Patient Information:

* **Patient Unit Stay ID:** 865450 * **Unique Patient ID:** 006-100013 * **Gender:** Female * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital ID:** 176 * **Ward ID:** 376 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 22:37:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 2014-XX-XX 03:44:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 16:54:00 * **Hospital Admit Source:** Recovery Room * **Hospital Discharge Time:** 2014-XX-XX 05:27:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height (cm):** 152.4 * **Discharge Weight (kg):** 56.5

Medical History:

NULL (Insufficient data provided in JSON)

Diagnoses:

NULL (Insufficient data provided in JSON)

Treatments:

NULL (Insufficient data provided in JSON)

Vital Trends:

NULL (Insufficient data provided in JSON)

Laboratory Trends:

The provided lab data shows results for various blood tests taken at different time points during the patient's ICU stay. Two distinct time points are evident from the data: one approximately 743 minutes after unit admission and another around 2103 minutes. Key observations include:

* **Glucose:** Elevated glucose levels are observed at multiple time points (91 mg/dL initially, 96 mg/dL later, and others in the range of 108-161mg/dL), potentially indicating hyperglycemia. Further investigation is needed to determine the cause and treatment given. * **BUN (Blood Urea Nitrogen):** A significant increase in BUN is noted from 34 mg/dL to 40 mg/dL, suggesting a possible decline in kidney function or dehydration. This requires further clinical context and correlation with other parameters for proper interpretation. * **Creatinine:** Creatinine levels rose from 0.95 mg/dL to 1.22 mg/dL, corroborating the potential decline in renal function indicated by the BUN increase. This warrants careful monitoring and further assessment. * **Albumin:** Low albumin levels are seen (2.4 g/dL initially, and 2.7 g/dL later), which may suggest malnutrition, liver disease, or other underlying conditions. This needs further evaluation and clinical correlation. * **Electrolytes:** Potassium levels remain relatively stable around 4 mmol/L, whereas Bicarbonate has a slight elevation from 25 mmol/L to 26 mmol/L. Chloride levels are also relatively stable (around 110 mmol/L initially and 105 mmol/L later), but changes suggest the need for further analysis. Sodium levels are relatively stable at approximately 140 mmol/L. These changes in electrolytes warrant a more thorough analysis in context of other lab values and the patient's clinical condition. * **Liver Enzymes:** AST (SGOT) and ALT (SGPT) levels are slightly elevated (AST: 20 Units/L initially, 15 Units/L later; ALT: 19 Units/L initially, 18 Units/L later), indicating possible liver injury. The clinical significance requires further investigation and the context of other findings. * **Complete Blood Count (CBC):** Hemoglobin (Hgb), Hematocrit (Hct), MCV (Mean Corpuscular Volume), MCH (Mean Corpuscular Hemoglobin), MCHC (Mean Corpuscular Hemoglobin Concentration), and platelet counts show variability between the two time points. The observed changes need to be assessed in the context of overall clinical picture and other relevant data to determine their significance.

Microbiology Tests:

NULL (Insufficient data provided in JSON)

Physical Examination Results:

NULL (Insufficient data provided in JSON)