

****Patient Information****

* **Patient Unit Stay ID:** 141765 * **Unique Patient ID:** 002-1039 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital ID:** 59 * **Ward ID:** 91 * **Unit Type:** Med-Surg ICU * **Admission Diagnosis:** Rhythm disturbance (atrial, supraventricular) * **Admission Height:** 157.5 cm * **Admission Weight:** 46.5 kg * **Discharge Weight:** 45 kg * **Hospital Admit Time:** 2015-XX-XX 23:36:00 (Hospital admit offset: -8 minutes from unit admit) * **Hospital Discharge Time:** 2015-XX-XX 19:20:00 (Hospital discharge offset: 2616 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 23:44:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 13:14:00 (Unit discharge offset: 2250 minutes from unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive

****Medical History****

NULL (Insufficient data provided to describe the patient's medical history beyond the admission diagnosis.)

****Diagnoses****

* Primary Diagnosis: Rhythm disturbance (atrial, supraventricular) (Based on `apacheadmissiondx`)

****Treatments****

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

****Vital Trends****

NULL (No vital sign data is provided.)

****Laboratory Trends****

The provided lab data shows multiple blood tests conducted at different time points relative to the unit admission time. Key observations include:

* **Electrolytes:** Initial sodium (138 mmol/L) and potassium (4.4 mmol/L) levels were within normal ranges, but showed slight variations in subsequent measurements (sodium 139-142 mmol/L, potassium 3.7-4.1 mmol/L). Chloride levels fluctuated (101-108 mmol/L). Bicarbonate levels showed a decrease from 23 mmol/L to 21 mmol/L initially and then a rise to 26 mmol/L later. Anion gap also showed changes (17, 18, 12 mmol/L). Calcium levels were initially high (9.3 mg/dL) and then decreased to 8.3-8.4 mg/dL. * **Renal Function:** Creatinine levels decreased from 1.32 mg/dL to 1.04 mg/dL and then further decreased to 0.85 mg/dL. BUN levels also showed a decline (35 mg/dL, 28 mg/dL, 16 mg/dL). * **Liver Function:** AST (28 Units/L) and ALT (29 Units/L) were slightly elevated, suggesting possible liver involvement. Total bilirubin was 0.8 mg/dL, which is within the normal range. Total protein (7.4 g/dL) and albumin (3.7 g/dL) were also measured. * **Hematology:** The complete blood count (CBC) showed a slight increase in white blood cell count (11.1 K/mcL, 10.2 K/mcL). Platelet count decreased (239 K/mcL, 191 K/mcL). Hemoglobin and hematocrit levels were measured as 12.3 g/dL and 37.8% respectively and showed some variation. MCV and MCHC show some variation. There is evidence of abnormalities in the differential white blood cell counts with increased -polys (86%, 70%), decreased -lymphs (10%, 19%), and slightly elevated -monos (4%, 10%). RDW was elevated at 13.5%. * **Cardiac Markers:** Troponin-I was measured at 0.02 ng/mL on two separate occasions, indicating no acute myocardial injury. BNP was significantly elevated at 478 pg/mL, suggesting possible cardiac stress or failure. * **Coagulation:** PT and PT-INR were elevated (19.4 sec, 47.5 sec, 1.8 ratio, 4.2 ratio) indicating a possible coagulation disorder. * **Other:** Bedside glucose was 89 mg/dL. Urinary specific gravity was 1.010, and TSH was 3.194 mcU/ml. Magnesium was 2.0 mg/dL.

It is important to note that the lab results are presented without a timeline and the time offsets are relative to unit admit time. More context is needed for full interpretation. The pattern of changes in several lab values warrants further investigation.

****Microbiology Tests****

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

****Physical Examination Results****

* **Physical Exam Performed:** A structured physical exam was performed at 7 minutes post unit admission. * **Weight:** 46.5 kg at admission. * **Glasgow Coma Scale (GCS):** The patient had a total GCS score of 15 (Eyes: 4, Verbal: 5, Motor: 6) at 7 minutes post unit admission, suggesting normal neurological function.