Patient Information

Patient Unit Stay ID: 219981 Patient Health System Stay ID: 190098 Gender: Female Age: 58 Ethnicity: Caucasian Hospital ID: 56 Ward ID: 82 Unique Patient ID: 002-11976 Admission Height: 152.4 cm Admission Weight: 107.9 kg Discharge Weight: 107.8 kg Hospital Admit Time: 09:34:00 Hospital Admit Source: Emergency Department Hospital Discharge Year: 2015 Hospital Discharge Time: 16:19:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 09:36:00 Unit Admit Source: Emergency Department Unit Visit Number: 1 Unit Stay Type: admit Unit Discharge Time: 02:39:00 Unit Discharge Location: Step-Down Unit (SDU) Unit Discharge Status: Alive Admission Diagnosis: Sepsis, pulmonary

History

NULL (Insufficient data provided)

Diagnoses

Primary Diagnosis: Sepsis, pulmonary

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided. Vital signs data is needed to generate this section.)

Lab Trends

The provided data includes a series of lab results taken at various times during the patient's stay. The time is relative to the unit admission time, expressed in minutes. Key lab values show some fluctuation and trends warranting further investigation. These include:

* **Hemoglobin (Hgb):** Initial Hgb levels were 10.2 g/dL, dropping slightly to 10.7 g/dL before rising to 11.6 g/dL. The decrease is relatively small, however, monitoring for anemia is essential. * **Hematocrit (Hct):** Shows a similar trend to Hgb, starting at 30.2%, decreasing slightly, and then increasing to 34.3%. This suggests a potential transient change in the patient's red blood cell volume. * **White Blood Cell Count (WBC):** Elevated at 30.7 K/mcL initially, decreasing to 16.3 K/mcL and 16.7 K/mcL at later timepoints. This indicates the initial inflammatory response associated with sepsis, followed by a reduction suggestive of treatment response. * **Platelets:** The platelet count shows a fluctuating pattern, starting at 148 K/mcL, decreasing to 150 K/mcL and 179 K/mcL before rising to 203 K/mcL. Thrombocytopenia and subsequent recovery could be a factor in the patient's condition and requires careful review. * **Bedside Glucose:** Displays significant fluctuations, suggesting potential issues with glucose control. Values range from 46 mg/dL to 255 mg/dL, indicating hyperglycemia and significant variability that needs further analysis and correlation with treatment interventions and clinical status. * **Electrolytes:** Sodium levels were initially low (118-119 mmol/L), rising to 124-125 mmol/L. Potassium levels were also initially high (5.3-7.3 mmol/L), with later values around 4.2-4.6 mmol/L indicating a similar trend to sodium. These fluctuations point to a need for an assessment of fluid status, renal function and overall electrolyte balance. * **Other values:** The data also includes values for other lab tests including MCV, MCH, MCHC, BUN, creatinine, anion gap, chloride, albumin, total protein, total bilirubin, ALT, AST, and differential white blood cell counts. Further analysis is needed to fully interpret these values and their clinical significance. The presence of these tests suggests a comprehensive assessment was performed.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

A structured physical exam was performed. The Glasgow Coma Scale (GCS) score was recorded as 15 (Eyes: 4, Verbal: 5, Motor: 6) at 18 minutes post unit admission. This indicates the patient was alert and oriented at that time.