Medical Report: Patient 006-108476

1. Patient Information:

* **Patient Unit Stay ID:** 558720 * **Unique Patient ID:** 006-108476 * **Gender:** Female * **Age:** 76 * **Ethnicity:** Caucasian * **Hospital ID:** 174 * **Ward ID:** 400 * **Unit Type:** Med-Surg ICU * **Admission Height (cm):** 157 * **Admission Weight (kg):** 117 * **Discharge Weight (kg):** 117.5 * **Hospital Admit Time:** 2014-XX-XX 04:27:00 (Hospital Admit Offset: -954 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 19:25:00 (Hospital Discharge Offset: 10024 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2014-XX-XX 20:21:00 * **Unit Admit Source:** ICU to SDU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 2014-XX-XX 23:01:00 (Unit Discharge Offset: 1600 minutes from unit admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Diagnosis (APACHE):** NULL

2. History:

NULL (Insufficient data provided)

3. Diagnoses:

NULL (Insufficient data provided)

4. Treatments:

NULL (Insufficient data provided)

5. Vital Trends:

NULL (Insufficient data provided)

6. Lab Trends:

The provided lab data includes multiple measurements over the patient's ICU stay. Key trends observed are:

* **Glucose:** Significant fluctuations in glucose levels are noted, ranging from a low of 70 mg/dL to highs exceeding 395 mg/dL. The initial glucose level was high and then decreased gradually. Bedside glucose measurements suggest frequent monitoring and potential treatment adjustments for hyperglycemia. * **Bedside Glucose:** Frequent bedside glucose tests show wide variation throughout the stay, indicating potential challenges in maintaining glycemic control. * **Creatinine:** Creatinine levels show an upward trend, increasing from 1.45 mg/dL to 1.73 mg/dL during the stay, suggesting a possible decline in kidney function. * **Bicarbonate:** Initial bicarbonate levels were reported as >40 mmol/L, indicating a potential metabolic alkalosis. Later measurements also show elevated levels. This requires further investigation to understand the cause and management. * **Potassium:** Potassium levels demonstrate some fluctuation, starting at 3.5 mmol/L and rising to 4.8 mmol/L by discharge. This needs to be monitored to prevent hyperkalemia. * **Calcium:** Calcium levels were initially elevated at 9.3 mg/dL and showed further increases to 10.1 mg/dL. This suggests hypercalcemia which needs to be addressed. * **Chloride:** Chloride levels remain relatively stable around 90 mmol/L, suggesting no significant electrolyte imbalance in this area. * **Sodium:** Sodium levels also exhibit variability, between 136 and 142 mmol/L. * **Anion Gap:** Inconsistencies in reporting (blank values, <6, <11, <13) show the need for standardized reporting and investigation of metabolic disturbances. * **Hematology:** The complete blood count (CBC) shows elevated white blood cells (WBCs), with other values (e.g., polys, lymphocytes, basophils, eosinophils) needing further evaluation for their clinical significance.

7. Microbiology Tests:

NULL (Insufficient data provided)

8. Physical Examination Results:

NULL (Insufficient data provided)