

****Patient Information****

* **Patient Unit Stay ID:** 163136 * **Unique Patient ID:** 002-10157 * **Gender:** Female * **Age:** 47 * **Ethnicity:** Caucasian * **Hospital ID:** 73 * **Ward ID:** 93 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 01:56:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 01:50:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 01:53:00 * **Hospital Admit Source:** Other Hospital * **Hospital Discharge Time:** 18:15:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height (cm):** 177.8 * **Discharge Weight (kg):** 99.3

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

NULL (Insufficient data provided)

****Treatments****

NULL (Insufficient data provided)

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The provided data includes Hematology, Chemistry and miscellaneous lab results from two different time points during the patient's ICU stay. The first set of results (labresultoffset: 530 minutes) shows a complete blood count (CBC) with differential and some basic metabolic panel (BMP) results. The second set (labresultoffset: 2028 minutes) provides another CBC with differential and additional BMP values. Analysis reveals several notable trends:

* **Hemoglobin (Hgb):** The Hgb level increased slightly from 10.5 g/dL to 10.2 g/dL between the two time points. This minor change could indicate a response to treatment or a natural fluctuation. Further context is needed to interpret its clinical significance. * **Hematocrit (Hct):** Similar to Hgb, the Hct showed a small decrease from 29.8% to 29.4% between the two time points. This minor change is likely within the range of normal variation. * **White Blood Cell Count (WBC):** WBC count decreased from 7.6 K/mcL to 6.8 K/mcL. This could suggest a resolution of infection or inflammation, but more information is needed for accurate assessment. * **Platelets:** Platelet count increased from 149 K/mcL to 163 K/mcL. This increase could indicate improvement in bone marrow function or simply be a normal fluctuation. Further investigation is necessary. * **Differential:** The differential shows changes in the percentages of different white blood cell types. Specifically, there were notable percentages of polymorphonuclear leukocytes (-polys) and lymphocytes (-lymphs) at both time points. The percentage of monocytes (-monos) decreased, while eosinophils (-eos) remained low and basophils (-basos) were absent. More clinical context is needed to interpret these changes. * **Basic Metabolic Panel:** The BMP results show some variations. The total bilirubin level rose from 4.9 mg/dL to 5 mg/dL. A slight increase in AST (SGOT) from 107 Units/L to 106 Units/L and an increase in alkaline phosphatase from 153 Units/L to 160 Units/L was also observed. These liver function tests merit further evaluation for potential liver injury. The anion gap increased slightly from 11 mmol/L to 12 mmol/L. The creatinine level remained stable at 0.92 mg/dL, indicating normal kidney function. Glucose levels decreased from 99 mg/dL to 82 mg/dL. These fluctuations need to be considered in the context of the patient's overall clinical picture.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

NULL (Insufficient data provided)