

**\*\*Medical Report: Patient 002-10922\*\***

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

\* \*\*Patient Unit Stay ID:\*\* 162842 \* \*\*Unique Patient ID:\*\* 002-10922 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 84 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admit Time:\*\* 2014-XX-XX 22:09:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 2014-XX-XX 19:45:00 \* \*\*Hospital Discharge Location:\*\* Skilled Nursing Facility \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 2014-XX-XX 04:39:00 \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2014-XX-XX 15:03:00 \* \*\*Unit Discharge Location:\*\* Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 63.5 kg \* \*\*Discharge Weight:\*\* 78.8 kg \* \*\*Admission Height:\*\* 160 cm

**\*\*2. History\*\***

NULL (Insufficient data provided in the JSON to generate a detailed patient history.)

**\*\*3. Diagnoses\*\***

The patient presented with multiple diagnoses during their ICU stay. The primary diagnosis was atrial fibrillation with rapid ventricular response (ICD-9 code: 427.31, I48.0). Other diagnoses included:

\* Hypertension (ICD-9 code: 401.9, I10) \* Chronic kidney disease (ICD-9 code: 585.9, N18.9) \* Asthma/bronchospasm (ICD-9 code: 493.90, J45) \* Acute hepatic dysfunction (ICD-9 code: 573.9, K76.9)

Note that the `activeupondischarge` flag is False for all diagnoses, indicating that none were active upon discharge from the unit.

**\*\*4. Treatments\*\***

NULL (Insufficient data provided in the JSON to generate a detailed treatment plan.)

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

NULL (Insufficient data provided in the JSON to generate vital sign trends. Time-series data for heart rate, blood pressure, respiratory rate, and oxygen saturation would be needed.)

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

The provided lab data shows multiple blood tests performed at various times during the patient's stay. Some notable trends are:

\* \*\*Elevated Liver Enzymes:\*\* The patient's ALT (SGPT) and AST (SGOT) levels were significantly elevated (-547 minutes: ALT 1964 Units/L, AST 1859 Units/L; 216 minutes: ALT 1370 Units/L, AST 771 Units/L; 1786 minutes: ALT 979 Units/L, AST 352 Units/L; 3216 minutes: ALT 1473 Units/L, AST 1370 Units/L), suggesting liver damage. This could be related to the acute hepatic dysfunction diagnosis. \* \*\*Elevated Creatinine:\*\* Creatinine levels were elevated both on admission (-547 minutes: 2.48 mg/dL) and later (1786 minutes: 2.19 mg/dL; 3216 minutes: 2.86 mg/dL), consistent with chronic kidney disease. \* \*\*Elevated White Blood Cell Count:\*\* The WBC count was elevated (216 minutes: 12.7 K/mcL; 1786 minutes: 17.5 K/mcL; 3216 minutes: 24.1 K/mcL), indicating inflammation or infection. \* \*\*Elevated Troponin:\*\* Troponin-I levels were slightly elevated (-547 minutes: 0.09 ng/mL; -144 minutes: 0.08 ng/mL; 216 minutes: 0.07 ng/mL), though not drastically so. This warrants attention, and further investigation is needed to determine the clinical significance. \* \*\*Changes in Hemoglobin and Hematocrit:\*\* There were fluctuations in Hemoglobin and Hematocrit over the course of the ICU stay, showing some improvement. These changes need further evaluation in context of the overall clinical picture.

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

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

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

Physical exams were performed at 195 and 343 minutes post-unit admission. The Glasgow Coma Scale (GCS) was consistently scored at 15 (4, 5, 6), indicating normal neurological function. Heart rate ranged from 74 to 92 bpm, and blood pressure from 102/51 to 133/89 mmHg. Respiratory rate was between 19 and 32 breaths per minute, and oxygen saturation was between 94% and 96%. Admission and current weight was recorded, showing a weight gain.

This report is based solely on the provided data and may not reflect the complete clinical picture. Additional information is needed for a comprehensive evaluation.