Patient Information

Patient ID: 006-100625 Patient Unit Stay ID: 563517 Gender: Male Age: 75 Ethnicity: Caucasian Hospital Admission Time: 2015-XX-XX 10:12:00 Hospital Discharge Time: 2015-XX-XX 20:20:00 Unit Admission Time: 2015-XX-XX 14:30:00 Unit Discharge Time: 2015-XX-XX 17:14:00 Unit Type: CSICU Admission Weight: 99.1 kg Admission Height: 177.8 cm Hospital ID: 152 Ward ID: 404 Admission Source: ICU Discharge Location: Acute Care/Floor Hospital Discharge Status: Alive 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)

Lab Trends

The provided data includes a series of laboratory tests conducted during the patient's ICU stay. Multiple blood tests were performed at approximately the same time (around 1261 minutes after unit admission), including a complete blood count (CBC) with differential, and a basic metabolic panel (BMP). A separate set of bedside glucose tests were taken at various points during the stay. The lab results show:

* **Hematology:** Hemoglobin (Hgb) of 10.4 g/dL, Hematocrit (Hct) of 32.3%, RBC of 3.62 M/mcL, Mean Corpuscular Volume (MCV) of 89 fL, Mean Corpuscular Hemoglobin (MCH) of 28.7 pg, Mean Corpuscular Hemoglobin Concentration (MCHC) of 32.2 g/dL, Mean Platelet Volume (MPV) of 9.6 fL, Red cell distribution width (RDW) of 14.9%. These results suggest a possible anemia. Further investigation into the cause of anemia is needed. * **Chemistry:** Sodium (Na) of 139 mmol/L, Potassium (K) of 4.0 mmol/L, Chloride (Cl) of 105 mmol/L, Bicarbonate (HCO3) of 28 mmol/L, Anion Gap of 6, Blood Urea Nitrogen (BUN) of 24 mg/dL, Creatinine of 1.58 mg/dL, Calcium of 8.0 mg/dL, Magnesium of 2.3 mg/dL. These values show some minor abnormalities. Creatinine is slightly elevated suggesting potential renal impairment, and magnesium is at the lower end of the normal range. * **Glucose:** Bedside glucose tests showed fluctuating levels, ranging from 123 mg/dL to 165 mg/dL at various time points, indicating possible hyperglycemia which requires further investigation and management.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)

Note: The timestamps of the lab results are relative to the unit admission time, and the precise date is not provided in the input data. The interpretation of lab results is preliminary and requires further clinical context and correlation with other data, including patient history, physical examination findings, and other diagnostic tests. The absence of many details limits the completeness of this report.