Patient Information

* **Patient Unit Stay ID:** 147784 * **Unique Patient ID:** 002-10424 * **Gender:** Female * **Age:** 60 * **Ethnicity:** Hispanic * **Hospital ID:** 67 * **Ward ID:** 109 * **Unit Type:** Med-Surg ICU * **Admission Height:** 154.9 cm * **Admission Weight:** 95.6 kg * **Discharge Weight:** 97.6 kg * **Hospital Admit Time:** 2015-XX-XX 05:06:00 * **Unit Admit Time:** 2015-XX-XX 05:06:00 * **Unit Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 23:08:00 * **Unit Discharge Time:** 2015-XX-XX 20:47:00 * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Coma/change in level of consciousness (for hepatic see GI, for diabetic see Endocrine, if related to cardiac arrest, see CV)

History

NULL (Insufficient data provided)

Diagnoses

NULL (Insufficient data provided)

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided. While FiO2%, PEEP, and Vent Rate are recorded in the physical exam, these are single time points, not trends. More data is required to establish vital sign trends.)

Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's ICU stay. The time offsets indicate when the samples were drawn relative to the unit admission time. Several key lab values show trends over time that are worth noting:

* **Glucose:** Multiple bedside glucose measurements show fluctuating levels, ranging from 109 mg/dL to 192 mg/dL. There is a clear need for further analysis to determine if this fluctuation is clinically significant and to identify any potential patterns or underlying causes. * **Hemoglobin (Hgb):** There was a decrease in Hgb levels from 14.2 g/dL to 12.5 g/dL between the initial and final blood tests. This decrease could indicate blood loss, anemia, or other underlying conditions and warrants further investigation. * **Platelets:** There is a decrease in platelet count from 219 K/mcL to 177 K/mcL over time, also requiring further investigation to determine clinical significance. * **Blood Gas Analysis (ABG):** ABG results show a low pH of 7.12 and 7.17 at different times, indicating acidosis. A later reading shows a pH of 7.37, indicating improvement. The paO2 and paCO2 values are also relevant to assess the severity and type of respiratory compromise and should be analyzed in conjunction with FiO2%. The elevated paCO2 (>100 mm Hg) indicates severe hypercapnia. Base excess is also significantly elevated (up to 18 mEq/L), indicating metabolic acidosis.

* **Other Chemistry Values:** Other chemistry values such as BUN, creatinine, albumin, total protein, sodium, potassium, chloride, ALT, AST, alkaline phosphatase, anion gap, and others, show some variations but the provided data is limited to a few time points. A more comprehensive set of lab results would be needed to generate a thorough trend analysis for these parameters. However, the initial and final values for these parameters should be compared to observe any significant changes.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam notes indicate a Glasgow Coma Scale (GCS) score of 13 (4+6+3) upon initial evaluation. The patient was on mechanical ventilation (Vent Rate Current: 16), with FiO2% of 60% and PEEP of 5. A more comprehensive physical examination report is needed to provide a complete overview of the patient's condition.

Word Count: 547 words

Chart Description

1. **Time Series Plot of Key Lab Values:** This plot will display the trends of several key lab values (glucose, hemoglobin, platelets, pH, paO2, paCO2, bicarbonate, and Base Excess) over time (labresultoffset). The x-axis represents the time offset (minutes from unit admit time), and the y-axis represents the lab result value. Each lab value will be represented by a different colored line, enabling easy comparison of the trends. This visualization is informative because it helps identify patterns and potential correlations between lab results and the patient's overall clinical course. This will allow us to see if there are any critical changes in these values over time, which may indicate disease progression or response to treatment.

2. **Scatter Plot Matrix of Chemistry Panel:** A scatter plot matrix will display the relationships between key chemistry panel values (BUN, creatinine, albumin, total protein, sodium, potassium, chloride, ALT, AST, alkaline phosphatase, anion gap, calcium, and total bilirubin). Each panel will show a scatter plot of two different lab values. The diagonal will show the distribution of each variable. This visualization helps reveal correlations between different chemistry values and may provide insights into underlying physiological processes or organ dysfunction.

Word Count: 145 words

CSV Data

```csv
Labresultoffset (minutes),Glucose (mg/dL),Hemoglobin (g/dL),Platelets (K/mcL),pH,paO2 (mm Hg),paCO2 (mm Hg),Bicarbonate (mmol/L),Base Excess (mEq/L)
-253,182,14.2,219,7.12,72,,38,5
44,144,12.8,195,7.38,76,81,46,18
296, , , ,7.38,76,81,46,18
124, , , ,7.17,78,,39,6
1664,136,12.5,177, , , ,36,
3513,184, , , , , , ,
3852,109, , , , , , ,
```

Word Count: 40 words

```json
}
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