Medical Report for Patient 002-10194

1. Patient Information

* **Patient Unit Stay ID:** 190764 * **Unique Patient ID:** 002-10194 * **Gender:** Female * **Age:** 53 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 03:05:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 16:08:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 03:28:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 13:08:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 95 kg * **Discharge Weight:** 95 kg * **Admission Height:** 160 cm * **Admission Diagnosis:** Acid-base/electrolyte disturbance

2. History

NULL (Insufficient data provided)

3. Diagnoses

* Acid-base/electrolyte disturbance (Admission Diagnosis)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

NULL (Insufficient data provided. Vital signs would typically be included in the `physicalexam` table, but only a limited number of spot checks are present.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's stay. Several key electrolytes and blood components were monitored, including:

* **Potassium (mmol/L):** Fluctuations were observed, with initial values around 3.9 mmol/L, dropping to 2.7 mmol/L and then rising to 4.5 mmol/L. This suggests potential electrolyte imbalances requiring monitoring. * **Sodium (mmol/L):** Similar to potassium, sodium levels showed variability, beginning at 121 mmol/L and subsequently rising to 137 mmol/L. This also reflects electrolyte abnormalities. * **Chloride (mmol/L):** Chloride levels ranged from 74 mmol/L to 100 mmol/L, indicating possible disturbances in fluid and electrolyte balance. * **Bicarbonate (mmol/L):** Bicarbonate levels fluctuated between 25 mmol/L and 29 mmol/L. These changes, in conjunction with other electrolyte values, might indicate metabolic acidosis or alkalosis. * **BUN (mg/dL):** Blood urea nitrogen (BUN) varied from 5 mg/dL to 9 mg/dL, suggesting potential kidney function issues requiring further investigation. * **Creatinine (mg/dL):** Creatinine levels exhibited changes from 0.75 mg/dL to 0.99 mg/dL. This may indicate changes in kidney function. Further analysis is needed to determine the clinical significance of these changes. * **Glucose (mg/dL):** Glucose levels ranged from 82 mg/dL to 123 mg/dL. While not dramatically high, these values should be considered in the context of the patient's overall clinical picture. * **Complete Blood Count (CBC) parameters:** Hemoglobin, hematocrit, white blood cell count (WBC), mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), red cell distribution width (RDW), and differential counts (lymphocytes, monocytes, eosinophils, basophils, and polymorphonuclear leukocytes) were measured. These blood values may suggest an underlying infection or other hematologic abnormalities. The complete blood count should be analyzed for trends to assist with determining the cause of the abnormalities. * **Anion Gap (mmol/L):** The anion gap varied from 9 mmol/L to 14 mmol/L, suggesting possible metabolic acidosis, although further investigation is necessary. * **Albumin (g/dL):** Albumin levels ranged from 3.3 g/dL to 3.6 g/dL, indicative of possible protein deficiency. * **Total Bilirubin (mg/dL):** Total bilirubin levels were between 0.5 mg/dL and 0.7

mg/dL, which are generally within the normal range. * **Troponin-I (ng/mL):** Troponin I was less than 0.02 ng/mL, indicating a lack of acute myocardial injury. * **Serum and Urinary Osmolality:** Values are present in the dataset. These values are important in determining the hydration status of a patient. * **Calcium (mg/dL):** Calcium levels showed some variation from 7.4 mg/dL to 8.5 mg/dL. This should be analyzed further to determine the significance of these changes. * **Magnesium (mg/dL):** The magnesium level was measured at 1.8 mg/dL. This is generally within the normal range. * **Ethanol (mg/dL):** An ethanol level of 209 mg/dL was recorded, suggesting possible alcohol intoxication at admission. This should be considered in the context of the patient's history and other clinical findings.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

The physical examination documented a GCS (Glasgow Coma Scale) score of 13 (3+4+6), indicating a mild level of impairment of consciousness. Heart rate was recorded at 75 bpm, respiratory rate at 22 breaths per minute, and oxygen saturation at 96%. The patient's admission and current weight were both recorded as 95 kg, indicating no significant weight change during the ICU stay. A structured physical exam was performed.

Note: This report is based solely on the provided data. Additional information, such as the patient's medical history, symptoms, and treatment details, would be needed for a more comprehensive report.