Patient Information

Patient ID: 006-102318 Patient Unit Stay ID: 899747 Gender: Male Age: 69 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 20:51:00 Hospital Discharge Time: 2014-XX-XX 18:56:00 Unit Admission Time: 21:48:00 Unit Discharge Time: 01:50:00 Unit Type: Med-Surg ICU Hospital Admit Source: Emergency Department Unit Admit Source: ICU to SDU Hospital Discharge Location: Home Unit Discharge Location: Floor Admission Height (cm): 177.8 Discharge Weight (kg): 84.4

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 several lab results taken at two different time points during the patient's ICU stay: approximately 757 minutes and 2192 minutes after unit admission. The lab tests performed include a comprehensive metabolic panel (CMP) and a complete blood count (CBC) with differential. Analysis reveals some potentially significant trends:

* **Hemoglobin (Hgb):** The Hgb level remained relatively stable at 8.6 g/dL at both time points, suggesting no significant acute blood loss or anemia development during the ICU stay. However, this level is on the lower end of the normal range and warrants further investigation into the underlying cause.

* **Hematocrit (Hct):** Similar to Hgb, the Hct remained relatively stable around 25.6-25.7%, which is consistent with the Hgb values and suggests no significant change in red blood cell volume. Again, the value is on the lower side of normal and requires further investigation to determine if this is a chronic condition or a consequence of illness.

* **White Blood Cell Count (WBC):** The WBC count significantly decreased from 2.1 K/mcL at the earlier time point to 1.9 K/mcL at the later time point. This leukopenia (low WBC count) could indicate bone marrow suppression, an overwhelming infection being successfully treated, or drug side effects, among other possibilities. Further investigation and correlation with the patient's clinical picture are necessary.

* **Platelets:** Platelet counts were relatively stable, with values around 80-85 K/mcL at both time points, indicating no significant thrombocytopenia (low platelet count) during the ICU stay.

* **Chemistry Panel:** The chemistry panel shows some abnormalities including a slightly elevated BUN (8 mg/dL), slightly elevated anion gap (7), normal glucose (93 mg/dL), slightly low bicarbonate (24 mmol/L), and normal calcium (8.2 mg/dL), and normal sodium (141 mmol/L) and chloride (110 mmol/L). The elevated BUN and anion gap could suggest underlying renal insufficiency or metabolic acidosis. The low bicarbonate supports the metabolic acidosis finding. These findings need to be considered in the context of the patient's overall clinical condition to ascertain their significance.

* **Coagulation Studies:** PT (Prothrombin Time) and PTT (Partial Thromboplastin Time) values are elevated, with INR (International Normalized Ratio) values also elevated. This suggests a potential clotting disorder or the effects of anticoagulant therapy. The changes between the two time points are significant. Further evaluation is crucial to determine the cause of the abnormality.

Further analysis requires additional data, including the patient's medical history, physical examination findings, and other diagnostic tests.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)