8.4 g/dL), albumin (2.8-3.6 g/dL), total bilirubin (0.8-1.0 mg/dL), ALT (30-38 Units/L), AST (19-25 Units/L), and alkaline phosphatase (64-84 Units/L) show some variation, but more frequent measurements are necessary to establish clear trends and assess their clinical significance. Hematological data, including complete blood counts (CBC) with differential, reveal fluctuations in white blood cell (WBC) count (4.2-15.3 K/mcL), platelet count (118-172 K/mcL), hemoglobin (11.4-14.4 g/dL), and hematocrit (33.2-40.7%). These variations suggest potential underlying conditions that require additional investigation. A time-series analysis would be beneficial for a complete understanding of these trends. The presence of CRP (8.2-17.6 mg/dL) indicates inflammation. An ethanol level of 67 mg/dL and a Vancomycin level of 5.9 mcg/mL were also recorded.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

A structured physical exam was performed. Vital signs recorded at 37 minutes post unit admission included a heart rate of 120 bpm, respiratory rate of 24 breaths per minute, and oxygen saturation of 97%. The Glasgow Coma Scale (GCS) was scored as 15 (Eye 4, Verbal 5, Motor 6). Admission weight was 107.9 kg, which subsequently decreased to 106.6 kg.