

****Medical Report: Patient 007-10026****

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

* **Patient Unit Stay ID:** 970978 * **Patient Health System Stay ID:** 715395 * **Unique Patient ID:** 007-10026 *
Gender: Female * **Age:** 70 * **Ethnicity:** Caucasian * **Hospital ID:** 180 * **Ward ID:** 427 * **Unit Type:**
Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 20:43:00 (Assuming a date is available elsewhere) * **Unit Admit
Source:** Floor * **Unit Discharge Time:** 2015-XX-XX 01:46:00 (Assuming a date is available elsewhere) * **Unit
Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2015-XX-XX 17:18:00 (Assuming
a date is available elsewhere) * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2015 * **Hospital
Discharge Time:** 2015-XX-XX 21:20:00 (Assuming a date is available elsewhere) * **Hospital Discharge Location:**
Home * **Hospital Discharge Status:** Alive * **Admission Height:** 170.18 cm (Assuming cm as a standard unit) *
Admission Weight: 83.15 kg * **Discharge Weight:** 80.06 kg

****2. History****

NULL (Insufficient information provided in the JSON to populate a detailed patient history section. A history section would typically include presenting complaints, relevant past medical history, family history, social history, and medication history.)

****3. Diagnoses****

The patient presented with multiple diagnoses during her ICU stay. These include:

* **ESRD (End-Stage Renal Disease):** ICD-9 codes 585.6, N18.6. This diagnosis was active at the time of hospital admission but was marked as inactive upon discharge from the ICU. Multiple instances of this diagnosis were recorded. *
Sinus Bradycardia: ICD-9 codes 427.81, R00.1. This diagnosis was active at the time of hospital discharge from the ICU. Multiple instances of this diagnosis were recorded.

The priority of these diagnoses was marked as 'Other' in the system. More context from the patient's chart is needed to fully understand the relationship between these diagnoses and the severity of each condition.

****4. Treatments****

The following treatments were documented for the patient:

* **Cardiology Consultation:** This consultation was ordered at multiple times during the patient's ICU stay. The consultation remained active upon discharge from the ICU. * **Pulmonary/CCM Consultation:** This consultation was ordered at multiple times during the patient's ICU stay. The consultation remained active upon discharge from the ICU. *
Therapeutic Thoracentesis: This procedure was performed and was inactive upon ICU discharge. * **Hemodialysis for Chronic Renal Failure:** This treatment was performed and was inactive upon ICU discharge. * **Oxygen Therapy (< 40%):** This therapy was active at the time of discharge from the ICU.

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

NULL (No vital sign data was included in the provided JSON.)

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

The patient underwent extensive blood testing during her stay. The following lab values were recorded at multiple time points. Trends in these values are crucial for assessing the patient's condition and response to treatment. Detailed analysis requires a time-series view of the data (see visualizations).

* **Glucose (mg/dL):** Showed significant fluctuation throughout the patient's stay, indicating potential challenges with glycemic control. * **Creatinine (mg/dL):** Indicates renal function, with values consistently elevated, reflecting the ESRD diagnosis. The changes in creatinine levels over time should be carefully analyzed. * **Potassium (mmol/L):** Fluctuations in potassium levels must be monitored closely, as this can have significant implications for cardiac function. * **Sodium (mmol/L):** Electrolyte balance is critical; any significant deviations from normal range require attention. * **Other Chemistry Labs:** AST (SGOT), ALT (SGPT), Albumin, Bicarbonate, Anion Gap, Calcium, total protein were also measured at several time points. * **Hematology Labs:** Hgb, Hct, MCV, MCH, MCHC, RBC, WBC, Platelets, -basos, -eos, -lymphs, -monos, -polys, PT, PTT, PT-INR, and RDW were all measured at multiple time points. These values provide insight into the patient's overall hematologic status.

7. Microbiology Tests

NULL (No microbiology test results were included in the JSON.)

8. Physical Examination Results

A structured physical exam was performed. The patient's weight was recorded as 83.15 kg on admission and remained unchanged during her ICU stay. A Glasgow Coma Scale (GCS) was performed and recorded as 15 (Eyes 4, Verbal 5, Motor 6). Additional details from the physical exam are needed for a complete picture.

Note: Dates and times are assumed to be available in other parts of the patient's medical record but are not included in this JSON snippet. The lack of vital signs and a more complete history limits the comprehensiveness of this report. The lab data requires further analysis to determine precise trends.