Patient Information

* **Unique Patient ID:** 006-101443 * **Patient Unit Stay ID:** 910866 * **Patient Health System Stay ID:** 677032 * **Gender:** Male * **Age:** 46 * **Ethnicity:** Caucasian * **Hospital ID:** 165 * **Ward ID:** 337 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 22:30:00 * **Unit Admit Source:** ICU to SDU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 05:16:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 13:29:00 (calculated from offset) * **Hospital Discharge Time:** 00:33:00 (calculated from offset) * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Admission Height:** 177.5 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 lab data shows several blood tests performed at different time points during the patient's ICU stay. The time offsets indicate the time elapsed since unit admission. Note that the exact dates are not available from the provided JSON, only the time offsets.

* **Albumin:** Two albumin measurements were recorded. The first (2.3 g/dL) was taken at 2091 minutes post-unit admission, and a second (2.7 g/dL) at 13645 minutes indicating a potential improvement in albumin levels over time. Low albumin levels can indicate liver disease, malnutrition, or other conditions. The change suggests potential treatment effectiveness or natural recovery.

* **Total Protein:** Similar to albumin, total protein showed an increase from 6.3 g/dL at 2091 minutes to 6.7 g/dL at 13645 minutes. This corresponds to the albumin trend and supports the hypothesis of improvement in nutritional status or liver function.

* **Creatinine:** Creatinine levels were 0.81 mg/dL at 2091 minutes and 0.87 mg/dL at 13645 minutes. This indicates a slight increase but remains within the normal range. Further monitoring would be needed to assess any potential renal dysfunction.

* **Blood Counts (Hematology):** Multiple hematological parameters were measured at several time points. These include Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Mean Platelet Volume (MPV), and White Blood Cell count (WBC). Analysis of trends across these parameters would be beneficial to ascertain the overall hematological profile and its changes over time. For instance, changes in Hgb and Hct might indicate anemia or fluid status changes.

* **Electrolytes and Other Chemistry values:** Several other chemistry values were measured including BUN, Calcium, Chloride, Bicarbonate, Anion Gap, and Alkaline Phosphatase. These show some fluctuations; for example, Calcium increased from 8.2 mg/dL to 8.9 mg/dL, while the anion gap remained relatively stable, suggesting potential electrolyte imbalances requiring further investigation and management. These trends should be viewed in the context of the patient's clinical picture.

* **PT and INR:** Prothrombin time (PT) and International Normalized Ratio (INR) values were measured at different time points, indicating efforts to monitor the patient's coagulation status. The INR values remained relatively stable around 1.1, which suggests no major coagulation issues. The PT values, however, show some fluctuation which need further analysis.

* **Differential Blood Count:** The differential white blood cell count provides the percentages of different types of white blood cells (lymphocytes, polymorphonuclear leukocytes, monocytes, eosinophils, and basophils). These percentages are useful in identifying infections or inflammatory processes. The data reveals changes in these percentages over time, indicating that monitoring of infectious/inflammatory processes is warranted.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)