

****Patient Information****

* **Patient Unit Stay ID:** 646513 * **Unique Patient ID:** 006-110061 * **Gender:** Female * **Age:** > 89 * **Ethnicity:** Caucasian * **Hospital ID:** 179 * **Ward ID:** 398 * **Unit Type:** MICU * **Unit Admit Time:** 22:40:00 * **Unit Admit Source:** Direct Admit * **Hospital Admit Time:** 12:34:00 * **Hospital Discharge Time:** 23:00:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Time:** 00:52:00 * **Unit Discharge Location:** ICU * **Unit Discharge Status:** Alive * **Admission Weight:** 58.1 kg * **Discharge Weight:** 58.1 kg * **Admission Height:** 154.9 cm

****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 data includes a series of laboratory test results for the patient, taken at various time points relative to the unit admission time. The lab results cover a range of chemistries, including blood urea nitrogen (BUN), total bilirubin, potassium, albumin, creatinine, bicarbonate, ALT (SGPT), alkaline phosphatase, AST (SGOT), glucose, calcium, and chloride. Hematological parameters such as platelets, red blood cell (RBC) count, hematocrit (Hct), hemoglobin (Hgb), mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), and red cell distribution width (RDW) are also included. Additionally, there are results for prothrombin time (PT), PT-INR (International Normalized Ratio), and partial thromboplastin time (PTT). Thyroid stimulating hormone (TSH) levels were also measured. Multiple measurements were taken over time, allowing for the observation of trends in various analytes and hematological parameters.

Specifically, we observe that BUN levels were initially 26 mg/dL, rose to 66 mg/dL, and then decreased to 32 mg/dL, suggesting potential fluctuations in renal function. Total bilirubin remained relatively stable at around 1.2 mg/dL. Potassium levels also showed slight changes, moving from 3.4 mmol/L to 3.5 mmol/L. Liver enzymes (ALT and AST) showed some elevation, indicating potential liver involvement, although without further context or trends it's difficult to interpret the significance. Hemoglobin levels initially at 17.6 g/dL dropped to 10.6 and then rose to 13.4 g/dL, indicating anemia. The patient's platelet count was also low, at 158 K/mcL initially, then 178 K/mcL, and 197 K/mcL, showing potential fluctuations in platelet function. The repeated measurements of several blood chemistries and hematologic parameters indicate a dynamic state during the patient's stay, highlighting the importance of monitoring for potential complications or changes in treatment response. The complete picture of the patient's condition requires further information from the medical history and other clinical findings.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

The physical exam was documented as "Not Performed".