

****Patient Information****

* **Patient Unit Stay ID:** 547539 * **Unique Patient ID:** 006-102268 * **Gender:** Male * **Age:** 67 * **Ethnicity:** Caucasian * **Hospital ID:** 164 * **Ward ID:** 321 * **Unit Type:** Med-Surg ICU * **Admission Weight:** 98.4 kg * **Discharge Weight:** 101 kg * **Admission Height:** 175.2 cm * **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 Admit Time:** 08:00:00 * **Unit Admit Source:** Emergency Department * **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 a series of laboratory tests performed at different time points relative to the unit admission time. The data includes Hematology (hemo), Chemistry, and Blood Gas (ABG) results. There are two sets of Hematology results, one taken approximately 568 minutes before unit admission and another taken approximately 39 minutes before admission. This suggests repeat testing. The following are notable trends:

* **Hemoglobin (Hgb):** Initial Hgb levels were 15.9 g/dL (568 minutes pre-admission) and subsequently decreased to 13.9 g/dL (39 minutes pre-admission) and 13.0 g/dL (300 minutes post-admission). This shows a decreasing trend in Hgb, potentially indicative of blood loss or anemia. Further investigation is needed to determine the cause. * **Hematocrit (Hct):** Initial Hct levels were 47% (568 minutes pre-admission), then decreased to 40.4% (39 minutes pre-admission). Similar to Hgb, this indicates a potential blood loss or anemia. Further analysis is required to confirm this. * **White Blood Cell Count (WBC):** The WBC count also decreased from 9.4 K/mcL (568 minutes pre-admission) to 13.6 K/mcL (39 minutes pre-admission). This increase might suggest an inflammatory response. Additional context is necessary to interpret this fully. * **Platelets:** The platelet count showed a decrease from 201 K/mcL (568 minutes pre-admission) to 199 K/mcL (39 minutes pre-admission), indicating a mild decrease in platelets. This requires further evaluation to determine clinical significance. * **Glucose:** Glucose levels were elevated at 151 mg/dL (-39 minutes) and then dropped to 108 mg/dL (-568 minutes), indicating potential hyperglycemia. * **Chemistry Panel:** The chemistry panel reveals some abnormalities. The initial chloride level was 107 mmol/L (-39 minutes) and increased to 108 mmol/L (-568 minutes), while the bicarbonate level was 22 mmol/L (-39 minutes) and then increased to 26 mmol/L (-568 minutes). Sodium was 136 mmol/L (-39 minutes) and then increased to 140 mmol/L (-568 minutes), and potassium dropped from 4.2 mmol/L (-568 minutes) to 3.9 mmol/L (-39 minutes). The BUN was 18mg/dL (-568 minutes) and dropped to 16 mg/dL (-39 minutes) and then to 16 mg/dL (3 minutes post-admission). These fluctuations require additional clinical context to be appropriately interpreted. The anion gap remained relatively stable around 7. Calcium showed a slight increase from 8.1 mg/dL (-39 minutes) to 9.1 mg/dL (-568 minutes). Creatinine was 1.3 mg/dL (-39 minutes) and then dropped to 1.1 mg/dL (-568 minutes).

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

The physical exam was documented as "Not Performed".