Patient Information

* **Patient Unit Stay ID:** 808118 * **Unique Patient ID:** 006-10166 * **Gender:** Female * **Age:** 74 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 22:57:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 09:50:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 19:36:00 * **Hospital Admit Source:** Recovery Room * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 23:54:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height (cm):** 165 * **Discharge Weight (kg):** 69.6

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 performed at various times during the patient's ICU stay. The time offsets represent the number of minutes from the unit admission time. Key observations include:

* **Electrolytes:** Sodium levels fluctuated, initially at 146 mmol/L (7923 minutes offset) and then dropping to 143 mmol/L (13721 minutes offset) and further to 136 mmol/L (18007 minutes offset) and 140 mmol/L (16584 minutes offset) and 142 mmol/L (15093 minutes offset). Potassium levels also showed variation, starting at 3.9 mmol/L (7923 minutes offset), decreasing to 3.4 mmol/L (13721 minutes offset), and then 3 mmol/L (16584 minutes offset) and 3.6 mmol/L (15093 minutes offset). Chloride levels were initially 112 mmol/L (7923 minutes offset), then 106 mmol/L (13721 minutes offset), and 102 mmol/L (18007 minutes offset) and 102 mmol/L (16584 minutes offset) and 106 mmol/L (15093 minutes offset). These fluctuations may indicate underlying metabolic imbalances. Further investigation is needed to determine the cause and significance of these changes. * **Kidney Function:** Blood urea nitrogen (BUN) levels varied considerably, ranging from 3 mg/dL (18007 minutes offset) to 28 mg/dL (2168 minutes offset) and 24 mg/dL (7923 minutes offset) and 25 mg/dL (13721 minutes offset). Creatinine levels also changed from 0.5 mg/dL (18007 minutes offset) to 0.9 mg/dL (759 minutes offset) and 0.7 mg/dL (7923 minutes offset) and 0.5 mg/dL (13721 minutes offset) and 0.6 mg/dL (12348 minutes offset). These changes warrant further investigation, potentially indicating acute kidney injury or dehydration. * **Liver Function:** Alanine aminotransferase (ALT) levels were significantly elevated, ranging from 34 U/L (12348 minutes offset) to 333 U/L (2168 minutes offset) and 97 U/L (7923 minutes offset) and 38 U/L (13721 minutes offset) and 65 U/L (18007 minutes offset) and 53 U/L (16584 minutes offset). Aspartate aminotransferase (AST) levels also showed significant elevation, ranging from 36 U/L (18007 minutes offset) to 795 U/L (2168 minutes offset) and 78 U/L (7923 minutes offset) and 42 U/L (13721 minutes offset) and 56 U/L (9213 minutes offset) and 44 U/L (12348 minutes offset). These findings suggest liver damage; the cause requires further investigation. * **Glucose:** Blood glucose levels were frequently monitored using bedside glucose testing and varied considerably (115 mg/dL to 307 mg/dL). This fluctuation needs further analysis to assess for possible hyperglycemia or hypoglycemia. * **Complete Blood Count (CBC):** Hemoglobin (Hgb) levels showed a significant decrease from 12.7 g/dL (2168 minutes offset) to 6.6 g/dL (9213 minutes offset) and then 7.6 g/dL (12348 minutes offset) and 9.8 g/dL (16584 minutes offset) and 9.2 g/dL (10543 minutes offset) and 7.3 g/dL (18007 minutes offset). Hematocrit (Hct) levels showed a similar trend (38.6% to 19.7%). These values indicate significant anemia; the etiology needs clarification. * **Other:** The patient's albumin levels were low, ranging from 1.1 g/dL (10838 minutes

offset) to 3.7 g/dL (12348 minutes offset). Total protein levels also showed a decrease from 4.2 g/dL to 5.9 g/dL. This may be linked to the overall clinical picture of the patient. Additional information is needed regarding the cause of this finding. The patient had elevated lipase levels (603 U/L and 959 U/L), consistent with pancreatitis; this is another crucial finding requiring further investigation. The patient also had elevated troponin levels (0.023 ng/mL and 0.033 ng/mL), which indicate myocardium damage; further investigation is needed. The ABG results (pH, paO2, paCO2, HCO3, Base Excess) show a possible metabolic acidosis. The patient also shows elevated bedside glucose levels, ranging from 115 mg/dL to 307 mg/dL. This warrants further investigation into hyperglycemia. Additionally, there was a bedside ammonia test result that was elevated (20 mcg/dL).

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)