

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

Patient ID: 006-100190 Patient Unit Stay ID: 907255 Gender: Female Age: 65 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 21:01:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2014-XX-XX 01:24:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Neuro ICU Unit Admission Time: 2014-XX-XX 18:55:00 Unit Admission Source: ICU to SDU Unit Discharge Time: 2014-XX-XX 05:16:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Height (cm): 170 Discharge Weight (kg): 91.7

## **\*\*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 laboratory results for various blood tests performed at different time points during the patient's ICU stay. The time is measured as an offset in minutes from the unit admission time. The following key trends are observed:

\* **\*\*Electrolytes:\*\*** Sodium levels fluctuated slightly, ranging from 140 mmol/L to 144 mmol/L. Potassium levels remained relatively stable, between 3.6 mmol/L and 3.9 mmol/L. Chloride levels showed minor variations, from 107 mmol/L to 112 mmol/L. Bicarbonate remained consistent around 26 mmol/L, with a single reading of 29 mmol/L. The anion gap showed changes from 4 to 8, indicating potential shifts in metabolic processes. Magnesium was recorded at 2.1 mg/dL at one point. These electrolyte values should be interpreted in the context of the patient's overall clinical picture. \* **\*\*Renal Function:\*\*** Creatinine levels were relatively stable, ranging from 0.61 mg/dL to 0.67 mg/dL, suggesting consistent renal function. BUN levels, however, showed a more marked increase, from 8 mg/dL to 14 mg/dL, which requires further investigation. \* **\*\*Liver Function:\*\*** AST (SGOT) and ALT (SGPT) were elevated at 20 IU/L and 45 IU/L respectively, suggesting potential liver injury. Alkaline phosphatase was mildly elevated at 53 IU/L. Total bilirubin was 0.8 mg/dL, indicating a minor elevation. Further evaluation is needed to determine the etiology of liver dysfunction. \* **\*\*Hematology:\*\*** Platelet counts decreased slightly from 252 K/mcL to 235 K/mcL. Hemoglobin (Hgb) and Hematocrit (Hct) were within normal ranges, fluctuating slightly at 13.3 - 13.6 g/dL and 39.9 - 40.1%, respectively. White blood cell (WBC) counts were within the normal range. Red blood cell (RBC) counts showed slight variation, from 4.61 M/mcL to 4.7 M/mcL. Mean corpuscular volume (MCV) and mean corpuscular hemoglobin concentration (MCHC) varied slightly, and mean platelet volume (MPV) was in the normal range. The differential white blood cell counts (lymphocytes, polys, basos, monos) were within the normal range, providing more detailed information on the composition of the WBCs. The red cell distribution width (RDW) was 13.1%, indicating some variation in red blood cell size. \* **\*\*Total Protein and Albumin:\*\*** Total protein levels were 6.3 g/dL, and albumin was 3.3 g/dL. These values should be considered within the context of the patient's nutritional status and overall health.

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

NULL (Insufficient data provided)

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

NULL (Insufficient data provided)