Patient Information

* **Patient Unit Stay ID:** 858036 * **Unique Patient ID:** 006-102963 * **Patient Health System Stay ID:** 645335 * **Gender:** Male * **Age:** 69 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Admission Height (cm):** 180 * **Admission Weight (kg):** 90.8 * **Discharge Weight (kg):** NULL * **Hospital Admit Time:** 14:00:00 * **Hospital Admit Source:** Recovery Room * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 17:30:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 21:01:00 * **Unit Admit Source:** Recovery Room * **Unit Visit Number:** 1 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 17:30:00 * **Unit Discharge Location:** Home * **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 lab data shows several blood tests performed during the patient's ICU stay. The data includes both complete blood count (CBC) parameters and basic metabolic panel (BMP) results, with multiple measurements taken at different time points. Note that the time offsets are relative to the unit admit time. Some lab results show significant fluctuations over time, which require further investigation. For example, the bedside glucose levels show high values throughout the stay, ranging from a low of 134 mg/dL to a high of 355 mg/dL. This hyperglycemia warrants further clinical context from the patient's medical history and treatment plan to understand the cause and its implications. Similarly, potassium levels show significant variability, with readings as low as 2.1 mmol/L and as high as 4.6 mmol/L. Low potassium levels can be life-threatening and require immediate attention. The fluctuations of Hemoglobin (Hgb) and Hematocrit (Hct) also suggest a potential underlying issue that needs further exploration within the broader clinical picture. The initial Hgb and Hct values were 10.8 g/dL and 33.7%, respectively. These values were notably lower at later time points at 8.2 g/dL and 24.8%, indicating potential blood loss or other hematological problems. The ABG results (pH, PaO2, PaCO2, HCO3, Base Excess, and O2 Sat) display some inconsistencies, which are likely due to different measurement times. For example, the oxygen saturation dropped from 99% to 25% at -181 minutes, indicating a period of significant hypoxemia. This event and the subsequent recovery need to be analyzed in conjunction with the patient's respiratory status. The data needs further contextualization to determine the significance of these changes.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

The physical exam recorded at 2 minutes post unit admission indicates a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), suggesting the patient was alert and oriented at that time. The patient’s admission weight was 90.8

kg. The physical exam was noted as performed and scored, but details of the other findings are not available.