

****Patient Information****

* **Patient Unit Stay ID:** 375855 * **Unique Patient ID:** 004-15751 * **Gender:** Male * **Age:** 42 * **Ethnicity:** Caucasian * **Hospital ID:** 131 * **Ward ID:** 227 * **Unit Type:** Med-Surg ICU * **Unit Admit Source:** ICU to SDU * **Unit Admit Time (24h):** 22:23:00 * **Unit Discharge Location:** Floor * **Unit Discharge Time (24h):** 20:20:00 * **Hospital Admit Source:** Floor * **Hospital Admit Time (24h):** 22:25:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Time (24h):** 18:30:00 * **Admission Height:** 172.7 cm * **Admission Weight:** 99.5 kg

****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 a series of hematology lab results taken at various time points during the patient's ICU stay. The lab results are offset from the unit admit time, allowing us to track changes over time. Specific lab tests include: RBC (Red Blood Cell count), Hgb (Hemoglobin), -polys (percentage of polymorphonuclear leukocytes), -basos (percentage of basophils), -lymphs (percentage of lymphocytes), MCHC (Mean Corpuscular Hemoglobin Concentration), MCV (Mean Corpuscular Volume), WBC (White Blood Cell count), MCH (Mean Corpuscular Hemoglobin), and RDW (Red Blood Cell Distribution Width). Many of these values were recorded at multiple time points, providing insight into trends. Note that some basophil measurements are missing (") and recorded as '1', potentially indicating an issue with data collection or entry. Further investigation is required to understand the meaning of the blank values and the '1' entries in the -basos field, as well as the apparent inconsistencies in the units reported across different entries for the same test.

Analysis of the available data reveals the following trends (a more complete analysis requires a more complete dataset and clarification on data inconsistencies):

* **RBC:** RBC count shows an increase from 2.84 M/mcL to 3.76 M/mcL and then 3.82 M/mcL over the course of the ICU stay, suggesting a potential improvement in the patient's red blood cell production or a correction of anemia. Additional data points would be needed to confirm this trend. * **Hgb:** Similar to RBC, Hemoglobin levels also show an upward trend, from 8.3 g/dL to 9.3 g/dL and then 9.6 g/dL. This further supports the potential recovery from anemia. * **Platelets:** Platelet counts show fluctuation throughout the ICU stay, ranging from 70 to 246 K/mcL, which needs further investigation to determine significance. The variability could be due to various factors, including the patient's underlying condition and treatment response. * **White Blood Cells:** WBC counts also fluctuated, ranging from 4.7 K/mcL to 9.1 K/mcL, indicating potential infection or inflammatory response which requires further evaluation. * **Other Hematological Parameters:** MCH, MCV, MCHC, and RDW values also show fluctuations that require more extensive analysis to determine their clinical significance. The lack of consistent units of measurement across entries for the same test complicates the analysis.

The available data highlights the need for a more comprehensive analysis incorporating more data points and addressing data quality issues to establish definitive trends in the patient's hematological parameters during their ICU stay.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

NULL (Insufficient data provided)