Patient Information

* **Unique Patient ID:** 002-11122 * **Patient Unit Stay ID:** 169587 * **Gender:** Female * **Age:** 85 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 19:14:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 15:18:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** SICU * **Unit Admission Time:** 2015-XX-XX 19:18:00 * **Unit Admission Source:** ICU to SDU * **Unit Discharge Time:** 2015-XX-XX 19:19:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height (cm):** 154.9 * **Discharge Weight (kg):** 69.6

Medical History

NULL (Insufficient data provided)

Diagnoses

NULL (Insufficient data provided)

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided)

Laboratory Trends

The provided data includes serum chemistry and other lab results for the patient at various time points during their ICU stay. Key observations include:

* **Sodium:** Initial sodium levels were 139 mmol/L at 932 minutes post-unit admission and slightly decreased to 138 mmol/L at 2382 minutes. This suggests a minor fluctuation in sodium levels. * **Potassium:** Potassium levels showed a significant improvement. Initially low at 2.9 mmol/L (932 minutes), they rose to a more normal range of 3.7 mmol/L (2382 minutes). This indicates potential electrolyte imbalance initially, addressed during the ICU stay. * **Chloride:** Chloride levels fluctuated slightly, from 101 mmol/L to 102 mmol/L between the two measurement times, remaining within the normal range. * **Glucose:** Blood glucose levels were elevated, measuring 99 mg/dL at 932 minutes and 104 mg/dL at 2382 minutes. Multiple bedside glucose measurements indicate fluctuations between 98 mg/dL and 139 mg/dL throughout the stay. This suggests potential hyperglycemia requiring management. * **Creatinine:** Creatinine levels remained stable at 1.14 mg/dL at both time points, suggesting no significant change in renal function. * **Anion Gap:** The anion gap was initially 10 mmol/L and increased to 11 mmol/L, suggesting a potential metabolic disturbance. * **Bicarbonate:** Bicarbonate levels decreased from 31 mmol/L to 29 mmol/L, consistent with the change in anion gap. This may indicate a metabolic acidosis. * **Calcium:** Calcium levels showed a slight increase from 8.8 mg/dL to 9.2 mg/dL, remaining within the normal range. * **BUN:** Blood urea nitrogen (BUN) levels increased slightly from 10 mg/dL to 11 mg/dL, suggesting mild changes in renal function or dehydration. * **Magnesium:** Magnesium levels showed a slight decrease from 1.8 mg/dL to 1.9 mg/dL, remaining within the normal range. * **Troponin-I:** Two measurements revealed levels below the detection limit (<0.02 ng/mL), indicating the absence of myocardial injury. * **BNP:** One measurement shows a BNP level of 410 pg/mL, suggesting possible cardiac stress. * **PT and PT-INR:** Prothrombin time (PT) and international normalized ratio (INR) showed an initial significant elevation of 59.8 seconds and 5.7 ratio respectively at 932 minutes, suggesting increased risk of bleeding. These levels improved to 28 seconds and 2.6 ratio at 2382 minutes, suggesting improvement in coagulation status. * **Bedside Glucose:** Frequent bedside glucose measurements were taken and showed fluctuations. * **Urinary Specific Gravity:** One measurement indicated a low urinary specific gravity (<1.005), possibly indicating dehydration or other renal issues.

Further analysis is needed to determine the clinical significance of these changes and their relationship to the patient's overall condition.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)