Patient Information

Patient ID: 002-11007 Patient Unit Stay ID: 194175 Gender: Male Age: 65 Ethnicity: Caucasian Hospital Admission Time: 2015-MM-DD 15:49:59 Hospital Discharge Time: 2015-MM-DD 18:15:00 Hospital Discharge Status: Alive Hospital Discharge Location: Home Unit Type: Med-Surg ICU Unit Admission Time: 2015-MM-DD 20:16:00 Unit Discharge Time: 2015-MM-DD 20:17:00 Unit Discharge Status: Alive Unit Discharge Location: Step-Down Unit (SDU) Admission Weight: NULL Discharge Weight: 99.7 kg

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 snapshot of laboratory results from a single time point, approximately 246 minutes before unit admission. This is insufficient to establish trends. However, we can analyze the individual results:

Hemoglobin (Hgb): 12.9 g/dL Red Blood Cells (RBC): 4.00 M/mcL Hematocrit (Hct): 36.6 % Aspartate Aminotransferase (AST): 23 Units/L Basophils (-basos): 0 % Calcium: 9.5 mg/dL Red Cell Distribution Width (RDW): 13.6 % Total Bilirubin: 0.7 mg/dL Mean Corpuscular Volume (MCV): 91.5 fL Blood Urea Nitrogen (BUN): 49 mg/dL Monocytes (-monos): 14 % Glucose: 184 mg/dL White Blood Cells (WBC): 6.7 K/mcL Anion Gap: 17 mmol/L Eosinophils (-eos): 1 % Albumin: 3.8 g/dL Lymphocytes (-lymphs): 18 % Alkaline Phosphatase: 82 Units/L Mean Corpuscular Hemoglobin Concentration (MCHC): 35.2 g/dL Platelets: 169 K/mcL Mean Corpuscular Hemoglobin (MCH): 32.3 pg Sodium: 136 mmol/L Prothrombin Time (PT): 21.7 sec Total Protein: 7.4 g/dL Polymorphonuclear Leukocytes (-polys): 67 % Potassium: 4.9 mmol/L PT - INR: 2.0 ratio Magnesium: 1.7 mg/dL Troponin-I: <0.02 ng/mL Chloride: 100 mmol/L Bicarbonate: 24 mmol/L Urinary Specific Gravity: 1.020 BNP: 94 pg/mL Creatinine: 1.84 mg/dL

Many of these values fall within normal ranges, while some show mild elevations (e.g., BUN, glucose, creatinine). A complete blood count (CBC) shows some abnormalities, such as elevated RDW, indicating variation in red blood cell size. The slightly elevated creatinine suggests possible kidney impairment. Further investigation and comparison with previous lab results are needed for a complete assessment.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)