

****Patient Information****

Patient Unit Stay ID: 208726 Unique Patient ID: 002-10893 Gender: Female Age: 64 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 19:33:00 Hospital Admission Source: Floor Hospital Discharge Time: 2014-XX-XX 04:35:00 Hospital Discharge Location: Other Hospital Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2014-XX-XX 19:56:00 Unit Admission Source: Floor Unit Discharge Time: 2014-XX-XX 04:34:00 Unit Discharge Location: Other Hospital Unit Discharge Status: Alive Admission Weight: 114.5 kg Discharge Weight: 115.3 kg Admission Height: 154.9 cm

****Medical History****

NULL (No explicit medical history provided in the data.)

****Diagnoses****

The patient presented with multiple diagnoses upon admission to the Med-Surg ICU. The primary diagnosis was severe hyponatremia (< 125 meq/dL) (ICD-9 code: 276.1, E87.1). Other significant diagnoses included acute renal failure (ICD-9 code: 584.9, N17.9), hypovolemia (ICD-9 code: 276.52, E86.1), and severe hypokalemia (< 2.8 meq/dL) (ICD-9 code: 276.8, E87.6). Secondary diagnoses included asthma/bronchospasm (ICD-9 code: 493.90, J45), hypomagnesemia (ICD-9 code: 275.2, E83.42), metabolic alkalosis (ICD-9 code: 276.3, E87.3), vomiting (ICD-9 code: 787.03, R11.10), COPD (ICD-9 code: 491.20, J44.9), dehydration (ICD-9 code: 276.51, E86.0), nausea (ICD-9 code: 787.02, R11.0), and diabetes mellitus (ICD-9 code: Unspecified). All diagnoses were active upon discharge from the unit.

****Treatments****

NULL (No treatment information provided in the data.)

****Vital Trends****

Based on the physical examination, the patient's heart rate (HR) ranged from 76 to 77 bpm. Respiratory rate varied between 33 and 38 breaths per minute. Oxygen saturation (O2 Sat) was between 93% and 95%. A GCS score of 15 (4+5+6) was documented.

****Lab Trends****

Initial laboratory results revealed: Potassium (1.6 mmol/L), Alkaline Phosphatase (178 Units/L), BUN (29 mg/dL), Anion Gap (9 mmol/L), AST (27 Units/L), Sodium (118 mmol/L), Total Bilirubin (0.7 mg/dL), Hemoglobin (13.8 g/dL), Hematocrit (38.6 %), MCV (78 fL), MCH (27.9 pg), MCHC (35.8 g/dL), Platelets (339 K/mcL), WBC (16.4 K/mcL), Glucose (101 mg/dL), Chloride (71 mmol/L), Albumin (3.8 g/dL), Magnesium (2.3 mg/dL), and Creatinine (1.66 mg/dL). A repeat set of labs at a later time showed some improvements in electrolyte levels, with potassium rising to 2.4 mmol/L, and sodium to 119 mmol/L. BUN remained relatively stable at 30 mg/dL. Serum and urinary osmolality were also measured. A Troponin I level of 0.05 ng/mL was obtained.

****Microbiology Tests****

NULL (No microbiology test data provided.)

****Physical Examination Results****

A structured physical exam was performed. Vital signs recorded included a heart rate ranging from 76 to 77 bpm, a respiratory rate between 33 and 38 breaths per minute, and an oxygen saturation between 93% and 95%. Admission weight was 114.5 kg and discharge weight was 115.3 kg. A Glasgow Coma Scale (GCS) score of 15 was documented.

