Patient Information

* **Unique Patient ID:** 006-101400 * **Patient Unit Stay ID:** 650416 * **Patient Health System Stay ID:** 520722 * **Gender:** Male * **Age:** 66 * **Ethnicity:** Caucasian * **Hospital ID:** 171 * **Ward ID:** 377 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 19:51:00 * **Unit Admit Source:** ICU * **Unit Discharge Time:** 00:04:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 20:01:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 20:35:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height (cm):** 177 * **Admission Weight (kg):** 106.8 * **Discharge Weight (kg):** NULL

History

Insufficient data provided to generate a detailed patient history. The provided JSON only contains lab results and some basic demographics and admission/discharge information. A complete history would require additional information such as presenting complaints, past medical history, family history, social history, and medication history. This section would detail the circumstances leading to the ICU admission, including the timeline of events and any relevant prior medical interventions or episodes.

Diagnoses

NULL. The admission diagnosis (apacheadmissiondx) field in the patient data is empty. A complete report would include a list of all diagnoses made during the hospital and ICU stay, with ICD codes where appropriate. The diagnoses section would provide a comprehensive overview of the patient's medical conditions.

Treatments

NULL. No treatment information is available in the provided data. This section would list all medical interventions, including medications administered (dosage, route, frequency), procedures performed, and any other therapies received. The specific details of each treatment would be included to provide a complete record of the patient's care.

Vital Trends

NULL. No vital sign data is available in the provided JSON. A typical vital signs trend section would include graphical representations of heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time. This would allow for the assessment of the patient's physiological stability during the ICU stay. Key changes and trends would be highlighted and interpreted.

Lab Trends

The provided lab data shows multiple blood tests performed at different times during the patient's ICU stay. Several key lab values exhibit trends that warrant attention:

* **Glucose:** Displays significant fluctuation, with values ranging from 89 mg/dL to 373 mg/dL. This suggests possible hyperglycemia requiring further investigation and management. The high glucose readings particularly towards the end of the ICU stay suggest a need to review the patient's glycemic control. * **Bedside Glucose:** Frequent bedside glucose measurements were taken throughout the stay, showing considerable variability. This reflects the dynamic nature of the patient's glucose levels and highlights the need for close monitoring and adjustment of treatment. * **Creatinine:** Shows a slight upward trend, from 0.63 mg/dL to 0.75 mg/dL, indicating potential renal impairment. This increase in creatinine necessitates further assessment of renal function and potential causative factors. * **Albumin:** Demonstrates a low and somewhat fluctuating level, ranging from 2.2 g/dL to 2.6 g/dL. This could be indicative of malnutrition, liver disease, or other underlying conditions requiring further investigation and management. The lower albumin levels are of concern and need to be monitored closely. * **Hemoglobin and Hematocrit:** These values show a mild decrease throughout the stay. This needs to be interpreted with the overall clinical picture and may warrant further evaluation of the patient's blood loss or other contributing factors. The values were measured at multiple timepoints and should be assessed in conjunction with

other lab values and clinical findings. * **PT and PT-INR:** These coagulation tests show a prolonged PT time and fluctuating INR, suggesting potential coagulopathy. This warrants attention and requires further investigation to determine the cause and appropriate management. The values were measured at multiple timepoints and should be assessed in conjunction with other lab values and clinical findings. * **Other Chemistry and Hematology Tests:** Other lab results like sodium, potassium, chloride, bicarbonate, total protein, ALT, AST, bilirubin, MCV, MCH, MCHC, platelets, MPV, and RDW were also measured repeatedly and should be reviewed for patterns and deviations from normal ranges. These parameters provide a comprehensive overview of the patient's metabolic and hematological status.

Microbiology Tests

NULL. No microbiology test results are included in the provided data. This section would detail any cultures performed (blood, urine, sputum, etc.), the results obtained, and the identification of any pathogens. Antibiotic sensitivities would also be reported.

Physical Examination Results

NULL. No physical examination findings are provided. A complete report would include a detailed description of the patient's physical examination findings upon admission and during the ICU stay. This would include observations of vital signs, neurological status, cardiovascular status, respiratory status, abdominal examination, and skin integrity. Any significant findings would be highlighted and interpreted within the context of the overall clinical picture. This section would provide valuable contextual information for the interpretation of the lab data and other clinical information.