\*\*Medical Report for Patient 006-102048\*\* \*\*1. Patient Information\*\* \* \*\*Patient Unit Stay ID:\*\* 538214 \* \*\*Patient Health System Stay ID:\*\* 453450 \* \*\*Unique Patient ID:\*\* 006-102048 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 82 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 179 \* \*\*Ward ID:\*\* 398 \* \*\*Admission Height (cm):\*\* 177 \* \*\*Admission Weight (kg):\*\* 87.5 \* \*\*Discharge Weight (kg):\*\* 84.3 \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 18:23:00 (Hospital Admit Offset: -349 minutes) \* \*\*Hospital Admit Source: \*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 23:09:00 (Hospital Discharge Offset: 5697 minutes) \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* MICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX 00:12:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Visit Number:\*\* 1 \* \*\*Unit Stay Type:\*\* stepdown/other \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 14:53:00 (Unit Discharge Offset: 3761 minutes) \* \*\*Unit Discharge Location:\*\* Acute Care/Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*APACHE Admission Dx:\*\* CHF, congestive heart failure \*\*2. History\*\* NULL (Insufficient information provided) \*\*3. Diagnoses\*\* \* \*\*Diagnosis ID 12732423 (Primary):\*\* cardiovascular|ventricular disorders|congestive heart failure|decompensated (ICD-9 code: 428.0, I50.9) (Diagnosis Offset: 15 minutes) \* \*\*Diagnosis ID 10367791 (Other):\*\* cardiovascular|shock / hypotension|hypotension (ICD-9 code: 458.9, I95.9) (Diagnosis Offset: 15 minutes) \*\*4. Treatments\*\* NULL (Insufficient information provided) \*\*5. Vital Trends\*\* NULL (Insufficient information provided) \*\*6. Lab Trends\*\* The provided lab data includes multiple measurements taken at different time points. Key lab values show fluctuations and some abnormalities. For example, calcium levels varied from 7.9 mg/dL to 8.8 mg/dL over the course of the stay, potentially indicating electrolyte imbalance. Creatinine levels also show variability, ranging from 1.17 mg/dL to 1.47 mg/dL, suggesting possible kidney function changes. The anion gap fluctuated between 4 and 7, indicating potential metabolic acidosis. There is also evidence of elevated liver enzymes (AST and ALT) and a high BNP level (10618 pg/mL) indicative of significant cardiac stress. Hematological values (Hgb, Hct, RBC, WBC, platelets) provide an overview of the patient's blood profile, with some values falling within the normal range and others potentially indicating underlying conditions. Repeated measurements of various chemistries (BUN, creatinine, glucose, electrolytes) allow for monitoring trends over time. Coagulation studies (PT and INR) also show abnormalities, indicating potential clotting issues.

\*\*7. Microbiology Tests\*\*

NULL (Insufficient information provided)

\*\*8. Physical Examination Results\*\*

\* \*\*Physical Exam Performed:\*\* Yes (Performed - Structured) \* \*\*Admission Weight (kg):\*\* 87.5 \* \*\*Current Weight (kg):\*\* 87.5 \* \*\*Weight Change (kg):\*\* 0 \* \*\*Glasgow Coma Scale (GCS) Score:\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6)

This report is based solely on the provided data. A complete medical history and additional information are needed for a thorough assessment of the patient's condition. The absence of vital signs and treatment data limits a comprehensive analysis.