

## **\*\*Medical Report: Patient 004-15000\*\***

### **\*\*1. Patient Information\*\***

\* \*\*Patient Unit Stay ID:\*\* 316495 \* \*\*Unique Patient ID:\*\* 004-15000 \* \*\*Gender:\*\* Female \* \*\*Age:\*\* 21 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital Admission Time:\*\* 2015-XX-XX 02:33:00 \* \*\*Hospital Admission Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 19:12:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admission Time:\*\* 2015-XX-XX 04:35:00 \* \*\*Unit Admission Source:\*\* Emergency Department \* \*\*Unit Discharge Time:\*\* 2015-XX-XX 19:12:00 \* \*\*Unit Discharge Location:\*\* Home \* \*\*Unit Discharge Status:\*\* Alive \* \*\*Admission Weight:\*\* 72.1 kg \* \*\*Admission Height:\*\* 167.6 cm

### **\*\*2. History\*\***

Admission history indicates the patient presented to the Emergency Department with Diabetic Ketoacidosis (DKA), a life-threatening complication of diabetes. The patient also presented with anemia, a condition characterized by a deficiency of red blood cells or hemoglobin in the blood, resulting in a reduced ability to carry oxygen. The exact details preceding the admission are not fully documented within this dataset, but the severity of the DKA and the presence of anemia suggest a potentially rapid deterioration in the patient's condition. Further information regarding the patient's prior medical history, including the duration of her diabetes and any prior episodes of DKA or anemia, is unavailable in this report.

### **\*\*3. Diagnoses\*\***

\* \*\*Primary Diagnosis:\*\* Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) \* \*\*Major Diagnoses:\*\* Anemia (hematology|bleeding and red blood cell disorders|anemia), Diabetes Mellitus (endocrine|glucose metabolism|diabetes mellitus)

The diagnoses indicate a complex clinical picture requiring immediate and coordinated medical intervention. The severity of the DKA necessitated prompt treatment to stabilize blood glucose levels and electrolyte imbalances. The presence of anemia further complicated the management, potentially impacting oxygen delivery and overall recovery. The lack of ICD-9 codes for some diagnoses limits the completeness of this section.

### **\*\*4. Treatments\*\***

The patient received a comprehensive treatment plan addressing both the DKA and anemia. This included:

\* \*\*Insulin therapy:\*\* Both sliding scale administration and continuous insulin infusion were implemented to control blood glucose levels. \* \*\*Electrolyte correction:\*\* Intravenous administration of electrolytes, including potassium, was administered to correct imbalances caused by the DKA. \* \*\*Blood product administration:\*\* Transfusion of more than two units of packed red blood cells was given to address the anemia. \* \*\*Radiologic procedures:\*\* A chest x-ray was performed (likely to assess for pulmonary complications).

The multifaceted approach to treatment highlights the urgency and complexity of the patient's condition. The use of multiple treatment modalities reflects a coordinated effort to stabilize the patient's physiological status.

### **\*\*5. Vital Trends\*\***

NULL. This section requires time-series data on vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation) to be populated. The available data only includes a single snapshot of vital signs at admission.

### **\*\*6. Lab Trends\*\***

NULL. Similar to vital signs, this section requires time-series data on laboratory results. The available data only contains a single set of lab results.

#### **\*\*7. Microbiology Tests\*\***

NULL. No microbiology test results are provided in the dataset.

#### **\*\*8. Physical Examination Results\*\***

\* \*\*Admission Weight:\*\* 72.1 kg \* \*\*Glasgow Coma Scale (GCS):\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6) \* \*\*Heart Rate:\*\* 135 bpm \* \*\*Blood Pressure:\*\* 131/83 mmHg \* \*\*Respiratory Rate:\*\* 26 breaths/min \* \*\*Oxygen Saturation:\*\* 100% \* \*\*FiO2:\*\* 28%

The physical examination findings at admission reflect the patient's acute condition. The normal GCS score suggests an absence of significant neurological impairment at the time of examination. The elevated heart rate, and the need for supplemental oxygen (FiO2 of 28%) are indicative of the patient's compromised physiological state. More detailed physical exam findings are needed for a comprehensive assessment.