

****Patient Information:****

* **Patient Unit Stay ID:** 1026132 * **Unique Patient ID:** 008-10107 * **Gender:** Male * **Age:** 63 * **Ethnicity:** Caucasian * **Hospital ID:** 188 * **Ward ID:** 434 * **Unit Type:** MICU * **Unit Admit Time:** 02:52:00 * **Unit Admit Source:** Step-Down Unit (SDU) * **Unit Discharge Time:** 02:58:00 * **Unit Discharge Location:** Floor * **Hospital Admit Time:** 06:25:00 * **Hospital Admit Source:** Step-Down Unit (SDU) * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 16:42:00 * **Hospital Discharge Location:** Other * **Hospital 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. Vital signs data is needed to generate this section.)

****Lab Trends:****

The provided lab data shows multiple blood tests performed at various times during the patient's ICU stay. The time is measured as an offset in minutes from the unit admit time. The following key lab values and their trends are noted:

* **Glucose:** Glucose levels show significant fluctuation. Initial levels were 92 mg/dL (-82 min offset), rising to 137 mg/dL (3358 min offset), then 131 mg/dL (20618 min offset), and finally 130 mg/dL (17693 min offset). This indicates potential hyperglycemia requiring further investigation and management. * **Potassium:** Potassium levels also show variation, starting at 3.7 mmol/L (-82 min offset), decreasing to 3.4 mmol/L (3358 min offset) and then rising to 4.3 mmol/L (20618 min offset), later falling slightly to 4.1 mmol/L (14828 min offset) and again to 4.3 mmol/L (17693 min offset). This suggests potential electrolyte imbalance and needs monitoring. * **Sodium:** Sodium levels were initially 140 mmol/L (-82 min offset), dropping to 143 mmol/L (3358 min offset), then further to 137 mmol/L (14828 min offset), and to 136 mmol/L (17693 min offset). Hyponatremia is a possibility, warranting assessment. * **Chloride:** Chloride levels were measured at 99 mmol/L (-82 min offset), 101 mmol/L (3358 min offset), and 97 mmol/L (14828 min offset). These variations warrant further investigation. * **Bicarbonate:** Bicarbonate levels show some fluctuations. Initial values were 31 mmol/L (-799 min offset), rising to 35 mmol/L (3358 min offset), then falling to 30 mmol/L (17693 min offset), and 31 mmol/L (14828 min offset). This needs careful evaluation in conjunction with other electrolyte and acid-base indicators. * **BUN:** Blood Urea Nitrogen (BUN) levels were 17 mg/dL (-82 min offset), 16 mg/dL (3358 min offset), 22 mg/dL (20618 min offset) and 21 mg/dL (17693 min offset). These suggest possible renal impairment. * **Creatinine:** Creatinine levels were 0.6 mg/dL (-1303 min offset), 0.6 mg/dL (3358 min offset), 0.7 mg/dL (20618 min offset) and 0.65 mg/dL (17693 min offset). These values, in combination with BUN levels, indicate the need for further assessment of renal function. * **Complete Blood Count (CBC):** Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Red Blood Cell count (RBC), Platelets, Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), and Mean Corpuscular Hemoglobin Concentration (MCHC) were measured at multiple time points, revealing some fluctuations that require further clinical correlation. * **ABG Lab values:** pH, paCO2, paO2, Base Excess, Total CO2, and FiO2 were also measured at different time points indicating possible respiratory issues. Further information is required to interpret these results.

****Microbiology Tests:****

NULL (No microbiology test data provided.)

****Physical Examination Results:****

NULL (No physical examination results provided.)