

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

Patient Unit Stay ID: 972232 Unique Patient ID: 007-1012 Gender: Female Age: 87 Ethnicity: Caucasian Hospital ID: 181 Ward ID: 428 Unit Type: Med-Surg ICU Admission Height: 165.1 cm Admission Weight: 69.85 kg Discharge Weight: 72.58 kg Hospital Admit Time: 01:57:00 Hospital Discharge Time: 22:20:00 Unit Admit Time: 05:52:00 Unit Discharge Time: 05:56:00

## **\*\*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 shows several laboratory test results taken at various times during the patient's stay. The time offsets indicate the time elapsed since unit admission. We observe multiple measurements for several lab tests, allowing us to track trends over time. For instance, 'anion gap' was measured at 9 mmol/L at 1724 minutes post-unit admission and later at 8 mmol/L at 7305 minutes. This suggests a slight decrease in anion gap over time. Similarly, 'ALT (SGPT)' showed an increase from 33 Units/L at 1724 minutes to 52 Units/L at 7305 minutes. 'AST (SGOT)' also increased from 76 Units/L to 62 Units/L during this period. Hematological parameters also show fluctuations. 'WBC x 1000' was 9.7 K/mcL at -1741 minutes and 8.9 K/mcL at 5983 minutes. 'RBC' count decreased from 4.14 M/mcL to 3.2 M/mcL between -1741 and 5983 minutes. 'Hgb' levels followed a similar downward trend, dropping from 13.3 g/dL to 10.6 g/dL in the same time interval. 'Hct' also decreased from 41.5% to 32.3% during the same period. Creatinine levels show variation, with values of 1.16 mg/dL, 1.19 mg/dL, and 1.05 mg/dL at different time points. Other parameters such as BUN, total bilirubin, albumin, and electrolytes (potassium, sodium, chloride, bicarbonate, calcium, ionized calcium) also show different values at various time points during the patient's stay. The detailed analysis of these trends requires more comprehensive data and time-series analysis. The available data is limited to snapshots of lab results at different time points, without a continuous monitoring pattern. The lack of complete time series data prevents a more thorough interpretation of the trends.

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

NULL (Insufficient data provided)

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

NULL (Insufficient data provided)