Patient Information

Patient ID: 002-10157 Patient Unit Stay ID: 163136 Gender: Female Age: 47 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 01:53:00 Hospital Discharge Time: 2014-XX-XX 18:15:00 Unit Admission Time: 2014-XX-XX 01:56:00 Unit Discharge Time: 2014-XX-XX 01:50:00 Unit Type: Med-Surg ICU Admission Height: 177.8 cm Discharge Weight: 99.3 kg Hospital Admission Source: Other Hospital Unit Admission Source: ICU to SDU Hospital Discharge Location: Home Unit Discharge Location: Floor Hospital Discharge Status: Alive Unit Discharge Status: Alive

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 laboratory results from two time points, approximately 530 minutes and 2028 minutes after unit admission. The lab tests cover a range of chemistries and hematology parameters. There is evidence of anemia, indicated by low Hemoglobin (Hgb) levels (10.2 g/dL at 2028 minutes and 10.5 g/dL at 530 minutes) and low Hematocrit (Hct) (29.4% at 2028 minutes and 29.8% at 530 minutes). The Mean Corpuscular Volume (MCV) is slightly elevated (104.6 fL at both time points), suggesting macrocytic anemia, a type often associated with deficiencies like B12 or folate. The patient also shows elevated liver enzymes, AST (106-107 Units/L) and ALT (27-30 Units/L), and elevated total bilirubin (4.9-5.0 mg/dL), indicating possible liver dysfunction. Further investigation is needed to determine the cause. The white blood cell count (WBC) is within the normal range (6.8-7.6 K/mcL), and platelet counts are also within the normal range (149-163 K/mcL), suggesting no significant infection or bleeding disorders. The slightly elevated alkaline phosphatase (153-160 Units/L) may be indicative of bone or liver disease, requiring further evaluation. Electrolyte levels (sodium, potassium, chloride, and bicarbonate) are relatively stable within or close to the normal range, indicating good electrolyte balance. The patient's BUN (4 mg/dL) and creatinine (0.92 mg/dL) are within normal limits, suggesting normal kidney function. The PT and INR are elevated (PT 22.2 sec, INR 2.2 ratio), which indicates a possible clotting disorder, requiring further investigation and potentially anticoagulation management.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)