

****Patient Information:****

* **Patient ID:** 006-10190 * **Patient Unit Stay ID:** 827086 * **Gender:** Female * **Age:** 78 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 00:09:00 * **Hospital Discharge Time:** 2014-XX-XX 03:30:00 * **Hospital Discharge Status:** Expired * **Hospital Discharge Location:** Death * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 16:19:00 * **Unit Admission Source:** ICU to SDU * **Unit Discharge Time:** 2014-XX-XX 02:17:00 * **Unit Discharge Status:** Alive * **Unit Discharge Location:** Floor * **Admission Height (cm):** 162.6

****Medical History:****

NULL (Insufficient data provided)

****Diagnoses:****

NULL (Insufficient data provided)

****Treatments:****

NULL (Insufficient data provided)

****Vital Trends:****

NULL (Insufficient data provided to generate vital sign trends. Requires time-series data on heart rate, blood pressure, respiratory rate, temperature, etc.)

****Lab Trends:****

The provided lab data shows multiple lab tests performed at two different time points during the patient's ICU stay. The first set of tests (labresultoffset \approx 1146 minutes) and a second set (labresultoffset \approx 2606 minutes). There are also some bedside glucose tests taken at different time points. Key observations include:

* **Glucose:** Elevated glucose levels were observed at both time points (81 mg/dL and 94 mg/dL). Bedside glucose measurements show values between 87 and 98 mg/dL, suggesting persistent hyperglycemia. * **BUN:** Increased BUN levels, rising from 64 mg/dL to 68 mg/dL, indicating potential renal impairment. * **Creatinine:** Creatinine increased from 1.89 mg/dL to 2.18 mg/dL, further supporting the evidence of renal dysfunction. * **Electrolytes:** Sodium levels were slightly elevated at 149 and 150 mmol/L, while potassium remained within a relatively normal range (3.8-3.9 mmol/L). Chloride levels were consistently elevated at 118 mmol/L. * **Liver Function Tests (LFTs):** ALT (SGPT) and AST (SGOT) were elevated, 26 and 18 IU/L respectively at the earlier time point, and 119 and 110 IU/L at the later time point, suggesting liver injury. Alkaline phosphatase was also elevated (111 and 114 IU/L). Total bilirubin showed a slight elevation (0.8 mg/dL and 1.2 mg/dL). * **Total Protein and Albumin:** Both total protein and albumin were low (4.4 g/dL and 1.4 g/dL; 4.4 g/dL and 1.3 g/dL), indicating possible malnutrition or protein loss. * **Hematological Parameters:** Hemoglobin (Hgb) was low (7.3 g/dL and 6.3 g/dL), hematocrit (Hct) was also low (22.4% and 19.3%), indicating anemia. White blood cell count (WBC) was slightly elevated (8.1 K/mcL and 7.5 K/mcL). Platelets were decreased (65 K/mcL and 59 K/mcL) indicating thrombocytopenia. MCV and MCHC show some abnormalities, suggesting possible microcytic anemia. RDW was elevated at 20.5% at both time points, indicating anisocytosis (variation in red blood cell size). * **Arterial Blood Gas (ABG):** ABG values (paO2, paCO2, HCO3, pH, O2 Sat (%), Base Excess) indicate respiratory acidosis with hypoxemia. The low paO2 and elevated paCO2 suggest impaired gas exchange. The metabolic component is also reflected in the base excess. This suggests a significant respiratory problem. * **Lactate:** Elevated to 1.4 mmol/L, indicating possible tissue hypoxia.

****Microbiology Tests:****

NULL (No microbiology data provided)

****Physical Examination Results:****

NULL (Insufficient data provided)