Patient Information

Patient Unit Stay ID: 592062 Unique Patient ID: 006-113794 Gender: Male Age: 68 Ethnicity: Caucasian Hospital ID: 179 Ward ID: 398 Unit Type: MICU Admission Date and Time: 2015 (Hospital admit time: 16:01:00, Unit admit time: 19:00:00) Discharge Date and Time: 2015 (Hospital discharge time: 17:37:00, Unit discharge time: 03:07:00) Hospital Admission Source: Emergency Department Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Admission Source: Emergency Department Unit Discharge Location: Acute Care/Floor Unit Discharge Status: Alive Admission Weight: 54.8 kg Discharge Weight: 53.3 kg

History

NULL (Insufficient data provided)

Diagnoses

NULL (Insufficient data provided)

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided. Vital signs would need to be included in the input data to generate this section.)

Lab Trends

The provided lab data shows multiple blood tests conducted at different time points relative to unit admission. Below are some key observations:

* **Chemistry Panel:** Several chemistry panels were performed. Sodium levels fluctuated, ranging from 133 mmol/L to 143 mmol/L. BUN levels varied from 15 mg/dL to 24 mg/dL. Creatinine levels were relatively stable around 0.6 mg/dL. Glucose levels showed some variability, ranging from 94 mg/dL to 171 mg/dL. Bicarbonate levels were noted as greater than 45 mmol/L on one occasion and had other values ranging from 41 to 44 mmol/L. Anion gap was reported as less than 1 on one occasion and 3 on another, and 8 on another. Potassium levels were relatively stable, ranging from 3.5 mmol/L to 4.8 mmol/L. Chloride levels varied from 89 mmol/L to 95 mmol/L. Calcium levels ranged from 8.1 mg/dL to 8.7 mg/dL. Albumin levels ranged from 3.2 to 3.3 g/dL. Total protein levels fluctuated between 6.2 and 6.3 g/dL. AST (SGOT) levels ranged from 26 to 39 U/L. ALT (SGPT) levels were relatively stable at 29 U/L. Alkaline phosphatase levels ranged from 60 to 63 U/L. CPK levels showed a considerable range, from 95 U/L to 234 U/L, indicating potential muscle damage. CPK-MB, a marker of cardiac muscle damage, also showed variation ranging from 2.1 to 6.7 ng/mL and CPK-MB index from 1.6% to 5.6%. Troponin-I, a highly specific cardiac marker, was elevated at 0.04 ng/mL on several occasions. Lactate levels ranged from 0.8 to 1.1 mmol/L, suggesting some degree of metabolic acidosis. Magnesium levels were measured at 2.0 mg/dL. Total bilirubin was between 0.7 and 0.9 mg/dL. * **Hematology Panel:** Hemoglobin levels were stable around 13.1 g/dL. Hematocrit levels were around 41.9%. White blood cell (WBC) count was around 9.4 K/mcL. Platelet counts were between 150 and 169 K/mcL. MCV was measured at 100 and 102 fL. MCHC was 31 g/dL. RDW was measured at 12% and 12.2%. PT and PTT were also reported. * **Arterial Blood Gas (ABG) Panel:** ABG analysis showed a low pH (7.17-7.18), elevated paCO2 (113-118 mmHg), and slightly elevated bicarbonate (40.5-41.3 mmol/L) levels. O2 saturation was measured at 95.7% and 99.3%. Base excess was 7.9 and 9 mEq/L. These values suggest metabolic acidosis possibly with respiratory component. * **Other:** BNP was measured at 1099 pg/mL and TSH at 1.5 mIU/L.

The significant variations in several lab values, particularly CPK, CPK-MB, and ABG parameters, warrant further investigation and correlation with the patient's clinical presentation and other medical data.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam was documented as "Performed - Structured". Admission weight was 54.8 kg, and current weight was 54.8 kg. The Glasgow Coma Scale (GCS) was recorded as 11 (Eyes 4, Verbal 1, Motor 6), indicating a mild impairment of consciousness.