Patient Information

Patient ID: 006-101907 Patient Unit Stay ID: 942530 Gender: Male Age: 73 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 00:07:00 Hospital Admission Source: Operating Room Hospital Discharge Time: 2014-XX-XX 23:50:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: CSICU Unit Admission Time: 2014-XX-XX 17:42:00 Unit Admission Source: ICU to SDU Unit Discharge Time: 2014-XX-XX 00:42:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Height: 190.5 cm Admission Weight: NULL Discharge Weight: NULL

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 a series of laboratory tests performed at various times during the patient's ICU stay. The tests cover hematology (hemoglobin (Hgb), hematocrit (Hct), mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), mean platelet volume (MPV), red blood cell count (RBC), white blood cell count (WBC), platelets), blood gases (pH, partial pressure of oxygen (paO2), partial pressure of carbon dioxide (paCO2), bicarbonate (HCO3), base excess, FiO2, O2 saturation), and chemistry (sodium, potassium, chloride, glucose, BUN, creatinine, calcium). Several glucose measurements were taken at the bedside. Note that the lab results are presented with offsets from the unit admission time, facilitating temporal analysis.

There are multiple measurements for several lab tests taken at different times, indicating a serial monitoring of the patient's condition. For instance, sodium levels were monitored at -1372, -1270, -1195, and 2635 minutes from unit admission. Potassium levels show similar repeated measurements. This suggests an ongoing assessment of electrolyte balance. Blood gas analysis was performed at -1372 and -1270 minutes, revealing changes in acid-base balance. Hemoglobin and hematocrit levels were measured multiple times indicating monitoring for anemia. Bedside glucose measurements were taken multiple times, suggesting that glucose control was an important aspect of the patient's management.

The significant variation in the timing of the lab tests, with some taken before admission (-1372 min, -1270 min, -1195 min) and others after (up to 3192 min), suggests a comprehensive assessment spanning the period surrounding the ICU stay. A complete interpretation requires a more comprehensive understanding of the patient's clinical course and the reasons behind the timing of each test.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)