Medical Report: Patient 002-12209

1. Patient Information

* **Patient Unit Stay ID:** 157427 * **Unique Patient ID:** 002-12209 * **Gender:** Male * **Age:** 73 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 20:41:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 21:30:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015, 20:41:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015, 21:30:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 86.2 kg * **Discharge Weight:** 85.9 kg * **Admission Height:** 180.3 cm

2. History

NULL (Insufficient information provided)

3. Diagnoses

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnoses were atrial fibrillation (427.31, I48.0) and pulmonary embolism (415.19, I26.99), both identified as primary and major priorities respectively. Other diagnoses included, but were not limited to:

* Diabetes Mellitus (endocrine|glucose metabolism|diabetes mellitus) * Obstructive Sleep Apnea (780.57, G47.33) * Acute Renal Failure (584.9, N17.9) * Coronary Artery Disease (cardiovascular|chest pain / ASHD|coronary artery disease) * Hypertension (401.9, I10) * Acute Respiratory Failure (518.81, J96.00)

The temporal relationships between diagnosis entries are indicated by the `diagnosisoffset` field. Note that multiple entries exist for some diagnoses, reflecting changes in status or additional information gathered during the ICU stay. The active status upon discharge highlights the ongoing conditions requiring continued management post-discharge.

4. Treatments

NULL (Insufficient information provided)

5. Vital Trends

NULL (Insufficient information provided)

6. Lab Trends

The laboratory data reveals several key trends. Multiple blood chemistry and hematology tests were performed, some repeatedly over the course of the ICU stay. For instance, serial glucose measurements via bedside glucose testing showed values ranging from 76 mg/dL to 111 mg/dL, suggesting management of the patient's diabetes. Creatinine levels were elevated initially (1.6 mg/dL) and improved slightly by discharge (1.32 mg/dL), which is consistent with the diagnosis of acute renal failure. Similarly, Troponin-I levels were initially below the detection limit (<0.02 ng/mL) and remained so throughout the hospital course, suggesting an absence of acute myocardial injury. Other chemistry results (sodium, bicarbonate, albumin, alkaline phosphatase, total protein, anion gap, chloride, calcium) were also obtained but without sufficient temporal resolution to establish clear trends. Hematology results (Hgb, Hct, MCV, MCH, MCHC, RDW, WBC, platelets) were only measured once, providing a single point in time assessment of the patient's blood profile. The limited data points for many tests hinder a complete analysis of trends. Additional data is needed to assess the complete picture of the patient's laboratory evolution.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

A structured physical exam was performed. The patient's admission weight was recorded as 86.2 kg, which remained unchanged during the stay. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6) at the time of the initial examination, indicating normal neurological function. Further details of the physical exam are not available in the provided data.