Medical Report: Patient 006-107786

1. Patient Information

* **Patient Unit Stay ID:** 788009 * **Unique Patient ID:** 006-107786 * **Patient Health System Stay ID:** 603279 * **Gender:** Male * **Age:** 82 * **Ethnicity:** African American * **Hospital ID:** 175 * **Ward ID:** 417 * **Admission Height (cm):** 163.8 * **Admission Weight (kg):** 62.7 * **Discharge Weight (kg):** 58.1 * **Hospital Admit Time:** 02:17:00 * **Hospital Admit Source:** Acute Care/Floor * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 21:32:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 18:24:00 * **Unit Admit Source:** ICU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 00:17:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient data provided)

3. Diagnoses

NULL (Insufficient data provided)

4. Treatments

NULL (Insufficient data provided)

5. Vital Trends

NULL (Insufficient data provided)

6. Lab Trends

The provided lab data shows multiple blood tests conducted at various time points during the patient's ICU stay. The tests include electrolytes (sodium, potassium, chloride, bicarbonate), renal function markers (BUN, creatinine), glucose, and a complete blood count (CBC) with differential (Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, WBC). Note that the lab results are given without a clear timeline relative to the ICU admission. The data includes multiple measurements for several analytes taken at different times. Analyzing the data reveals some trends:

* **Potassium:** Fluctuates between 3.5 and 4.2 mmol/L across different time points. This variation warrants further investigation to determine if it reflects underlying conditions or treatment responses. * **Sodium:** Relatively stable around 138-141 mmol/L. This indicates good sodium balance, although this requires confirmation with a more complete dataset. * **Chloride:** Generally consistent, around 102-105 mmol/L. Requires a broader context to evaluate the clinical significance. * **Bicarbonate:** Remains stable around 25-27 mmol/L. The consistency points to relatively stable acid-base balance. * **Glucose:** Ranges between 78 and 95 mg/dL. Further evaluation is necessary to determine whether these glucose levels are within the therapeutic range or indicate any metabolic issues. * **Creatinine:** Shows a slight fluctuation between 1.0 and 1.2 mg/dL. Further measurements and patient history would be needed for a proper assessment of renal function. * **BUN:** Fluctuates between 9 and 11 mg/dL. This also requires further context for complete interpretation. * **Hemoglobin (Hgb):** The values range from 10.3 to 11 g/dL. This suggests possible anemia. Further analysis of the complete blood count is needed. * **Hematocrit (Hct):** Levels are between 30.9% and 33.5%, consistent with the hemoglobin levels and suggestive of possible anemia. Further investigation needed. * **Mean Corpuscular Volume (MCV):** Ranges from 81 to 83 fL, potentially indicating normocytic anemia. * **Mean Corpuscular Hemoglobin (MCH):** Ranges from 26.7 to 27.4 pg. * **Mean Corpuscular Hemoglobin Concentration (MCHC):** Fluctuates from 32.2 to 33.6 g/dL. * **Red Cell Distribution Width (RDW):** The values range from 15.2 to 15.4%, suggesting possible anisocytosis. * **Platelets:** Measurements are in the range of 348-370 K/mcL, indicating a normal platelet count. * **White Blood Cells

(WBC):** Values range from 5.6 to 6.8 K/mcL, which falls within a normal range.

7. Microbiology Tests

NULL (Insufficient data provided)

8. Physical Examination Results

NULL (Insufficient data provided)