Patient Information

* **Patient Unit Stay ID:** 733084 * **Unique Patient ID:** 006-100205 * **Gender:** Female * **Age:** 68 * **Ethnicity:** Caucasian * **Hospital ID:** 171 * **Ward ID:** 377 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 17:16:00 * **Unit Admit Source:** ICU to SDU * **Unit Discharge Time:** 01:56:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 12:15:00 * **Hospital Admit Source:** Floor * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 22:57:00 * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Admission Height:** 154.9 cm * **Admission Weight:** 70.6 kg

Medical History

NULL (Insufficient data provided)

Diagnoses

NULL (Insufficient data provided)

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided)

Laboratory Trends

The provided data includes a series of laboratory tests conducted at various time points during the patient's ICU stay. The time offsets represent the minutes elapsed since the patient's unit admission. Multiple tests were performed at different time points, reflecting a dynamic assessment of the patient's condition. The lab results show fluctuations in various parameters. For instance, the Bicarbonate levels show a range from 23 mmol/L to 27 mmol/L across different measurements, suggesting potential metabolic changes. Similarly, Albumin levels ranged from 1.3 g/dL to 1.8 g/dL, indicating variations in protein levels. Glucose levels also varied significantly, from as low as 42 mg/dL to as high as 209 mg/dL, hinting at potential glycemic instability during the ICU stay. The wide range in glucose values particularly merits further investigation, possibly indicating the need for more frequent glucose monitoring and/or treatment adjustments. Blood counts (Hgb, Hct, RBC, WBC, Platelets) also reveal a pattern of fluctuations. For example, Hemoglobin (Hgb) varied between 8.6 g/dL and 10.5 g/dL, potentially indicating anemia or changes in red blood cell mass. White blood cell (WBC) counts were also highly variable between 20 K/mcL and 31.9 K/mcL, showing signs of possible infection or inflammation. Further analysis is needed to establish the significance of these variations within the context of the patient's overall clinical picture. The data also shows measurements for other electrolytes, such as Sodium, Potassium, Chloride, Calcium, and Magnesium, which also show a degree of fluctuation requiring further analysis. The presence of ‘bedside glucose’ measurements suggests that blood glucose levels were monitored frequently, possibly due to concern about glycemic control. Finally, liver function tests (AST, ALT) show elevation above normal ranges suggesting liver damage which could require further evaluation. The total protein and albumin results indicate a possible hypoalbuminemia which also needs further investigation to determine the cause.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

NULL (Insufficient data provided)