Patient Information

* **Patient Unit Stay ID:** 763980 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 28 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Admission Height (cm):** 169 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 16:40:00 * **Unit Admit Source:** ICU to SDU * **Unit Visit Number:** 2 * **Unit Stay Type:** stepdown/other * **Unit Discharge Time:** 20:02:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 02:45:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 20:35:00 * **Hospital Discharge Location:** Home * **Hospital 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 serial laboratory results from two time points, approximately 3.5 hours (215 minutes) and 19.3 hours (1161 minutes) after ICU admission. The following trends are observed:

* **Glucose:** Glucose levels showed a significant increase from 230 mg/dL at 3.5 hours post-admission to 300 mg/dL at approximately 8 hours post-admission. Subsequent measurements show persistent hyperglycemia, ranging from 169 mg/dL to 294 mg/dL. Bedside glucose measurements further support this hyperglycemic trend. * **Anion Gap:** The anion gap increased from 9 mEq/L at 3.5 hours to 10 mEq/L and then 12 mEq/L at later time points, suggesting a possible metabolic acidosis, although more data would be needed to confirm this. * **Creatinine:** Creatinine levels rose from 0.9 mg/dL at 3.5 hours to 1.1 mg/dL at 8 hours, indicating a possible decline in kidney function. A prior measurement of 0.5 mg/dL at 19.3 hours could be an anomaly or might represent a period of improved renal function. * **Potassium:** Serum potassium levels were slightly below normal at 3.8 mmol/L initially, then decreased further to 3.3 mmol/L, indicating possible hypokalemia, though the clinical significance needs to be considered in context with other findings and the patient's overall clinical presentation. * **Bicarbonate:** Bicarbonate levels were consistent at 18 mmol/L at the initial time point, and slightly increased to 20 mmol/L at the later time points, suggesting some compensation for a possible metabolic acidosis. * **Sodium:** Sodium levels remained fairly stable around 137-140 mmol/L during the observation period. * **Chloride:** Chloride levels were stable around 107-110 mmol/L. * **Calcium:** Calcium levels were consistently around 7.8-7.9 mg/dL. * **BUN:** Blood urea nitrogen (BUN) levels increased from 10 mg/dL to 12 mg/dL, which again may suggest some degree of impaired renal function, though further investigation is needed. * **Magnesium:** Magnesium levels increased from 1.5 mg/dL to 2.0 mg/dL, indicating a possible improvement in magnesium levels.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)