

****Patient Information****

* **Unique Patient ID:** 006-101400 * **Patient Unit Stay ID:** 650416 * **Gender:** Male * **Age:** 66 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 20:01:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 20:35:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 19:51:00 (Assuming date same as hospital admission) * **Unit Admission Source:** ICU * **Unit Discharge Time:** 00:04:00 (Assuming date following hospital admission) * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 106.8 kg * **Admission Height:** 177 cm

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

NULL (Insufficient data provided)

****Treatments****

NULL (Insufficient data provided)

****Vital Trends****

NULL (Insufficient data provided)

****Laboratory Trends****

The provided lab data shows several blood tests performed at various time points during the patient's ICU stay. The time offsets are relative to the unit admission time. Key trends observed include:

* **Glucose:** Significant fluctuations in glucose levels are observed, ranging from lows around 89 mg/dL to highs exceeding 300 mg/dL. This indicates potential issues with glucose control, requiring further investigation into the patient's diabetes management or other contributing factors. * **Bedside Glucose:** Frequent bedside glucose measurements reveal a pattern of hyperglycemia throughout the patient's stay, with values often above 200 mg/dL. This highlights the need for strict glycemic control during the ICU stay. * **Hemoglobin (Hgb):** Hemoglobin levels show some variation, between 10.1 g/dL and 10.8 g/dL, suggesting potential anemia which warrants further evaluation. The lower values are a concern that may require intervention. * **Hematocrit (Hct):** Hematocrit values are consistent with the hemoglobin levels indicating a potential anemia. Further analysis of other blood values is required to determine the cause of the anemia. * **Creatinine:** Creatinine levels show minor variations, ranging from 0.63 mg/dL to 0.75 mg/dL. While these values are within the normal range, the increasing trend warrants monitoring for potential kidney function changes. * **Albumin:** Albumin levels are consistently low (around 2.2-2.6 g/dL), which indicates hypoalbuminemia. This could be associated with liver dysfunction, malnutrition, or other underlying conditions. The low albumin suggests a need for nutritional assessment and potential intervention to improve the patient's nutritional status. * **Platelets:** The platelet count shows some variation, but generally remains within a reasonable range, suggesting no significant bleeding risk. * **PT and PT-INR:** Prothrombin time (PT) and international normalized ratio (INR) values indicate variations in clotting times. These require assessment in light of any anticoagulant therapy. * **Other Chemistry Values:** Other chemistry values like calcium, bicarbonate, chloride, ALT (SGPT), AST (SGOT), alkaline phosphatase, total protein, total bilirubin, and anion gap show variations that need to be interpreted in the context of the patient's overall clinical picture and medication history.

Additional information such as the patient's medication regimen, underlying health conditions, and the presence of any infections will be crucial for a complete interpretation of these lab results. This data is insufficient to understand the full context of the patient's health.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

NULL (Insufficient data provided)