Patient Information

* **Unique Patient ID:** 006-107418 * **Patient Unit Stay ID:** 575229 * **Gender:** Male * **Age:** 40 * **Ethnicity:** Caucasian * **Hospital ID:** 158 * **Ward ID:** 388 * **Unit Type:** Med-Surg ICU * **Admission Height:** 180 cm * **Admission Weight:** 101.5 kg * **Hospital Admit Time:** 2015-XX-XX 04:26:00 (Hospital Admit Offset: -588 minutes from unit admit time) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 19:45:00 (Hospital Discharge Offset: 3211 minutes from unit admit time) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 14:14:00 * **Unit Admit Source:** ICU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 2015-XX-XX 23:04:00 (Unit Discharge Offset: 530 minutes from unit admit time) * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive

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 data includes multiple lab results taken at different time points (offsets from unit admit time). The following lab values were recorded:

* **BUN (Blood Urea Nitrogen):** 5 mg/dL at 1223 minutes and 5 mg/dL at 2626 minutes post-admission. This indicates relatively stable renal function. * **Glucose:** 88 mg/dL at 1223 minutes and 91 mg/dL at 2626 minutes. A slight increase is observed, potentially warranting further investigation depending on the patient's clinical context. * **WBC (White Blood Cell) count:** 6.7 K/mcL at 1223 minutes. This value falls within the normal range, suggesting no acute infection. * **Chloride:** 105 mmol/L at 1223 minutes and 106 mmol/L at 2626 minutes. A minor increase is observed, which could be within normal physiological variation or indicate a minor electrolyte imbalance. * **RBC (Red Blood Cell) count:** 3.7 M/mcL at 1223 minutes. This requires comparison to the patient's baseline and normal ranges to assess significance. * **Bicarbonate:** 27 mmol/L at 1223 minutes and 25 mmol/L at 2626 minutes. A slight decrease is observed which might be significant depending on other clinical findings, potentially suggesting metabolic acidosis. * **Anion Gap:** 8 at 1223 minutes and 9 at 2626 minutes. A slight increase, the clinical significance needs to be assessed in conjunction with other electrolytes. * **Calcium:** 8.9 mg/dL at 1223 minutes and 9.4 mg/dL at 2626 minutes. A moderate increase is observed, requiring further clinical evaluation for possible hypercalcemia. * **Creatinine:** 0.6 mg/dL at 1223 minutes and 0.7 mg/dL at 2626 minutes. A minor increase observed over time, may require monitoring. * **Potassium:** 3.8 mmol/L at 1223 minutes and 4.1 mmol/L at 2626 minutes. A slight increase suggests potential hyperkalemia, which needs to be assessed against the normal range and patient's clinical status. * **Hemoglobin (Hgb):** 11.1 g/dL at 1223 minutes. This value should be compared to the patient's baseline to determine significance. Any anemia should be investigated. * **Hematocrit (Hct):** 33.7% at 1223 minutes. This value should be interpreted alongside Hgb. * **Mean Corpuscular Volume (MCV):** 91 fL at 1223 minutes. This value is important in determining the type of anemia, if present. * **Mean Corpuscular Hemoglobin (MCH):** 30 pg at 1223 minutes. This value should be interpreted with MCV and MCHC. * **Mean Corpuscular Hemoglobin Concentration (MCHC):** 33 g/dL at 1223 minutes. This value should be interpreted with MCV and MCH. * **Platelets:** 475 K/mcL at 1223 minutes. This is within normal ranges but should be monitored for trends. * **Mean Platelet Volume (MPV):** 10.5 fL at 1223 minutes. Requires comparison with patient baseline and normal ranges.

* **Red cell distribution width (RDW):** 13.2% at 1223 minutes. This value is important in determining the type of anemia, if present. * **Creatine Phosphokinase (CPK):** 2455 Units/L at 1223 minutes, 2777 Units/L at 1602 minutes, and 1964 Units/L at 2626 minutes. Significant elevation at multiple time points, indicating potential muscle damage or cardiac injury. This needs further investigation. * **Lactate:** 2.2 mmol/L at 1556 minutes. This suggests possible lactic acidosis, which needs further evaluation and correlation with clinical signs and symptoms. * **Sodium:** 140 mmol/L at 1223 minutes and 140 mmol/L at 2626 minutes. This indicates stable sodium levels.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)