

## **\*\*Patient Information\*\***

\* \*\*Patient Unit Stay ID:\*\* 850846 \* \*\*Unique Patient ID:\*\* 006-121934 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 59 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 179 \* \*\*Ward ID:\*\* 398 \* \*\*Unit Type:\*\* MICU \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Hospital Admit Time:\*\* 2015-XX-XX 15:38:00 (Exact date missing from data) \* \*\*Unit Admit Time:\*\* 2015-XX-XX 00:32:00 (Exact date missing from data) \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 18:05:00 (Exact date missing from data) \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 18:05:00 (Exact date missing from data) \* \*\*Admission Weight:\*\* 107.1 kg \* \*\*Discharge Weight:\*\* 108.1 kg \* \*\*Admission Height:\*\* 172.7 cm \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Hospital Discharge Location:\*\* Other External \* \*\*Unit Discharge Location:\*\* Other External

## **\*\*Medical History\*\***

NULL (Insufficient data provided to describe the patient's medical history.)

## **\*\*Diagnoses\*\***

NULL (Admission diagnosis (apacheheadmissiondx) is missing from the provided data.)

## **\*\*Treatments\*\***

NULL (No treatment information is available in the provided dataset.)

## **\*\*Vital Trends\*\***

NULL (No vital sign data is included in the provided dataset.)

## **\*\*Lab Trends\*\***

The provided lab data shows multiple blood tests performed at two different time points during the patient's ICU stay. The first set of tests (-131 minutes from unit admit time) reveals a slightly elevated ALT (SGPT) of 55 U/L and AST (SGOT) of 37 U/L, suggesting possible liver involvement. The slightly elevated alkaline phosphatase (133 U/L) further supports this. The anion gap (11 mmol/L) is mildly elevated. The total protein (7.2 g/dL) and albumin (3.8 g/dL) levels are within the normal range. Electrolyte levels show a normal sodium level (143 mmol/L) but a low potassium (3.7 mmol/L). Calcium (8.7 mg/dL) is slightly elevated. Creatinine (1.1 mg/dL) is also elevated, indicating potential kidney impairment. Hematological data from this time point shows a slightly low RBC count (4.74 M/mcL) with a normal Hematocrit (43.6%). The Mean Platelet Volume (MPV) of 8.9 fL and RDW of 13.2% suggest possible abnormalities in red blood cell size and variability. A second set of lab results (approximately 3600 minutes from unit admit time) shows some changes. While the creatinine remains at a concerning 0.9 mg/dL, the ALT (SGPT) and AST (SGOT) have increased to 61 U/L and 49 U/L respectively, and the alkaline phosphatase has decreased to 129 U/L. The total protein increased to 6.3 g/dL and the albumin increased to 3.4 g/dL. Electrolytes show improved potassium (4.5 mmol/L) with the sodium remaining stable (143 mmol/L), and a lower BUN (16 mg/dL) compared to the initial BUN of 13 mg/dL. The bicarbonate level increased from 25 mmol/L to 29 mmol/L. Hematological values show a decrease in WBC count (6 k/mcL), RBC (4.42 M/mcL), Hgb (13.7 g/dL) and Hct (41.6%). MPV (9.5 fL), RDW (13.2%), MCV (94 fL) and MCHC (33 g/dL) present values that warrant further investigation.

## **\*\*Microbiology Tests\*\***

NULL (No microbiology test results are available in the provided dataset.)

## **\*\*Physical Examination Results\*\***

The physical exam notes indicate that a structured physical exam was performed (4 minutes post-unit admission). The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6), indicating normal neurological function.