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**Patient Medical Report**

**1. Patient Information**
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* **Patient Unit Stay ID:** 544159 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 29 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 08:18:00 (2015) * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 18:57:00 (2015) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit Time:** 05:24:00 (2015) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 18:19:00 (2015) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 57 kg * **Discharge Weight:** 55.7 kg * **Admission Height:** 170 cm * **APACHE Admission Dx:** Diabetic ketoacidosis

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

* **Diagnosis ID:** 11455689 * **Patient Unit Stay ID:** 544159 * **Active Upon Discharge:** False * **Diagnosis Offset:** 12 minutes * **Diagnosis String:** endocrine|glucose metabolism|DKA * **ICD-9 Code:** 250.13, E10.1 * **Diagnosis Priority:** Primary

4. Treatments

* **Treatment ID:** 24731282 * **Patient Unit Stay ID:** 544159 * **Treatment Offset:** 12 minutes * **Treatment String:** endocrine|intravenous fluid administration|normal saline administration|aggressive volume resuscitation (>250 mls/hr) * **Active Upon Discharge:** False

5. Vital Trends

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

6. Lab Trends

The provided lab data shows multiple blood tests conducted at various time points during the patient's stay. Key lab values include glucose, BUN, creatinine, chloride, sodium, bicarbonate, calcium, potassium, anion gap, lactate, albumin, total protein, total bilirubin, ALT (SGPT), AST (SGOT), phosphate, magnesium, Hgb, Hct, MCV, MCH, MCHC, RBC, WBC, platelets, PaCO2, pH, and Base Excess. Some of these tests were repeated, allowing for monitoring of trends over time. The initial glucose level was very high (391 mg/dL), indicative of DKA, consistent with the primary diagnosis. Subsequent glucose levels showed a downward trend, reflecting the effectiveness of treatment. Other electrolyte imbalances such as low bicarbonate (initially 3 mmol/L, rising to 19 mmol/L) and elevated anion gap (initially 26, decreasing to 9) also suggest metabolic acidosis, a common feature of DKA. Creatinine levels remained relatively stable, indicating no acute kidney injury. The complete blood count (CBC) reveals elevated white blood cell count (WBC) and slightly low platelet count, potentially indicative of an inflammatory response or stress response. Further detailed analysis is needed to understand the complete picture of these trends and their correlation with patient's overall condition. The lab results also include bedside glucose measurements taken at various times, which show a general downward trend in glucose levels over time. The ABG tests show initial severe metabolic acidosis with low pH (7.01), elevated PaCO2 (18 mm Hg), and a significantly negative base excess (-25 mEg/L). There is a subsequent improvement in pH (7.13) and PaCO2 (21 mm Hg) along with slightly improved base excess (-20.3 mEg/L), indicating some response to treatment. The time series of these values is critical for assessing the response to treatment.

NULL (No microbiology test data provided in the JSON data.)

^{**8.} Physical Examination Results**

^{***}Physical Exam ID:** 26972613, 26972614, 26972618, 26972619, 26972620, 26972621, 26972622, 26972623, 26972624, 26972625, 26972626, 26972627 * **Patient Unit Stay ID:** 544159 * **Physical Exam Offset:** 9 minutes * **Physical Exam Path:** Various entries including GCS, weight, and I/O. * **Physical Exam Value:** Admission and current weight recorded as 57 kg and 55.7 kg respectively, indicating a weight loss of 1.3 kg. A GCS score of 15 (4+5+6) was documented. A structured physical exam was performed. Intake and output were both 0 ml.