**Medical Report for 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 time) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 19:25:00 (Hospital Discharge Offset: 10024 minutes from unit admit time) * **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 time) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Diagnosis (APACHE):** NULL

**2. Medical History**

NULL (Insufficient data provided to detail the patient's medical history. The provided data only includes lab results and some admission/discharge information.)

**3. Diagnoses**

NULL (Insufficient data provided. A diagnosis would typically be included in the patient record.)

**4. Treatments**

NULL (Insufficient data provided. Treatment details are missing from the given data.)

**5. Vital Trends**

NULL (No vital signs data is available in the provided JSON.)

**6. Lab Trends**

The provided laboratory data shows multiple measurements taken over the patient's ICU stay. Key trends observed include:

* **Glucose:** Significant fluctuation in glucose levels, ranging from lows around 70 mg/dL to highs exceeding 395 mg/dL. This suggests potential issues with glucose control, requiring further investigation into the patient's diabetic status and management during their stay. * **Bedside Glucose:** Frequent bedside glucose measurements show a similar pattern to the lab glucose levels, indicating hyperglycemia which needs to be addressed through medication or dietary changes. * **Creatinine:** Creatinine levels show a concerning upward trend, from 1.45 mg/dL to 1.73 mg/dL. This may indicate worsening kidney function or dehydration, warranting further evaluation and monitoring of kidney function. * **Bicarbonate:** Bicarbonate levels were initially below normal (<40 mmol/L), but subsequent tests showed values above 40 mmol/L, indicating potential metabolic alkalosis. This requires further investigation into the underlying cause and appropriate treatment. * **Calcium:** Elevated calcium levels, ranging from 9.3 mg/dL to 10.1 mg/dL. This could indicate hypercalcemia, a condition that requires investigation and management to prevent complications. * **Potassium:** Potassium levels fluctuated, ranging from 3.2 mmol/L to 4.8 mmol/L, suggesting potential electrolyte imbalances needing correction. * **Sodium:** Sodium levels varied between 136 mmol/L and 142 mmol/L, further indicating potential electrolyte imbalances. * **Anion Gap:** The anion gap showed values within normal range (<6 or <11) and >6 at different times. The inconsistency might indicate the need for further testing or review of other electrolyte levels. * **Complete Blood Count (CBC):** The CBC shows elevated white blood cell count (WBC) and other abnormalities which may point to an infection. Further analysis of the differential WBC count is necessary.

**7. Microbiology Tests**

NULL (No microbiology test results were provided.)

**8. Physical Examination Results**

NULL (No physical examination results were included in the provided data.)