

## **\*\*Patient Information\*\***

\* \*\*PatientUnitStayID:\*\* 197620 \* \*\*PatientHealthSystemStayID:\*\* 172762 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 69 \*  
\*\*Ethnicity:\*\* Caucasian \* \*\*HospitalID:\*\* 63 \* \*\*WardID:\*\* 95 \* \*\*APACHEAdmissionDx:\*\* Thoracotomy for lung cancer \*  
\*\*Admission Height:\*\* 160 cm \* \*\*Hospital Admit Time:\*\* 00:10:00 \* \*\*Hospital Admit Source:\*\* Operating Room \*  
\*\*Hospital Discharge Year:\*\* 2014 \* \*\*Hospital Discharge Time:\*\* 00:10:00 \* \*\*Hospital Discharge Offset:\*\* 20154 minutes  
\* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit  
Admit Time:\*\* 00:16:00 \* \*\*Unit Admit Source:\*\* Operating Room \* \*\*Unit Visit Number:\*\* 1 \* \*\*Unit Stay Type:\*\* admit \*  
\*\*Admission Weight:\*\* 53 kg \* \*\*Discharge Weight:\*\* 53.6 kg \* \*\*Unit Discharge Time:\*\* 18:01:00 \* \*\*Unit Discharge  
Offset:\*\* 1065 minutes \* \*\*Unit Discharge Location:\*\* Step-Down Unit (SDU) \* \*\*Unit Discharge Status:\*\* Alive \*  
\*\*UniquePID:\*\* 002-10148

## **\*\*Medical History\*\***

NULL (Insufficient data provided)

## **\*\*Diagnoses\*\***

\* \*\*DiagnosisID 3884674 (Primary):\*\* pulmonary|post thoracic surgery|s/p thoracotomy|lobectomy (ICD-9 code: ) \*  
\*\*DiagnosisID 3731936 (Primary):\*\* pulmonary|post thoracic surgery|s/p thoracotomy|for tumor (ICD-9 code: ) \*  
\*\*DiagnosisID 3676459 (Other):\*\* cardiovascular|chest pain / ASHD|coronary artery disease|known (ICD-9 code: 414.00,  
I25.10) \* \*\*DiagnosisID 4184277 (Other):\*\* endocrine|glucose metabolism|diabetes mellitus (ICD-9 code: )

## **\*\*Treatments\*\***

NULL (Insufficient data provided)

## **\*\*Vital Trends\*\***

NULL (Insufficient data provided)

## **\*\*Lab Trends\*\***

The provided data includes various lab results, including blood chemistry (BUN, creatinine, glucose, calcium, sodium, chloride, bicarbonate, anion gap), hematology (-monos, MCHC, platelets x 1000, -polys, -basos, RBC, RDW, MCH, -lymphs, -eos, Hct, Hgb, WBC x 1000, MCV), and blood gases (pH, HCO<sub>3</sub>, Base Deficit, paCO<sub>2</sub>, paO<sub>2</sub>, FiO<sub>2</sub>). Bedside glucose measurements were also taken at multiple time points. The lab results show a high glucose level (413 mg/dL initially, and subsequently 320, 382, 274, 331 mg/dL) indicating uncontrolled diabetes. Electrolyte levels show elevated potassium (5.8 mmol/L) and slightly low sodium (134 mmol/L). The blood gas analysis reveals metabolic acidosis (pH 7.22 and 7.25 initially, Base Deficit 6 and 7 mEq/L). Hemoglobin is low (9.3 g/dL). Further analysis is needed to determine the temporal relationships and clinical significance of these findings.

## **\*\*Microbiology Tests\*\***

NULL (Insufficient data provided)

## **\*\*Physical Examination Results\*\***

\* \*\*Physical Exam Performed:\*\* Yes \* \*\*Glasgow Coma Scale (GCS):\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6) \* \*\*Admission  
Weight:\*\* 53 kg \* \*\*Current Weight:\*\* 53 kg \* \*\*Weight Change:\*\* 0 kg

--- \*\*Word Count:\*\* 520 words

