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**Patient Information**

***Patient ID:** 006-10190 * **Patient Unit Stay ID:** 827086 * **Gender:** Female * **Age:** 78 * **Ethnicity:**
Caucasian * **Hospital Admission Time:** 2014-XX-XX 00:09:00 * **Hospital Discharge Time:** 2014-XX-XX 03:30:00 * **Hospital Discharge Status:** Expired * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 16:19:00 * **Unit Admission Source:** ICU to SDU * **Unit Discharge Time:** 2014-XX-XX 02:17:00 * **Unit Discharge Status:** Alive ***Height (cm):** 162.6

**History**

NULL (Insufficient information provided)

***Treatments**

NULL (Insufficient information provided)

**Vital Trends**

NULL (Insufficient information provided. Vital signs data is needed to generate this section.)

**Lab Trends**
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The provided data includes several lab results for the patient, taken at different time points during the ICU stay. The lab results show considerable variation in several key parameters. We have glucose levels of 94 mg/dL and 81 mg/dL at two different times. BUN showed a rise from 64 mg/dL to 68 mg/dL. Similarly, creatinine increased from 1.89 mg/dL to 2.18 mg/dL. Calcium levels remained relatively stable at approximately 8 mg/dL. Total protein was consistent around 4.4 g/dL. Chloride levels were stable around 118 mmol/L. ALT (SGPT) levels increased significantly from 26 IU/L to 119 IU/L indicating potential liver damage. AST (SGOT) also showed a similar rise from 18 IU/L to 110 IU/L. Bicarbonate levels decreased from 18 mmol/L to 16 mmol/L. Albumin levels were low at 1.3 g/dL and 1.4 g/dL. Hematological parameters including Hgb (7.3 g/dL and 6.3 g/dL), Hct (22.4% and 19.3%), MCV (88 fL and 89 fL), MCH (28.7 pg and 29.2 pg), MCHC (32.6 g/dL and 32.6 g/dL), RDW (20.5% and 20.5%), platelets (65 K/mcL and 59 K/mcL), and WBC (8.1 K/mcL and 7.5 K/mcL) show some fluctuation. Anion gap slightly increased from 13 to 16. Bedside glucose levels ranged from 87 mg/dL to 98 mg/dL. Finally, arterial blood gas (ABG) results show paO2 of 65 mmHg, paCO2 of 26 mmHg, pH of 7.38, O2 saturation of 93%, FiO2 of 100%, and Base Excess of -9 mEq/L. These values suggest the patient experienced some degree of respiratory acidosis and hypoxemia. Lactate levels were 1.4 mmol/L. More detailed analysis is required to fully understand the significance of these variations in the context of the patient's overall condition.

\*\*Microbiology Tests\*\*

NULL (Insufficient information provided)

\*\*Physical Examination Results\*\*

NULL (Insufficient information provided)