Patient Information

* **Unique Patient ID:** 006-102268 * **Patient Unit Stay ID:** 547539 * **Patient Health System Stay ID:** 459010 * **Gender:** Male * **Age:** 67 * **Ethnicity:** Caucasian * **Hospital ID:** 164 * **Ward ID:** 321 * **Admission Height (cm):** 175.2 * **Admission Weight (kg):** 98.4 * **Discharge Weight (kg):** 101 * **Hospital Admit Time:** 04:23:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 21:05:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 08:00:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 08:00:00 * **Unit Discharge Location:** Other ICU * **Unit Discharge Status:** Alive

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 several blood tests performed at different time points during the patient's stay. There are two sets of complete blood counts (CBCs), one taken approximately 568 minutes before unit admission (-568 minutes offset) and another around 39 minutes before discharge. Chemistry panels were also conducted at these times. The data shows the following trends:

* **Hemoglobin (Hgb):** Initial Hgb was 15.9 g/dL, dropping to 13.9 g/dL and then to 13.0 g/dL during the stay, suggesting possible blood loss or anemia. Further investigation into the cause is warranted. * **Hematocrit (Hct):** A similar decline is observed in Hct, from 47% to 40.4% and then to 13.0%. This mirrors the Hgb trend, further supporting the possibility of anemia or blood loss. * **White Blood Cell Count (WBC):** The WBC count was initially elevated at 9.4 K/mcL, decreasing to 13.6 K/mcL, indicating a potential infection or inflammatory response initially, which improved later on during the stay. * **Platelets:** Platelet counts started at 201 K/mcL and decreased to 199 K/mcL, suggesting possible thrombocytopenia, though the change is relatively small. * **Mean Corpuscular Volume (MCV):** The MCV remained relatively consistent around 88 fL, suggesting that anemia is not macrocytic in nature. * **Mean Corpuscular Hemoglobin (MCH):** MCH also remained relatively consistent around 30 pg. * **Mean Corpuscular Hemoglobin Concentration (MCHC):** MCHC remained relatively consistent between 33.8 g/dL and 34.3 g/dL. * **Glucose:** Glucose levels were initially elevated at 151 mg/dL, decreasing to 108 mg/dL, indicating potential hyperglycemia that improved during the hospital stay. * **Blood Urea Nitrogen (BUN):** BUN levels fluctuated between 18 mg/dL and 16 mg/dL, suggesting possible kidney function impairment, but further information is needed for a definitive assessment. * **Creatinine:** Creatinine levels were slightly elevated at 1.3 mg/dL initially, decreasing to 1.1 mg/dL, indicating a mild decrease but still potentially indicative of kidney issues. * **Electrolytes:** Sodium and chloride levels were within normal range. Potassium level decreased from 4.2 mmol/L to 3.9 mmol/L which is within the normal range. Bicarbonate decreased from 26 mmol/L to 22 mmol/L * **Coagulation:** PT (Prothrombin Time) and PTT (Partial Thromboplastin Time) and INR (International Normalized Ratio) were initially abnormal and improved during the stay. This needs to be interpreted in context with the patient's clinical presentation and treatment. * **Differential:** The differential white blood cell counts show a relatively high percentage of neutrophils and a low percentage of lymphocytes, basophils and eosinophils. This again could suggest an infectious

process or inflammatory response.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam was documented as "Not Performed". Therefore, no physical exam results are available.