

## **\*\*Patient Information\*\***

Patient Unit Stay ID: 163137 Unique Patient ID: 002-10157 Gender: Female Age: 47 Ethnicity: Caucasian Hospital Admit Time: 2014-XX-XX 01:53:00 Hospital Admit Source: Other Hospital Hospital Discharge Time: 2014-XX-XX 18:15:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admit Time: 2014-XX-XX 01:55:00 Unit Admit Source: Other Hospital Unit Discharge Time: 2014-XX-XX 01:56:00 (calculated from offset) Unit Discharge Location: Step-Down Unit (SDU) Unit Discharge Status: Alive Admission Weight: 98.9 kg Discharge Weight: 98.8 kg

## **\*\*Medical History\*\***

NULL (No detailed medical history provided in the data.)

## **\*\*Diagnoses\*\***

The patient presented with multiple diagnoses, some active upon discharge and others not. The primary diagnosis upon admission was Alcohol withdrawal syndrome (ICD-9 code: 291.81, F10.239). A major secondary diagnosis was Hepatic encephalopathy (ICD-9 code: 572.2). Other diagnoses included:

\* Gastrointestinal, abdominal/general, transaminase elevation (ICD-9 code: 790.4, R74.0) - Active upon discharge \* Gastrointestinal, abdominal/general, hyperbilirubinemia - Active upon discharge \* Gastrointestinal, hepatic disease, hepatic dysfunction (ICD-9 code: 573.9, K76.9) - Active and inactive instances recorded \* Renal, electrolyte imbalance, hypochloremia (ICD-9 code: 276.9, E87.8) \* Renal, electrolyte imbalance, hypokalemia (ICD-9 code: 276.8, E87.6) \* Hematology, platelet disorders, thrombocytopenia (ICD-9 code: 287.5, D69.6) - Active and inactive instances recorded \* Hematology, coagulation disorders, coagulopathy, liver failure (ICD-9 code: 286.7, D68.4) - Active and inactive instances recorded \* Hematology, bleeding and red blood cell disorders, anemia - Active and inactive instances recorded \* Neurologic, altered mental status/pain, drug withdrawal syndrome, alcohol (ICD-9 code: 291.81, F10.239) - Active and inactive instances recorded \* Neurologic, altered mental status/pain, encephalopathy, hepatic (ICD-9 code: 572.2) - Active upon discharge

The multiplicity of diagnoses suggests a complex clinical picture likely related to the primary diagnosis of alcohol withdrawal and its effect on multiple organ systems, particularly the liver and coagulation system. The presence of both active and inactive diagnoses points to a fluctuating clinical course during the ICU stay.

## **\*\*Treatments\*\***

NULL (No treatment information provided in the data.)

## **\*\*Vital Trends\*\***

NULL (No vital sign data provided in the dataset.)

## **\*\*Lab Trends\*\***

The provided lab data includes two sets of chemistry panels, one at approximately 506 minutes and another at approximately 1971 minutes post-unit admission. There is also a hematology panel at approximately 506 and 1971 minutes. A misc panel is also available. These panels show the following:

\* **\*\*Total Bilirubin:\*\*** Increased significantly from 5.2 mg/dL at 506 minutes to 4.4 mg/dL at 1971 minutes. This indicates improvement in liver function over time, though still elevated. \* **\*\*ALT (SGPT):\*\*** Elevated at both time points (32 and 29 Units/L), indicating ongoing liver inflammation or damage. \* **\*\*Albumin:\*\*** Decreased from 1.7 g/dL at 506 minutes to 1.5 g/dL at 1971 minutes, suggesting ongoing liver dysfunction or protein loss. \* **\*\*BUN:\*\*** Decreased from 6 mg/dL to 5 mg/dL, indicating some improvement in kidney function. \* **\*\*Creatinine:\*\*** Decreased from 1.19 mg/dL to 1.04 mg/dL,

showing improvement in kidney function. \* \*\*Calcium:\*\* Remained relatively stable around 8 mg/dL. \* \*\*Alkaline Phosphatase:\*\* Elevated at both time points, suggesting liver damage or bone disease. \* \*\*Chloride:\*\* Slightly increased from 102 mmol/L to 105 mmol/L. \* \*\*Anion Gap:\*\* Decreased from 13 mmol/L to 11 mmol/L. \* \*\*Potassium:\*\* Showed improvement, rising from 3.6 mmol/L to 4.1 mmol/L. \* \*\*Glucose:\*\* Increased from 126 mg/dL to 104 mg/dL, possibly indicating a response to treatment. \* \*\*Total Protein:\*\* Decreased from 7.4 g/dL to 7.0 g/dL. \* \*\*Hematology Panel:\*\* The hematology panel shows mild anemia (Hgb decreased from 9.8 g/dL to 10.7 g/dL). Platelet counts were low (99 K/mcL), but showed a slight increase (101 K/mcL) by the later time point. PT and INR values were elevated indicating impaired coagulation function.

#### **\*\*Microbiology Tests\*\***

NULL (No microbiology test results provided.)

#### **\*\*Physical Examination Results\*\***

A structured physical exam was performed at approximately 299 minutes post-unit admission. The Glasgow Coma Scale (GCS) score was  $13+6+4 = 23$  at this time, indicating normal neurological function despite the diagnoses of alcohol withdrawal and hepatic encephalopathy. Intake was 0 ml and output was 50 ml, leading to a net negative balance of 50 ml.