Patient Information:

* **Unique Patient ID:** 002-10129 * **Patient Unit Stay ID:** 217837 * **Gender:** Female * **Age:** 57 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 20:47:03 * **Hospital Discharge Time:** 2015-XX-XX 20:16:00 * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 21:37:00 * **Unit Admission Source:** ICU to SDU * **Unit Discharge Time:** 2015-XX-XX 15:38:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height (cm):** 154.9 * **Admission Weight (kg):** NULL * **Discharge Weight (kg):** 97.3

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 taken at different time offsets from unit admission. The following key lab values show trends:

* **Hemoglobin (Hgb):** Initial Hgb level was 11.2 g/dL at 723 minutes post-unit admission. A subsequent reading at 2208 minutes showed a slight increase to 11.4 g/dL. A final reading at 3623 minutes showed a decrease to 10.8 g/dL. This fluctuation warrants further investigation and correlation with clinical events. * **Hematocrit (Hct):** Initial Hct was 35.5% at 723 minutes and dropped to 34.7% at 3623 minutes. This suggests a possible decrease in red blood cell volume. * **Platelets:** Initial platelet count was 318 K/mcL at 723 minutes post-admission. * **White Blood Cell Count (WBC):** The initial WBC count was 10.8 K/mcL at 723 minutes. This indicates a possible infection or inflammatory response, which needs further context from the patient's history and other tests. * **PT-INR:** The Prothrombin Time (PT) - International Normalized Ratio (INR) values show an increase from 1.0 at 723 minutes to 1.3 at 2208 minutes and finally to 1.7 at 3623 minutes. This indicates a potential issue with coagulation, possibly due to medication or underlying condition. The PT values (seconds) show a similar trend, increasing from 10.4 seconds to 13.2 seconds and then to 18.3 seconds. This should be investigated in relation to any anticoagulant therapy. * **Electrolytes:** Serum electrolytes show some abnormalities, including a slightly elevated anion gap (9 mmol/L), a low albumin level (2.8 g/dL), and normal sodium and potassium levels. Low albumin can indicate liver or kidney issues or malnutrition, and the anion gap could point towards metabolic acidosis. The clinical significance of these needs further examination. * **Glucose:** Blood glucose levels show some variability. Initial levels were 104 mg/dL, rising to 126 mg/dL and 211 mg/dL at different times indicating possible hyperglycemia episodes, again requiring further clinical context.

Microbiology Tests:

NULL (Insufficient data provided)

Physical Examination Results:

NULL (Insufficient data provided)

This report highlights several areas of concern based on the limited laboratory data. A complete clinical picture requires additional information, including the patient's medical history, presenting symptoms, physical examination findings, and other diagnostic tests. The trends observed in the lab values suggest the possibility of underlying medical conditions that require further investigation and management.