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**1. Patient Information:**
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\* \*\*Patient Unit Stay ID:\*\* 845144 \* \*\*Unique Patient ID:\*\* 006-100497 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 29 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admission Time:\*\* 2015-XX-XX 07:34:00 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 00:08:00 \* \*\*Hospital Admission Source:\*\* Emergency Department \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admission Time:\*\* 2015-XX-XX 18:41:00 \* \*\*Unit Admission Source:\*\* ICU \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 20:55:00 \* \*\*Unit Discharge Location:\*\* Acute Care/Floor \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Height:\*\* 170 cm \* \*\*Admission Weight:\*\* 61.2 kg \* \*\*Discharge Weight:\*\* NULL

\*\*2. History:\*\*

NULL (Insufficient data provided)

\*\*3. Diagnoses:\*\*

NULL (Insufficient data provided)

\*\*4. Treatments:\*\*

NULL (Insufficient data provided)

\*\*5. Vital Trends:\*\*

NULL (Insufficient data provided)

\*\*6. Lab Trends:\*\*

The provided data includes serial blood chemistry measurements over the patient's ICU stay. Key electrolytes and metabolic markers were monitored, including sodium, potassium, chloride, bicarbonate, BUN, creatinine, glucose, and anion gap. Initial values (obtained at 1026 minutes post unit admission) showed a slightly elevated glucose (536 mg/dL), BUN (16 mg/dL), and anion gap (8 mmol/L). Potassium (4.7 mmol/L), sodium (136 mmol/L), chloride (104 mmol/L), and bicarbonate (24 mmol/L) were within or near the normal range. Creatinine was 0.6 mg/dL. Subsequent laboratory results (at 1596 minutes post unit admission) revealed improvements in glucose (90 mg/dL), BUN (19 mg/dL), and anion gap (7 mmol/L). Calcium levels increased slightly (from 7.9 mg/dL to 9.1 mg/dL). Creatinine decreased to 0.5 mg/dL. The trend suggests an initial metabolic disturbance that partially resolved during the ICU stay. Frequent bedside glucose checks (recorded at various timepoints) demonstrate fluctuating hyperglycemia throughout the stay. The earliest bedside glucose was 196 mg/dL, rising to as high as 491 mg/dL before decreasing toward the end of the stay.

\*\*7. Microbiology Tests:\*\*

NULL (Insufficient data provided)

\*\*8. Physical Examination Results:\*\*

NULL (Insufficient data provided)