Patient Information

* **Patient Unit Stay ID:** 197619 * **Unique Patient ID:** 002-10148 * **Gender:** Female * **Age:** 69 * **Ethnicity:** Caucasian * **Hospital ID:** 63 * **Ward ID:** 95 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 08:25:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 22:15:00 * **Unit Discharge Location:** Other ICU * **Hospital Admit Time:** 00:10:00 * **Hospital Admit Source:** Operating Room * **Hospital Discharge Time:** 00:10:00 * **Hospital Discharge Location:** Home * **Admission Height (cm):** 160 * **Admission Weight (kg):** NULL * **Discharge Weight (kg):** NULL

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 series of lab results obtained at various time points during the patient's stay. The lab results include both chemistry and hematology panels, with some results obtained at approximately 30 minutes after unit admission and others later on. The following are some key observations:

* **Hemoglobin (Hgb):** A single measurement of 7.8 g/dL is recorded at 30 minutes post-unit admission, indicating potential anemia. Further monitoring would be needed to determine the trend and significance of this finding. * **Hematocrit (Hct):** The hematocrit of 24% at 30 minutes post-unit admission is consistent with the low hemoglobin, suggesting anemia. * **White Blood Cell Count (WBC):** A WBC count of 4.1 K/mcL is observed at 30 minutes post-unit admission. This value is within the normal range, but context from a complete blood count and clinical presentation is required for proper interpretation. * **Platelets:** Platelet count of 106 K/mcL is within the normal range at 30 minutes post admission, suggesting normal clotting function. Further testing might be indicated if there were clinical concerns. * **Electrolytes:** Serum sodium (139 mmol/L), potassium (4.8 mmol/L), chloride (111 mmol/L), bicarbonate (19 mmol/L), calcium (6.3 mg/dL), and magnesium (1.3 mg/dL) levels are reported, but without serial measurements, it's impossible to assess trends or significance. * **Liver Function Tests (LFTs):** AST (16 Units/L) and ALT (6 Units/L) are mildly elevated, suggesting possible liver involvement. Further investigation is needed, however. The total bilirubin is only mildly elevated at 0.3 mg/dL. * **Renal Function Tests (RFTs):** Creatinine (1.47 mg/dL) and BUN (19 mg/dL) are recorded. Interpretation would require comparison to prior values and clinical context. * **Blood Gases (ABG):** An ABG was performed at approximately 357 minutes post-unit admission revealing a pH of 7.32, PaO2 of 71 mmHg, PaCO2 of 34 mmHg, and a base deficit of 8 mEq/L. The pH is slightly acidic, and the PaO2 is below the normal range, indicating possible hypoxemia. The PaCO2 is mildly elevated, suggesting possible respiratory acidosis, and the base deficit points towards metabolic acidosis. This combination of findings warrants further investigation and clinical correlation. * **Glucose:** Initial glucose was 154 mg/dL, indicating hyperglycemia. Later bedside glucose measurements showed 213 mg/dL and 130 mg/dL. This indicates inconsistent glucose control. This requires further investigation into the patient's diabetic status, insulin administration, and other factors affecting glucose metabolism. * **Other Chemistry values:** Albumin (1.9 g/dL) is low, suggesting possible hypoalbuminemia, which needs additional assessment. Alkaline phosphatase (41 Units/L) is mildly elevated. Anion gap (14 mmol/L) is within normal limits.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)