Patient Information

* **Patient Unit Stay ID:** 733084 * **Unique Patient ID:** 006-100205 * **Gender:** Female * **Age:** 68 * **Ethnicity:** Caucasian * **Hospital ID:** 171 * **Ward ID:** 377 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 17:16:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 01:56:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 12:15:00 * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 22:57:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height:** 154.9 cm * **Admission Weight:** 70.6 kg

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 chemistry and hematology tests performed at various time points during the patient's ICU stay. The data is presented as offsets from the unit admission time. Key observations include:

* **Bicarbonate:** Fluctuates between 23 and 30 mmol/L across multiple time points. This suggests potential metabolic disturbances that require further investigation. Lower values could indicate metabolic acidosis. * **Calcium:** Shows variability, ranging from 6.8 to 8.2 mg/dL. This warrants careful review, as hypocalcemia or hypercalcemia can have significant clinical consequences. * **Glucose:** Exhibits wide variability, with values ranging from 42 to 209 mg/dL, indicating potential issues with glucose regulation (hyperglycemia and hypoglycemia). This needs further analysis to determine the trends and potential underlying causes. * **Albumin:** Shows low levels (1.3-1.8 g/dL) across multiple measurements. This could signify hypoalbuminemia, which is often associated with malnutrition, liver disease, or kidney disease. Further clinical context is needed for accurate interpretation. * **Total Protein:** Ranges from 4.7 to 5.7 g/dL, suggesting possible changes in overall protein levels. More data and clinical context is needed for proper interpretation. * **BUN (Blood Urea Nitrogen):** Fluctuates between 6 and 20 mg/dL. Elevated BUN can indicate kidney dysfunction. * **Creatinine:** Levels range from 0.46 to 0.60 mg/dL. Creatinine levels, in conjunction with BUN, assist in assessing kidney function. Mild elevation seen here warrants monitoring. * **Sodium:** Ranges between 139 and 145 mmol/L, indicating potential electrolyte imbalances. Low sodium values can signify hyponatremia. * **Chloride:** Ranges between 105 and 113 mmol/L. Electrolyte imbalance. * **Potassium:** Ranges between 3.3 and 4.1 mmol/L. Electrolyte imbalance. * **AST (SGOT) and ALT (SGPT):** These liver enzymes show fluctuations. Elevated levels could indicate liver damage. * **Alkaline Phosphatase:** Ranges from 77 to 136 IU/L. Elevated levels often indicate liver or bone disease. * **Anion Gap:** Observed values are between 3 and 7, suggesting potential metabolic acidosis. * **Hematology:** Hemoglobin (Hgb), Hematocrit (Hct), White Blood Cell count (WBC), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Platelets, and Red Cell Distribution Width (RDW) were measured multiple times. These require a more in-depth analysis to determine trends and clinical significance. The significant variability in these parameters suggests potential underlying conditions.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)