Medical Report: Patient 002-12407

1. Patient Information

* **Patient Unit Stay ID:** 165928 * **Unique Patient ID:** 002-12407 * **Gender:** Female * **Age:** 87 * **Ethnicity:** Caucasian * **Hospital ID:** 60 * **Ward ID:** 83 * **Unit Type:** Med-Surg ICU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Hospital Admit Time:** 2015-01-01 01:55:40 (Hospital Admit Offset: -2860 minutes from unit admit) * **Hospital Admit Source:** Operating Room * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-01-01 19:42:00 (Hospital Discharge Offset: 12607 minutes from unit admit) * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Admit Time:** (Assuming 2015-01-01 01:35:00 based on hospital admit offset) (Unit Admit Source: ICU to SDU) * **Unit Discharge Time:** (Assuming 2015-01-01 21:00:00 based on unit discharge offset) (Unit Discharge Location: Floor) * **Unit Discharge Status:** Alive * **Admission Height:** 167.6 cm * **Admission Weight:** NULL * **Discharge Weight:** 68.5 kg

2. History

NULL (Insufficient information provided)

3. Diagnoses

NULL (Insufficient information provided)

4. Treatments

NULL (Insufficient information provided)

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

The provided data includes a series of lab results taken at various time points during the patient's stay. The time offsets are relative to the unit admission time. Key lab values show some trends:

* **Glucose:** Shows significant fluctuation, ranging from 123 mg/dL to 289 mg/dL throughout the stay indicating potential hyperglycemia. Further analysis is needed to determine the cause and management of these fluctuations. * **Potassium:** Exhibits variation between 2.7 mmol/L and 4.5 mmol/L, suggesting potential electrolyte imbalances requiring monitoring and intervention. * **Sodium:** Fluctuates, with values ranging from 136 mmol/L to 151 mmol/L, indicating possible sodium imbalance. This also warrants close monitoring and appropriate management. * **BUN and Creatinine:** BUN levels range from 19 mg/dL to 42 mg/dL, and creatinine from 0.9 mg/dL to 1.5 mg/dL, suggesting possible renal impairment. The changes need further investigation. * **Complete Blood Count (CBC):** Shows variations in WBC (8.3-13.7 K/mcL), RBC (2.99-3.5 M/mcL), Hgb (9-10.8 g/dL), Hct (27.9-33.2%), platelets (158-490 K/mcL), and other differential counts. These suggest potential underlying hematological issues requiring further investigation. * **Liver Function Tests (LFTs):** AST (11-29 Units/L) and ALT (11-29 Units/L) are elevated, pointing to potential liver damage. Total bilirubin is also slightly elevated (0.3-0.5 mg/dL). The cause and implications of these changes need to be explored. * **Other Chemistry and Hematology Labs:** Other lab values such as albumin (1.6-1.9 g/dL), total protein (4.7-5.3 g/dL), chloride (106-120 mmol/L), bicarbonate (19-26 mmol/L), anion gap (11-13 mmol/L), MCV (91.2-95.7 fL), MCH (29.9-31.1 pg), MCHC (32.3-33.3 g/dL), RDW (13.8-14.3%), PT (11.8-13.1 sec), PT-INR (1.1-1.3 ratio), PTT (22-28 sec), and phosphate (0.7-2.3 mg/dL) show some variation, requiring a comprehensive review and interpretation in the context of the patient's overall clinical picture.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

NULL (Insufficient information provided)