Patient Information

* **Unique Patient ID:** 006-101341 * **Patient Unit Stay ID:** 592107 * **Patient Health System Stay ID:** 485720 *

Gender: Male * **Age:** 78 * **Ethnicity:** African American * **Hospital ID:** 171 * **Ward ID:** 364 * **Unit Type:**

Med-Surg ICU * **Unit Admit Time:** 17:15:00 * **Unit Admit Source:** ICU to SDU * **Unit Visit Number:** 3 * **Unit Stay Type:** stepdown/other * **Admission Weight:** 101.3 kg * **Admission Height:** 182.8 cm * **Hospital Admit Time:**

05:32:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:**

10:52:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unit Discharge Time:**

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 conducted during the patient's ICU stay. The tests span several categories, including hematology (hemo), and blood gas (ABG) analyses. The data points represent measurements taken at various times relative to the unit admission time, expressed in minutes. A detailed analysis reveals several trends:

- * **Hemoglobin (Hgb):** Fluctuations in Hgb levels are observed throughout the ICU stay. Initial values around 12 g/dL are noted, followed by a slight increase to 13 g/dL, and then a subsequent decrease. This variability may warrant further investigation to determine the underlying causes. The fluctuations are not drastic, but they nonetheless suggest a dynamic process. Additional data points would allow a more comprehensive assessment of the Hgb trend.
- * **Hematocrit (Hct):** Similar to Hgb, the Hct values show some variability. Initial readings are around 37%, followed by a decrease and then an increase. The Hct and Hgb trends appear to be correlated, as expected, indicating changes in red blood cell mass.
- * **Mean Corpuscular Volume (MCV):** The MCV remains relatively stable throughout the observation period, hovering around 91 fL, suggesting no significant changes in red blood cell size.
- * **Mean Platelet Volume (MPV):** The MPV also shows some fluctuation, ranging from approximately 9.9 to 11.2 fL. This could indicate variations in platelet production or activation, which may warrant further investigation depending on the clinical context.
- * **White Blood Cell Count (WBC):** The WBC count displays some variation, which may indicate an inflammatory response or infection, though more data is needed to draw definitive conclusions. Further analysis requires a complete time series of WBC counts.

- * **Bedside Glucose:** The bedside glucose measurements show significant fluctuations, ranging from lows around 52 mg/dL to highs exceeding 300 mg/dL. This wide range suggests potential issues with glucose control, potentially requiring review of the patient's diabetic management plan. The high values necessitate further investigation and highlight the need for careful monitoring of blood glucose levels.
- * **Chemistry Panel:** Limited chemistry data is available, including Sodium (Na), Potassium (K), Chloride (Cl), Bicarbonate (HCO3), BUN, Creatinine, Anion Gap, Calcium, and Total Protein. These values show some variations around the normal ranges, particularly creatinine, which suggests a possible kidney function issue. However, a comprehensive assessment requires more data points and comparison with the patient's baseline values.
- * **Arterial Blood Gas (ABG):** ABG results are available at one time point, revealing pH, PaO2, PaCO2, HCO3 and Base Excess. The pH is slightly elevated while PaO2 is low, indicating potential respiratory issues, which may require further investigation. The other ABG parameters are within or near the acceptable range, but require more data to determine trends and significance.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)