Patient Information

Patient ID: 006-101391 Patient Unit Stay ID: 818154 Gender: Male Age: 66 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 01:20:00 Hospital Admission Source: Acute Care/Floor Hospital Discharge Time: 2015-XX-XX 00:28:00 Hospital Discharge Location: Rehabilitation Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2015-XX-XX 17:52:00 Unit Admission Source: ICU Unit Discharge Time: 2015-XX-XX 00:35:00 Unit Discharge Location: Acute Care/Floor Unit Discharge Status: Alive Admission Weight: 123.4 kg Discharge Weight: 123.8 kg Admission Height: 170 cm

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 several laboratory test results from a single time point approximately 1088 minutes after unit admission. The following key findings are noted:

* **Hemoglobin (Hgb):** 9.2 g/dL. This value may indicate anemia, requiring further investigation to determine the underlying cause. Additional Hgb measurements over time would be needed to assess trends. * **Hematocrit (Hct):** 28%. This is consistent with the low hemoglobin level, suggesting anemia. Serial measurements are required to observe any changes. * **White Blood Cell Count (WBC):** 6.7 K/mcL. This is within the normal range, indicating no overt infection or inflammatory response. However, serial monitoring is crucial for detecting any changes. * **Red Blood Cell Count (RBC):** 3.00 M/mcL. This is below the typical normal range and consistent with anemia. Further evaluation is warranted. * **Mean Corpuscular Volume (MCV):** 93 fL. This is slightly elevated, suggesting macrocytic anemia, which could be caused by various factors, including Vitamin B12 or folate deficiency. Further tests would be helpful in identifying the underlying etiology. * **Red Cell Distribution Width (RDW):** 19.6%. This is slightly elevated, suggesting variation in red blood cell size, which again supports the possibility of macrocytic anemia. Further investigation is needed. * **Platelets:** 125 K/mcL. This is within the normal range. * **Mean Corpuscular Hemoglobin (MCH):** 30.7 pg. This value, in conjunction with MCV, suggests macrocytic anemia. * **Mean Corpuscular Hemoglobin Concentration (MCHC):** 32.9 g/dL. This value is within the normal range. * **Mean Platelet Volume (MPV):** 10.8 fL. This value is within the normal range. * **Potassium:** 3.4 mmol/L. This value is slightly low, potentially indicating hypokalemia, which could be associated with various conditions and medications. Further evaluation and monitoring are needed. * **Chloride:** 105 mmol/L. This value is within the normal range. * **Bicarbonate:** 28 mmol/L. This value is within the normal range. * **Creatinine:** 5.07 mg/dL. This value is significantly elevated, indicating impaired kidney function. This requires urgent attention and further investigation. * **Blood Urea Nitrogen (BUN):** 40 mg/dL. This is elevated, consistent with the elevated creatinine and indicating impaired kidney function. This requires urgent medical attention. * **Glucose (Fasting):** 108 mg/dL. This value is within the normal range. * **Anion Gap:** 8 mmol/L. This value is within the normal range. * **Sodium:** 141 mmol/L. This value is within the normal range. * **Calcium:** 7.7 mg/dL. This value is within the normal range. * **Bedside Glucose (two measurements):** 113 mg/dL and 236 mg/dL. The significant difference between these two measurements warrants further investigation to determine the cause of the fluctuation and ensure proper glucose control. * **Vancomycin Trough:** 18.1 mcg/mL. This represents a single trough level of Vancomycin. Therapeutic range

needs to be considered based on the indication and patient specific factors. Serial monitoring is essential to ensure efficacy and avoid toxicity.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)