Patient Information

* **Patient ID:** 006-100065 * **Patient Unit Stay ID:** 859031 * **Gender:** Female * **Age:** 67 * **Ethnicity:** Caucasian * **Admission Date:** 2015 (Year only, time: 06:39:00) * **Admission Weight:** 100.7 kg * **Admission Height:** 163 cm * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 00:46:00 * **Unit Admission Source:** ICU * **Unit Discharge Time:** 04:03:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Hospital Admission Offset (from unit admit):** -6847 minutes * **Hospital Discharge Offset (from unit admit):** 11334 minutes * **Hospital Discharge Status:** Alive * **Hospital Discharge Location:** Home

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 multiple laboratory test results for the patient over the course of their ICU stay. The results are presented as numerical values with associated units and timestamps relative to the unit admission time. Specific lab results include:

* **Electrolytes:** Sodium, Potassium, Chloride, Bicarbonate * **Renal Function:** BUN, Creatinine * **Acid-Base Balance:** Anion Gap * **Liver Function:** Albumin (indirect indicator of liver function) * **Glucose:** Blood glucose levels (both standard and bedside tests) * **Hematology:** Hemoglobin (Hgb), Hematocrit (Hct), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Red blood cell distribution width (RDW), Platelets, White blood cells (WBC) * **Other:** Phosphate, Total protein, Total bilirubin, Ferritin, Transferrin, Vancomycin (drug levels - trough and random)

Analysis of these trends would require plotting these values against time to identify patterns and potential issues. For instance, a consistent increase or decrease in creatinine over time could suggest worsening renal function, while fluctuating glucose levels may point to issues in glucose control. Similarly, trends in hematologic parameters could indicate anemia or other blood disorders. The presence of Vancomycin levels suggests that the patient was receiving this antibiotic, and monitoring of the trough levels is crucial for therapeutic drug monitoring. The complete blood count shows fluctuating values which may indicate a need to investigate further.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)

This report is based on the limited laboratory data. A comprehensive medical record would include a detailed patient history, physical examination findings, diagnoses, treatment plans, and vital signs, enabling a more complete picture of the patient's condition during their ICU stay. The absence of this information limits the scope of this report. Further investigation would be needed to draw more definite conclusions about the patient's health status and the reasons for the ICU admission.