

****Medical Report: Patient 007-10019****

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

* **Patient Unit Stay ID:** 972877 * **Patient Health System Stay ID:** 716953 * **Unique Patient ID:** 007-10019 *
Gender: Female * **Age:** 60 * **Ethnicity:** Caucasian * **Hospital ID:** 183 * **Ward ID:** 431 * **Unit Type:**
CSICU * **Unit Admit Time:** 10:10:00 (2015) * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:**
20:25:00 (2015) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Hospital Admit
Time:** 04:26:00 (2015) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 20:27:00
(2015) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Weight:** 55.5 kg *
Discharge Weight: 56.41 kg * **Admission Height:** 165.1 cm * **APACHE Admission Diagnosis:** Diabetic
hyperglycemic hyperosmolar nonketotic coma (HHNC)

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

The patient presented with multiple diagnoses, some active upon discharge and others not. The diagnoses included:

* **Active upon discharge:** * Hyperglycemia (790.6, R73.9) - Endocrine, glucose metabolism. Marked as 'Other' priority. *
Acute Pancreatitis (577.0, K85.9) - Gastrointestinal, pancreatic disease. Marked as 'Other' priority. * CT Scan (diagnostic
study) - Endocrine, diagnostic studies. Marked as 'Other' priority. * Hypokalemia (276.8, E87.8) - Endocrine, fluids and
electrolytes. Marked as 'Other' priority. * Type II Diabetes Mellitus - Endocrine, glucose metabolism. Marked as 'Other'
priority.

* **Not active upon discharge:** * Hyperglycemia (790.6, R73.9) - Endocrine, glucose metabolism. Marked as 'Other'
priority. (Multiple entries) * Acute Pancreatitis (577.0, K85.9) - Gastrointestinal, pancreatic disease. Marked as 'Other'
priority. (Multiple entries) * CT Scan (diagnostic study) - Endocrine, diagnostic studies. Marked as 'Other' priority. (Multiple
entries) * Hypokalemia (276.8, E87.8) - Endocrine, fluids and electrolytes. Marked as 'Other' priority. (Multiple entries) *
Type II Diabetes Mellitus - Endocrine, glucose metabolism. Marked as 'Other' priority. (Multiple entries)

****4. Treatments****

The patient received several treatments during her ICU stay, some active at discharge and some not. The treatments
included:

* **Active upon discharge:** * Continuous insulin infusion - Endocrine, glucose metabolism. * Intravenous administration of
electrolytes - Endocrine, electrolyte correction. * Narcotic analgesic - Gastrointestinal, medications. * Gastroenterology
consultation - Gastrointestinal, consultations.

* **Not active upon discharge:** * Continuous insulin infusion - Endocrine, glucose metabolism. (Multiple entries) *
Intravenous administration of electrolytes - Endocrine, electrolyte correction. (Multiple entries) * Narcotic analgesic -
Gastrointestinal, medications. (Multiple entries) * Gastroenterology consultation - Gastrointestinal, consultations. (Multiple
entries) * Fluid restriction (< 500 ml) - Endocrine, intravenous fluid administration. (Multiple entries) * Nasogastric feeding
tube - Gastrointestinal, nutrition.

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

NULL (Insufficient data provided)

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

The patient's laboratory results showed several key trends. Glucose levels were initially very high (over 457 mg/dL) and then decreased to 207 mg/dL by the end of the stay. There was evidence of elevated lipase (804 Units/L initially) and then decreased to 190 Units/L by the end of the stay suggesting pancreatitis. Other lab values like electrolytes (sodium, potassium, bicarbonate, chloride, calcium, phosphate, magnesium) and complete blood count (CBC) components (WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, -monos, -lymphs, -polys, -eos, -basos) showed variations. Serial blood glucose measurements are available from bedside glucose testing throughout the stay. Further analysis is needed to fully interpret the fluctuations in these values. The anion gap also showed some variation during the stay. Serum ketones were 0.11 mmol/L at one point. Liver function tests (ALT, AST) were also performed and showed some elevation.

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

NULL (Insufficient data provided)

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

Physical exam was performed and documented. Weight was recorded at admission (55.45 kg) and at a later timepoint (55.46 kg), showing a slight increase. A GCS score was recorded as 15 (4+5+6). The structured physical exam notes indicate that a structured exam was performed. There is a need for more detailed physical exam findings.