

****Patient Information:****

* **Patient Unit Stay ID:** 758326 * **Unique Patient ID:** 006-100338 * **Gender:** Male * **Age:** 64 * **Ethnicity:** Other/Unknown * **Hospital ID:** 148 * **Ward ID:** 347 * **Admission Height:** 183 cm * **Admission Weight:** 63 kg * **Hospital Admit Time:** 2014-XX-XX 14:15:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 22:34:00 * **Hospital Discharge Location:** Other External * **Hospital Discharge Status:** Alive * **Unit Type:** MICU * **Unit Admit Time:** 2014-XX-XX 20:21:00 * **Unit Admit Source:** ICU to SDU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 2014-XX-XX 23:18:00 * **Unit Discharge Location:** 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. Vital signs data is needed to generate this section.)

****Lab Trends:****

The provided lab data shows multiple blood tests conducted at various times during the patient's stay. The data includes chemistry, hematology, and blood gas results. Specific trends observed include:

* **Glucose:** Glucose levels were consistently elevated, ranging from 97 mg/dL to 135 mg/dL across multiple measurements. This suggests possible hyperglycemia. Further investigation is needed to determine the cause and appropriate management. * **Creatinine:** Creatinine levels fluctuated slightly, ranging from 0.23 mg/dL to 0.35 mg/dL. This suggests some variation in renal function but does not indicate acute renal failure. However, further data points would clarify the trend and significance. * **Potassium:** Potassium levels showed some variation, ranging from 3.6 mmol/L to 4.2 mmol/L. This variation requires further monitoring to determine if it falls outside the normal range and requires intervention. * **Sodium:** Sodium levels were generally within the normal range, fluctuating between 125 mmol/L and 133 mmol/L. The slight variations are not concerning without additional context. * **Bicarbonate:** Bicarbonate levels also showed variation, ranging from 20.5 mmol/L to 26 mmol/L. This may indicate some metabolic changes. Further assessment of other electrolytes and acid-base parameters is necessary. * **Anion Gap:** The anion gap exhibited some fluctuation, ranging from 7 to 11. More data points are needed to determine if this represents a significant trend. * **Hemoglobin (Hgb) and Hematocrit (Hct):** Hemoglobin levels ranged from 9.7 g/dL to 10.5 g/dL, while hematocrit levels fluctuated between 27.7% and 29.7%. These values suggest possible anemia, warranting further investigation. * **White Blood Cell Count (WBC):** WBC count showed significant variation, ranging from 2.6 K/mcL to 14.6 K/mcL. This wide range indicates fluctuations in the patient's immune response and warrants further analysis. * **Platelets:** Platelet counts were between 62 K/mcL and 69 K/mcL, indicating a possible mild thrombocytopenia. This needs further evaluation and monitoring. * **Blood Gases (ABG):** The ABG results show a pH of 7.46, paO2 of 65 mm Hg to 90 mm Hg and paCO2 of 30 mm Hg. Base excess was -1.7 to -2.5 mEq/L. These results show that the patient had respiratory alkalosis and metabolic acidosis. Further analysis is needed to interpret the significance of these results and their relationship to the overall clinical picture. * **Bedside Glucose:** Frequent bedside glucose measurements show hyperglycemia, ranging from 97 mg/dL to 135 mg/dL. This warrants further investigation for diabetes or other causes of hyperglycemia.

****Microbiology Tests:****

NULL (Insufficient data provided)

****Physical Examination Results:****

NULL (Insufficient data provided)