

****Patient Information****

Patient ID: 006-100716 Patient Unit Stay ID: 603253 Gender: Male Age: 59 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 04:05:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2015-XX-XX 02:00:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: CSICU Unit Admission Time: 2015-XX-XX 17:16:00 Unit Admission Source: ICU Unit Visit Number: 3 Unit Stay Type: stepdown/other Admission Weight: 77 kg Discharge Weight: 72.7 kg Unit Discharge Time: 2015-XX-XX 17:58:00 Unit Discharge Location: Acute Care/Floor Unit Discharge Status: Alive Admission Height: 180 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 data includes a series of laboratory test results taken at various time points during the patient's ICU stay. The tests cover hematology (hemoglobin, hematocrit, RBC, WBC, platelets, MCV, MCH, MCHC, MPV, RDW), and chemistry (chloride, bicarbonate, sodium, potassium, BUN, creatinine, calcium, total bilirubin, total protein, albumin, alkaline phosphatase, AST, ALT, phosphate, glucose). Multiple glucose measurements were taken using bedside glucose testing. We observe fluctuations in several key indicators over time. For instance, the white blood cell count (WBC) shows an initial elevation (17.8 K/mcL at 2659 minutes post-unit admission), followed by a decrease (11 K/mcL at 5520 minutes). Similarly, Hemoglobin (Hgb) levels show a pattern of improvement from 8.4 g/dL to 9.6 g/dL between the first and second measurements. The Hematocrit (Hct) also demonstrates improvement from 25.2% to 29.7% over the same period. Bedside glucose measurements indicate some hyperglycemia initially, with values ranging from 101 to 159 mg/dL during the first 4000 minutes post admission and then trending down towards the end of the stay. Electrolyte levels, such as potassium and sodium, exhibit mild fluctuations within the normal range, although there are some variations. Renal function markers (BUN and Creatinine) showed an improvement from 25 mg/dL and 0.83 mg/dL to 12 mg/dL and 0.7 mg/dL respectively.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

NULL (Insufficient data provided)