

****Medical Report for Patient 005-11202****

****1. Patient Information****

* **Patient Unit Stay ID:** 475290 * **Patient Health System Stay ID:** 403100 * **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:** 23:05:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:**
18:34:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height (cm):** 160 *
Admission Weight (kg): 65.7 * **Hospital Admit Time:** 17:10:00 * **Hospital Admit Source:** NULL * **Hospital
Discharge Year:** 2014 * **Hospital Discharge Time:** 21:20:00 * **Hospital Discharge Location:** Home * **Hospital
Discharge Status:** Alive

****2. History****

Admission diagnosis was Diabetic ketoacidosis. Further details regarding the patient's medical history prior to admission are not available in the provided data. A more complete history would be beneficial for a comprehensive assessment.

****3. Diagnoses****

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) * **Major Diagnoses:** *
Asthma/Bronchospasm (ICD-9 code: 493.90, J45) * Diabetes Mellitus * Hyperglycemia (ICD-9 code: 790.6, R73.9)

The diagnoses suggest a complex case involving acute metabolic derangement (DKA) in a patient with pre-existing conditions of diabetes mellitus and asthma. The hyperglycemia is directly related to the DKA. The relationship between the asthma and the other diagnoses requires further investigation and is not immediately apparent from the limited data.

****4. Treatments****

* **Endocrine:** * Intravenous fluid administration (Normal saline) * Electrolyte correction (Administration of electrolytes) *
Insulin administration * **Pulmonary:** * Bronchodilator medication * Mechanical ventilation * Non-invasive ventilation

The treatments administered are consistent with managing DKA, addressing fluid and electrolyte imbalances, and supporting respiratory function. The use of both mechanical and non-invasive ventilation indicates a fluctuating respiratory status requiring close monitoring and adjustment of respiratory support. The bronchodilator is likely for the management of the patient's asthma.

****5. Vital Trends****

NULL. Vital sign data is not included in the provided dataset.

****6. Lab Trends****

The provided lab data shows multiple bedside glucose measurements indicating initially high levels (e.g., 226, 188, 165 mg/dL) that were subsequently brought under control (e.g., 139, 110, 84 mg/dL) through treatment. Other lab results reveal abnormalities in several blood chemistries and hematological parameters at the time of admission (including high glucose, elevated anion gap, low bicarbonate, and elevated potassium) indicative of DKA. Later results (at 990 minutes post-admission) show a significant improvement in many of these parameters. The complete blood count (CBC) shows evidence of anemia (low hemoglobin and hematocrit). Further analysis would be needed to determine the exact nature and severity of the anemia.

****7. Microbiology Tests****

NULL. No microbiology test results are present in the data.

****8. Physical Examination Results****

* **Glasgow Coma Scale (GCS):** 15 (Eyes: 4, Verbal: 5, Motor: 6) * **Heart Rate (HR):** 115 (Current, Lowest, Highest) *
Respiratory Rate (RR): 19 (Current, Lowest, Highest) * **Oxygen Saturation (SpO2):** 100% (Current, Lowest,
Highest) * **Admission Weight:** 65.7 kg

A GCS score of 15 indicates normal neurological function. The heart and respiratory rates are within the normal range, and oxygen saturation is at 100%, suggesting adequate respiratory function at the time of the recorded physical exam. This physical exam does not contain the full assessment. A complete physical exam would be more informative.