Patient Information

* **PatientUnitStayID:** 232447 * **PatientHealthSystemStayID:** 199792 * **Gender:** Male * **Age:** 40 * **Ethnicity:** Caucasian * **HospitalID:** 58 * **WardID:** 108 * **Admission Diagnosis:** Hepatic failure, acute * **Admission Height:** 179.1 cm * **Hospital Admit Time:** 2015-XX-XX 21:52:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 17:50:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 21:57:00 * **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 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unique Patient ID:** 002-11791

Medical History

NULL (Insufficient data provided)

Diagnoses

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

Treatments

NULL (Insufficient data provided)

Vital Trends

NULL (Insufficient data provided)

Lab Trends

The provided data includes numerous lab results for various blood chemistry and hematology parameters. These were taken at multiple time points during the patient's stay, indicated by the `labresultoffset` (minutes from unit admit time). Significant trends observed include:

* **Potassium (mmol/L):** Initial potassium levels were low (2.1-2.6 mmol/L) at the start of the ICU stay, but showed a gradual increase during the stay, reaching a value of 4.3 mmol/L. This fluctuation suggests potential electrolyte imbalances requiring monitoring and intervention. * **Sodium (mmol/L):** Sodium levels were consistently low, ranging from 113 to 136 mmol/L, indicating possible hyponatremia. The values fluctuated throughout the stay, which warrants further investigation to determine the underlying cause and potential need for treatment. * **Creatinine (mg/dL):** Creatinine levels show some elevation, ranging from 0.58 mg/dL to 0.76 mg/dL, indicating a potential decline in kidney function. This would necessitate monitoring for any sign of worsening renal function. * **Total Bilirubin (mg/dL):** Total bilirubin levels initially high (1.8-2.1 mg/dL) but decreased to 0.4 mg/dL toward the end of the stay, indicative of improving liver function but still requiring careful assessment of the cause of the initial elevation. * **Hemoglobin (g/dL) and Hematocrit (%):** Both hemoglobin and hematocrit levels started low (7.2-7.4 g/dL and 19.5-22.1%, respectively) and gradually improved over time (reaching 8.5-9.8 g/dL and 25.3-28.8%, respectively). This suggests possible anemia, potentially linked to liver failure, which improved with treatment. * **Other Chemistry and Hematology Parameters:** Several additional chemistry and hematology tests were conducted, including ALT (SGPT), AST (SGOT), alkaline phosphatase, albumin, total protein, BUN, calcium, glucose, and various complete blood count differentials. These parameters would be further analyzed to assess the patient's overall metabolic status. The wide range of values for many of these tests points to a complex clinical picture and the need for ongoing evaluation. Further analysis is needed to understand the interplay between the different lab markers and their implications for the patient's overall health.

Microbiology Tests

NULL (Insufficient data provided)

Physical Examination Results

* **Physical Exam Performed:** A structured physical exam was performed at 4 minutes after unit admission. * **Weight:** Admission weight was 86.1 kg and current weight was 86.2 kg. A slight weight increase of 0.1 kg was observed. * **Glasgow Coma Scale (GCS):** The GCS was documented as 'scored', indicating that a full neurological assessment was conducted. The individual scores for eyes (4), verbal (5), and motor (6) components of the GCS were documented. This suggests that the patient presented with a relatively good neurological condition at the time of the initial assessment. The scoring indicates a reasonably intact neurological status at admission.