Medical Report for Patient 005-11202

1. Patient Information

* **Patient Unit Stay ID:** 439621 * **Unique Patient ID:** 005-11202 * **Gender:** Female * **Age:** 21 * **Ethnicity:** Hispanic * **Hospital ID:** 144 * **Ward ID:** 267 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 20:29:00 (Assuming a date is available, but missing from the JSON) * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 17:15:00 (Assuming a date is available, but missing from the JSON) * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 54.4 kg * **Admission Height:** 160 cm * **APACHE Admission Diagnosis:** Diabetic ketoacidosis

2. History

NULL (Insufficient information provided in the JSON to elaborate on the patient's medical history prior to ICU admission.)

3. Diagnoses

* **Primary Diagnosis (Diagnosis ID: 9816459):** Diabetic Ketoacidosis (DKA) - ICD-9 Codes: 250.13, E10.1. This diagnosis was entered 83 minutes after unit admission and remained active upon discharge. * **Major Diagnosis (Diagnosis ID: 9196676):** Nausea with Vomiting - ICD-9 Codes: 787.01, R11.2. This diagnosis was entered 83 minutes after unit admission and remained active upon discharge.

4. Treatments

The patient received the following treatments during their ICU stay:

* **Cardiovascular:** Intravenous administration of hypotonic fluid (D5 half-normal saline). This treatment began 83 minutes post-unit admission and was active at discharge. * **Gastrointestinal:** Narcotic and non-narcotic analgesic medications (acetaminophen). These treatments began 83 minutes post-unit admission and were active at discharge. * **Renal:** Electrolyte correction with potassium administration. This treatment began 83 minutes post-unit admission and was active at discharge. * **Endocrine:** Continuous insulin infusion for glucose metabolism management. This treatment began 83 minutes post-unit admission and was active at discharge. * **Gastrointestinal:** Stress ulcer prophylaxis with oral pantoprazole. This treatment began 83 minutes post-unit admission and was active at discharge. * **Cardiovascular:** Anticoagulant administration with Coumadin. This treatment began 83 minutes post-unit admission and was active at discharge.

5. Vital Trends

* **Heart Rate (HR):** Current HR was 86 bpm, with a lowest recorded HR of 86 bpm and a highest of 95 bpm. (These values are based on a single physical exam recording. A time series is missing.) * **Blood Pressure (BP):** Current systolic BP was 97 mmHg, with a lowest and highest recorded systolic BP of 97 mmHg. Diastolic BP was 50 mmHg, with a lowest and highest of 50 mmHg. (These values are based on a single physical exam recording. A time series is missing.) * **Respiratory Rate (RR):** Current RR was 15 breaths per minute, with a lowest of 14 and a highest of 16 breaths per minute. (These values are based on a single physical exam recording. A time series is missing.) * **Oxygen Saturation (O2 Sat):** Current O2 Sat was 99%, with a lowest and highest of 99%. (These values are based on a single physical exam recording. A time series is missing.) * **FiO2:** 21% (Single point measurement from physical exam. A time series is missing.)

6. Lab Trends

The provided lab data shows several blood tests with varying results, but lacks sufficient information for a meaningful trend analysis. Multiple glucose measurements show significant fluctuation between 34 mg/dL and >600 mg/dL, indicating poor glycemic control. Other blood values such as blood gases, electrolytes, and liver function tests are also recorded, but more

data points over time are needed to establish trends. (Time series data is needed for effective trend analysis.)

7. Microbiology Tests

NULL (No microbiology test results are included in the provided data.)

8. Physical Examination Results

The physical exam notes indicate the patient was ill-appearing but well-developed. A GCS score of 15 was recorded (Eye: 4, Verbal: 5, Motor: 6), indicating normal neurological function. The physical exam was performed using a structured format, as indicated. Additional details are needed for a more comprehensive assessment.