

****Patient Information****

* **PatientUnitStayID:** 175110 * **Unique Patient ID:** 002-11182 * **Gender:** Female * **Age:** 75 * **Ethnicity:** African American * **Hospital Admission Time:** 2015-XX-XX 17:06:00 * **Hospital Discharge Time:** 2015-XX-XX 22:24:00 * **Unit Admission Time:** 2015-XX-XX 14:56:00 * **Unit Discharge Time:** 2015-XX-XX 22:24:00 * **Unit Type:** Med-Surg ICU * **Hospital Admit Source:** Emergency Department * **Unit Admit Source:** ICU to SDU * **Hospital Discharge Location:** Skilled Nursing Facility * **Unit Discharge Location:** Skilled Nursing Facility * **Admission Height (cm):** 152.4 * **Discharge Weight (kg):** 58.5

****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 several lab results from two different time points during the patient's ICU stay. The first set of results (labresultoffset \approx 1059 minutes) and the second set (labresultoffset \approx 2499 minutes). Key observations include:

* **Creatinine:** Elevated at both time points (1.72 mg/dL and 1.78 mg/dL), suggesting potential renal impairment. * **BUN:** Significantly elevated at the second time point (43 mg/dL) compared to the first (32 mg/dL), further supporting renal dysfunction and potentially dehydration. * **Glucose:** Highly elevated at multiple time points, ranging from 96 mg/dL to 337 mg/dL, indicating hyperglycemia. This could be related to stress response, underlying diabetes, or treatment effects. * **Calcium:** Shows a slight increase from 9.2 mg/dL to 8.9 mg/dL, possibly indicating a shift in calcium balance. Further context is needed to assess the clinical significance. * **Hemoglobin (Hgb) and Hematocrit (Hct):** Hemoglobin was 13.0 g/dL and hematocrit was 39.3% at the earlier time point and decreased to 12.7 g/dL and 39.5% at the later time point. This mild decrease may be significant, requiring review in context with other clinical findings. * **Electrolytes:** Potassium and sodium levels are within the normal range at both time points. However, the Chloride levels show some fluctuation. Anion gap also shows a decrease from 10 mmol/L to 16 mmol/L, requiring further investigation. * **Liver Enzymes:** ALT (23 Units/L) and AST (17 Units/L) are mildly elevated, indicating possible liver involvement. This may warrant further investigation into the underlying cause. * **Complete Blood Count (CBC):** The CBC shows a slightly elevated white blood cell count (WBC) of 8.6 and 8.3 K/mcL, indicating a possible inflammatory response. The platelet count is within the normal range. Differential counts suggest a slight increase in neutrophils.

It's crucial to note that these lab values should be interpreted in the context of the patient's complete medical history, physical examination, and other diagnostic tests. Isolated lab results are not sufficient for a comprehensive diagnosis.

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

NULL (Insufficient data provided)