Medical Report: Patient 002-11791

1. Patient Information

* **Patient Unit Stay ID:** 232447 * **Patient Health System Stay ID:** 199792 * **Unique Patient ID:** 002-11791 * **Gender:** Male * **Age:** 40 * **Ethnicity:** Caucasian * **Hospital ID:** 58 * **Ward ID:** 108 * **Admission Diagnosis:** Hepatic failure, acute * **Admission Height:** 179.1 cm (Assuming cm, as units are not specified) * **Hospital Admit Time:** 2015-XX-XX 21:52:00 (Date missing from data) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 17:50:00 (Date missing from data) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 21:57:00 (Date missing from data) * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Admission Weight:** 86.1 kg * **Discharge Weight:** 78.8 kg * **Unit Discharge Time:** 2015-XX-XX 14:53:00 (Date missing from data) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient information provided in the JSON data to describe the patient's medical history before ICU admission.)

3. Diagnoses

* **Primary Diagnosis:** Hepatic failure, acute (based on `apacheadmissiondx`)

4. Treatments

NULL (The provided data does not contain information about treatments administered during the ICU stay.)

5. Vital Trends

NULL (No vital sign data is included in the provided JSON.)

6. Lab Trends

The lab results show several key trends. Multiple blood tests were conducted at various time points during the patient's stay. Initial blood work (-215 minutes from unit admit time) revealed low RBC (2.21 M/mcL) and Hct (22.1%), indicating anemia. Potassium levels were also low (2.1 mmol/L) at this time. Subsequent lab results at 753 minutes show some improvement in potassium (2.6 mmol/L) but creatinine remained elevated (0.63 mg/dL), suggesting potential kidney impairment. Liver function tests (ALT and AST) were significantly elevated (130 Units/L and 161 Units/L respectively) at 753 minutes, indicating liver damage consistent with the admission diagnosis of acute hepatic failure. Total bilirubin was also elevated at this time. Later tests (2208 minutes) show some stabilization of liver enzymes, but still elevated compared to normal reference ranges. Potassium continued to rise toward normal levels. There is evidence of fluctuation in electrolyte levels (sodium, potassium, chloride, bicarbonate) throughout the patient's stay, further supporting the diagnosis of acute hepatic failure, which frequently disrupts electrolyte balance. The complete blood count (CBC) shows continued improvements in RBC and Hct, but still below normal levels at the time of discharge. The trends in lab values demonstrate the progression of the patient’s condition, the effects of treatment (though specifics are unknown), and the overall response to care.

7. Microbiology Tests

NULL (No microbiology test data is available in the provided JSON.)

8. Physical Examination Results

A structured physical exam was performed (at 4 minutes post-unit admission). The patient's admission weight was recorded as 86.1 kg and a current weight of 86.2 kg (a 0.1 kg increase) was noted. The Glasgow Coma Scale (GCS) score was documented as 15 (4 Eyes + 5 Verbal + 6 Motor), indicating normal neurological function.