Medical Report: Patient 006-107303

1. Patient Information

* **Patient Unit Stay ID:** 634297 * **Unique Patient ID:** 006-107303 * **Gender:** Male * **Age:** 36 * **Ethnicity:** Other/Unknown * **Hospital ID:** 158 * **Ward ID:** 388 * **Admission Height (cm):** 180 * **Admission Weight (kg):** 90 * **Discharge Weight (kg):** 91.5 * **Hospital Admit Time:** 2014-XX-XX 12:12:00 (Hospital admit offset: -891 minutes from unit admit time) * **Hospital Discharge Time:** 2014-XX-XX 19:00:00 (Hospital discharge offset: 5277 minutes from unit admit time) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 03:03:00 * **Unit Admit Source:** Floor * **Unit Visit Number:** 1 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 2014-XX-XX 19:48:00 (Unit discharge offset: 2445 minutes from unit admit time) * **Unit Discharge Location:** Other ICU * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient data provided)

3. Diagnoses

NULL (Insufficient data provided)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

* **Heart Rate (HR):** The initial recorded HR was 131 bpm. Further data is needed to establish trends. * **Respiratory Rate (RR):** The initial recorded RR was 27 breaths per minute. Further data is needed to establish trends.

6. Lab Trends

The provided lab data shows multiple blood chemistry tests performed at various time points during the patient's stay, both before and after unit admission. Significant variations are observed in several key indicators:

* **Sodium (mmol/L):** Fluctuated between 134 mmol/L and 140 mmol/L across different measurement times. This indicates potential electrolyte imbalance. * **Potassium (mmol/L):** Showed a range from 3.2 mmol/L to 4.5 mmol/L, also suggesting electrolyte abnormalities requiring further investigation. * **Bicarbonate (mmol/L):** Varied from 21 mmol/L to 25 mmol/L, possibly indicating metabolic changes. * **Chloride (mmol/L):** Fluctuated between 99 mmol/L and 104 mmol/L, potentially reflecting fluid and electrolyte shifts. * **Anion Gap (mmol/L):** Ranged from 10 mmol/L to 19 mmol/L, indicating a possible metabolic acidosis. * **BUN (mg/dL):** Varied from 5 mg/dL to 10 mg/dL, suggesting kidney function fluctuations. * **Creatinine (mg/dL):** Remained relatively stable around 0.6 mg/dL to 0.7 mg/dL. This suggests relatively normal kidney function, however, further investigation is needed in context of other electrolyte results. * **Glucose (mg/dL):** Showed values of 96 mg/dL and 167 mg/dL, indicating potential blood sugar fluctuations. * **Calcium (mg/dL):** Observed values between 9.4 mg/dL and 9.8 mg/dL, potentially suggesting calcium imbalance. * **Albumin (g/dL):** Decreased from 5 g/dL to 4 g/dL, indicative of possible hypoalbuminemia. * **Total Protein (g/dL):** Fluctuated between 7.1 g/dL and 8.3 g/dL, suggesting protein metabolism changes. * **AST (SGOT) (IU/L):** Elevated at 150 IU/L to 259 IU/L, indicating liver damage. * **ALT (SGPT) (IU/L):** Elevated at 154 IU/L to 150 IU/L, further corroborating liver injury. * **Alkaline Phosphatase (IU/L):** Elevated at 117 IU/L to 155 IU/L, pointing towards liver dysfunction. * **Total Bilirubin (mg/dL):** Varied from 0.8 mg/dL to 1.4 mg/dL, possibly suggesting liver dysfunction.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

A physical exam was performed. The Glasgow Coma Scale (GCS) was scored at 15 (Eye 4, Verbal 5, Motor 6). Heart rate was recorded at 131 bpm. Respiratory rate was 27 breaths per minute. Admission weight was 90 kg.

Note: This report is based on the limited data provided. A complete medical history, detailed diagnostic information, and treatment details are necessary for a comprehensive evaluation. Further investigation of the lab results is crucial to determine the underlying cause of the observed abnormalities. Additional vital sign data and microbiology tests would also greatly enhance the completeness of the patient's medical report.