Medical Report for Patient 002-12407

1. Patient Information:

* **Patient Unit Stay ID:** 165928 * **Unique Patient ID:** 002-12407 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital ID:** 60 * **Ward ID:** 83 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 01:35:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 21:00:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 01:55:40 * **Hospital Admit Source:** Operating Room * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 19:42:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission Height (cm):** 167.6 * **Discharge Weight (kg):** 68.5 * **Admission Diagnosis (APACHE):** NULL * **Admission Weight (kg):** NULL

2. History:

NULL (Insufficient data provided)

3. Diagnoses:

NULL (Insufficient data provided)

4. Treatments:

NULL (Insufficient data provided)

5. Vital Trends:

NULL (Insufficient data provided)

6. Lab Trends:

The provided data includes a series of laboratory tests performed at various time points during the patient's stay. The time offset is calculated from the unit admission time. Key lab results show some fluctuations:

* **Glucose:** Significant variations are observed in glucose levels, ranging from 123 mg/dL to 289 mg/dL across multiple measurements. This requires further investigation to determine the cause of the fluctuations and whether they represent underlying conditions or treatment effects. The data suggests possible hyperglycemia requiring management. * **Potassium:** Potassium levels also demonstrate variability, ranging from 2.7 mmol/L to 4.5 mmol/L. Low potassium levels (hypokalemia) were observed, potentially indicating underlying electrolyte imbalances. This is a critical finding requiring monitoring and potential intervention. * **Sodium:** Significant variation in sodium levels is noted, ranging from 136 mmol/L to 151 mmol/L. This warrants investigation for the cause of the electrolyte imbalance. Both hypo- and hypernatremia were observed. * **BUN & Creatinine:** Blood urea nitrogen (BUN) and creatinine levels fluctuate, suggesting possible kidney function variability during the stay. The highest creatinine level (1.5 mg/dL) warrants further review. * **Complete Blood Count (CBC):** Hematological parameters (Hgb, Hct, WBC, platelets, and differential counts) show variations indicating potential infection or other hematological issues. The low Hemoglobin (Hgb) and Hematocrit (Hct) levels are concerning and suggest anemia. The elevated white blood cell count (WBC) suggests a possible infection. * **Liver Function Tests (LFTs):** AST (SGOT) and ALT (SGPT) levels are elevated, indicating potential liver injury. These levels need to be correlated with the clinical picture and other lab results. * **Other Chemistry Tests:** Albumin, total bilirubin, total protein, chloride, bicarbonate, anion gap, and phosphate show some variability but don't show definitively alarming trends without more context.

7. Microbiology Tests:

NULL (Insufficient data provided)

8. Physical Examination Results:

NULL (Insufficient data provided)