\*\*Medical Report for Patient 002-12480\*\*

\*\*1. Patient Information\*\*

\* \*\*Patient Unit Stay ID:\*\* 166853 \* \*\*Unique Patient ID:\*\* 002-12480 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 68 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 23:20:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 15:15:00 \* \*\*Hospital Discharge Location:\*\* Skilled Nursing Facility \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2015-XX-XX 23:37:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 19:44:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 83.9 kg \* \*\*Discharge Weight:\*\* 80 kg \* \*\*Admission Height:\*\* 172.7 cm

\*\*2. History\*\*

NULL (Insufficient information provided in the JSON data to generate a detailed patient history. The admission diagnosis mentions encephalopathy, suggesting a neurological event, but no further details are available.)

\*\*3. Diagnoses\*\*

\* \*\*Primary Diagnosis:\*\* Encephalopathy (348.30, G93.40) \* neurologic|altered mental status / pain|encephalopathy \* \*\*Major Diagnosis:\*\* Uncontrolled Hypertension (401.9, I10) \* cardiovascular|ventricular disorders|hypertension|uncontrolled \* \*\*Other Diagnoses:\*\* \* Coronary Artery Disease \* cardiovascular|chest pain / ASHD|coronary artery disease \* Depression (311, F32.9) \* neurologic|altered mental status / pain|depression \* Diabetes Mellitus \* endocrine|glucose metabolism|diabetes mellitus

\*\*4. Treatments\*\*

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

\*\*5. Vital Trends\*\*

NULL (No vital signs data is included in the provided JSON data.)

\*\*6. Lab Trends\*\*

The provided lab data shows multiple blood tests performed at various time points during the ICU stay. These include complete blood counts (CBC), basic metabolic panels (BMP), and cardiac markers (Troponin-I). The data indicates fluctuations in several parameters. For example, glucose levels were high on multiple occasions (e.g., 303 mg/dL, 310 mg/dL), suggesting possible hyperglycemia consistent with the diabetes mellitus diagnosis. The patient's creatinine levels show some variation (0.9-1.1 mg/dL), which requires further assessment to rule out any renal compromise. Hemoglobin and hematocrit values also show some variation (15.1-16.6 g/dL & 45.1-48%), reflecting potential changes in the patient's blood volume or hydration status. PT-INR levels indicate a need to monitor coagulation status. A more detailed analysis would involve plotting these trends over time to identify significant changes and patterns.

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

NULL (No microbiology test results are available in the JSON data.)

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

\* \*\*Physical Exam Performed:\*\* Yes (Performed - Structured) \* \*\*Admission Weight:\*\* 83.9 kg \* \*\*Current Weight:\*\* 82.2 kg \* \*\*Weight Change:\*\* -1.7 kg \* \*\*Glasgow Coma Scale (GCS) Score:\*\* 14 (Motor: 6, Verbal: 4, Eyes: 4)

The GCS score of 14 indicates a mild level of impairment of consciousness, which is consistent with the altered mental status noted in the diagnosis. The weight loss of 1.7 kg during the ICU stay may warrant investigation for underlying causes such as dehydration or metabolic issues.

Note: The provided data lacks sufficient detail for a comprehensive report. Additional information, such as detailed history, treatment regimen, and vital signs, is needed for a complete medical record.