Medical Report for Patient 004-12627

1. Patient Information:

* **Patient Unit Stay ID:** 414364 * **Unique Patient ID:** 004-12627 * **Gender:** Male * **Age:** 40 * **Ethnicity:** NULL * **Hospital Admission Time:** 2015-02-07 02:07:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-02-08 20:15:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-02-07 02:43:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-02-08 15:10:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 99.7 kg * **Discharge Weight:** NULL * **Admission Height:** 185 cm

2. History:

The patient was admitted to the hospital through the Emergency Department with a primary diagnosis of Diabetic Ketoacidosis (DKA). The patient also presented with acute renal failure and hypertension. The exact details of the patient's medical history leading up to admission are not provided in the available data. The onset of these conditions and any contributing factors remain unclear. Further information is needed to complete this section.

3. Diagnoses:

* **Primary:** * Diabetic Ketoacidosis (DKA) (ICD-9: 250.13, E10.1) * **Major:** * Acute Renal Failure (ICD-9: 584.9, N17.9) * Diabetes Mellitus * Hypertension (ICD-9: 401.9, I10)

The diagnoses indicate a complex case involving metabolic derangement (DKA), kidney dysfunction, and underlying hypertension. The temporal relationship between the diagnoses is partially indicated by the `diagnosisoffset` field, showing that DKA and other major diagnoses were recorded at both the beginning and later stages of the ICU stay. This suggests the possibility of initial DKA being complicated by acute renal failure, or vice versa, underscoring the need for detailed clinical notes.

4. Treatments:

The patient received several treatments during their ICU stay, including:

* **Endocrine:** Continuous insulin infusion (initially and later stages of the stay). This treatment directly addresses the DKA. The timing suggests the possible need for adjustment of insulin regimen during the ICU stay. * **Renal:** Electrolyte administration (potassium and intravenous fluids) for managing the electrolyte imbalances associated with acute renal failure. * **Cardiovascular:** Normal saline administration via fluid bolus to manage fluid balance and maintain blood pressure. * **Pulmonary:** Oxygen therapy via nasal cannula. This suggests respiratory involvement, potentially linked to the metabolic acidosis associated with DKA. * **Radiology:** Chest X-ray.

The treatments are consistent with managing the identified diagnoses. More detailed information on dosage, frequency, and response to treatment is needed for a comprehensive evaluation.

5. Vital Trends: NULL

This section requires time-series data on vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, etc.) to generate trends. This data is not provided in the given JSON.

6. Lab Trends:

The following lab results were recorded at approximately the time of admission:

* **Albumin:** 3.7 g/dL * **Sodium:** 127 mEq/L * **Creatinine:** 1.8 mg/dL * **Total Bilirubin:** 0.8 mg/dL * **BUN:** 30 mg/dL * **Glucose:** 896 mg/dL * **WBC:** 10.8 K/mcL * **Hct:** 36.9% * **FiO2:** 21%

These results indicate hyperglycemia (consistent with DKA), elevated creatinine and BUN (indicative of renal impairment), and other electrolyte abnormalities. The lack of serial lab data prevents the generation of trends to demonstrate the effectiveness of treatment and the patient's response to interventions.

7. Microbiology Tests: NULL

No microbiology test results are provided.

8. Physical Examination Results:

The physical exam was documented as "Performed - Structured." Specific values included:

* **Weight (Admission):** 99.7 kg * **Heart Rate (Current):** 55 bpm * **Systolic Blood Pressure (Current):** 96 mmHg * **Diastolic Blood Pressure (Current):** 47 mmHg * **Respiratory Rate (Current):** 18 breaths/min * **Oxygen Saturation (Current):** 98% * **FiO2 (Current):** 21% * **Glasgow Coma Scale (GCS):** 15 (Eyes 4, Verbal 5, Motor 6)

The GCS score suggests intact neurological function. The vital signs show a relatively stable condition at the time of the documented physical examination. More detailed physical examination findings are needed.