Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 562305 * **UniquePID:** 006-100497 * **Gender:** Male * **Age:** 28 * **Ethnicity:** Caucasian * **HospitalID:** 146 * **WardID:** 374 * **Unit Type:** Med-Surg ICU * **Admission Weight (kg):** 56.8 * **Discharge Weight (kg):** 56.8 * **Hospital Admit Time:** 2015-XX-XX 02:34:00 (Hospital Admit Offset: -96 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 03:14:00 (Hospital Discharge Offset: 1384 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 04:10:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 03:14:00 (Unit Discharge Offset: 1384 minutes from unit admit) * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Height (cm):** 170

2. History

The provided data does not include a detailed patient history. More information is needed to complete this section. The admission diagnosis was Diabetic Ketoacidosis (DKA). This suggests a history of diabetes, potentially poorly managed, leading to this acute metabolic complication.

3. Diagnoses

* **DiagnosisID:** 10397849 * **PatientUnitStayID:** 562305 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 23 * **Diagnosis String:** endocrine|glucose metabolism|DKA * **ICD-9 Code:** 250.13, E10.1 (Type 1 or Type 2 Diabetes Mellitus with DKA) * **Diagnosis Priority:** Primary

The primary diagnosis was diabetic ketoacidosis (DKA), a serious complication of diabetes characterized by high blood sugar, ketones in the urine and blood, and acidosis. The ICD-9 codes suggest underlying diabetes mellitus. Further information is needed regarding the patient's prior medical history, including diabetes management and duration, as well as any precipitating factors for the DKA episode.

4. Treatments

* **TreatmentID:** 24165366 * **PatientUnitStayID:** 562305 * **Treatment Offset (minutes from unit admit):** 23 * **Treatment String:** endocrine|intravenous fluid administration|normal saline administration|aggressive volume resuscitation (>250 mls/hr) * **Active Upon Discharge:** True

The patient received aggressive volume resuscitation with normal saline, a standard treatment for DKA. This aims to correct dehydration and improve hemodynamic status. The data lacks information about other treatments such as insulin therapy, which is crucial in managing DKA. Additional details on medication administration, including dosages and frequencies, are necessary for a comprehensive report.

5. Vital Trends

NULL. No vital sign data is provided.

6. Lab Trends

The lab results indicate abnormalities consistent with DKA. Multiple bedside glucose measurements show hyperglycemia (ranging from 70 mg/dL to 475 mg/dL). An elevated anion gap (initially 24, then 16, and finally 10 mmol/L) is indicative of metabolic acidosis, a hallmark of DKA. Electrolyte imbalances are also present, with hyponatremia (sodium levels of 132, 136, and 140 mmol/L), but the initial potassium level of 4.7 mmol/L is within the normal range. Further lab results are present, but without time series data, trends cannot be established. The initial values are likely taken before treatment, showing the patient's state at presentation. Later values show a trend towards normalization of some parameters, which

indicates that treatment was likely effective.

7. Microbiology Tests

NULL. No microbiology test data is provided.

8. Physical Examination Results

* **Physical Exam Performed:** Yes (Performed - Structured) * **Admission Weight (kg):** 56.8 * **Current Weight (kg):**
56.8 * **Weight Change (kg):** 0 * **Glasgow Coma Scale (GCS) Score:** 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam was performed and documented, indicating a GCS score of 15, suggesting normal neurological
function. The patient's weight remained stable during the ICU stay. This section lacks additional details on other physical
exam findings.