Patient Information:

* **Patient Unit Stay ID:** 739483 * **Unique Patient ID:** 006-100195 * **Gender:** Female * **Age:** 62 * **Ethnicity:** Caucasian * **Hospital ID:** 174 * **Ward ID:** 400 * **Unit Type:** Med-Surg ICU * **Admission Height (cm):** 163 * **Admission Weight (kg):** 61 * **Discharge Weight (kg):** 59.1 * **Hospital Admit Time:** 01:25:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 18:45:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 03:05:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 02:31:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit 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)

Lab Trends:

The provided lab data shows multiple blood tests conducted at different time points during the patient's stay. The data includes both chemistry and hematology panels. There are multiple instances of the same test taken at different times, allowing for trend analysis. Specific notable lab results include:

* **Sodium (mmol/L):** Initial sodium levels were 141 mmol/L (at -220 minutes from unit admit), rising to 143 mmol/L (at 580 minutes) and then to 139 mmol/L (at 4910 minutes). This indicates some fluctuation in sodium levels throughout the ICU stay. * **Chloride (mmol/L):** Chloride levels show a similar pattern to sodium, starting at 104 mmol/L, increasing to 110 mmol/L, and then showing a value of 109 mmol/L at the final measurement. This suggests a potential correlation with sodium levels. * **Potassium (mmol/L):** Potassium levels show some variation, ranging from 3.3 mmol/L initially to 4.2 mmol/L and then 4.7 mmol/L. This variability warrants further investigation. * **Bicarbonate (mmol/L):** Bicarbonate levels show a notable increase from 25 mmol/L initially to 27 mmol/L and then 21 mmol/L. This variation could indicate changes in the patient's acid-base balance. * **Creatinine (mg/dL):** Creatinine levels show a slight decrease from 0.65 mg/dL to 0.6 mg/dL and finally 0.58 mg/dL, suggesting improvement in renal function. * **Hemoglobin (g/dL):** Hemoglobin levels varied from 16.1 g/dL to 14 g/dL and finally 14.9 g/dL. This variation is relatively small and needs to be interpreted within the clinical context. * **Hematocrit (%):** Hematocrit levels decreased from 44.5% to 40.5% and then 42.8%, reflecting a change in red blood cell concentration. * **Platelets (K/mcL):** Platelet counts show fluctuation between 228 K/mcL, 168 K/mcL, 154 K/mcL, and 187 K/mcL, indicating potential variability in platelet production or consumption. * **White Blood Cell Count (K/mcL):** Initial WBC levels were 9.7 K/mcL, decreasing to 9.6 K/mcL and then 7.3 K/mcL. This suggests a trend toward lower WBC counts over time. * **Other Chemistry and Hematology Values:** The data also includes other blood tests such as BUN, glucose, albumin, total protein, AST, ALT, alkaline phosphatase, total bilirubin, MCV, MCH, MCHC and RDW, all of which show different levels of variation. A complete interpretation would require additional clinical information.

Microbiology Tests:

NULL (Insufficient data provided)

Physical Examination Results:

The physical exam notes indicate that a structured physical exam was performed. The patient's admission weight was 61 kg, and the current weight was 59.1 kg, representing a weight loss of 1.9 kg. The Glasgow Coma Scale (GCS) score was 15 (4+5+6), indicating normal neurological function. Intake and output values were both recorded as 0 ml.