

****Medical Report: Patient 006-106707****

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

***Patient Unit Stay ID:** 931776 ***Unique Patient ID:** 006-106707 ***Gender:** Female ***Age:** 77 ***Ethnicity:** Caucasian ***Hospital ID:** 174 ***Ward ID:** 400 ***Unit Type:** Med-Surg ICU ***Admission Height (cm):** 162 ***Admission Weight (kg):** 89.6 ***Discharge Weight (kg):** 96 ***Hospital Admit Time:** 2014-XX-XX 15:53:00 (Hospital Admit Offset: -21 minutes from unit admit) ***Hospital Admit Source:** Direct Admit ***Hospital Discharge Year:** 2014 ***Hospital Discharge Time:** 2014-XX-XX 21:30:00 (Hospital Discharge Offset: 3196 minutes from unit admit) ***Hospital Discharge Location:** Home ***Hospital Discharge Status:** Alive ***Unit Admit Time:** 2014-XX-XX 16:14:00 ***Unit Admit Source:** Direct Admit ***Unit Visit Number:** 1 ***Unit Stay Type:** admit ***Unit Discharge Time:** 2014-XX-XX 21:44:00 (Unit Discharge Offset: 1770 minutes from unit admit) ***Unit Discharge Location:** Step-Down Unit (SDU) ***Unit Discharge Status:** Alive ***APACHE Admission Dx:** Diabetic ketoacidosis

****2. History****

NULL (Insufficient data provided to elaborate on patient history.)

****3. Diagnoses****

***Diagnosis ID:** 12275911 ***Patient Unit Stay ID:** 931776 ***Active Upon Discharge:** True ***Diagnosis Offset (minutes from unit admit):** 16 ***Diagnosis String:** endocrine|glucose metabolism|DKA ***ICD-9 Code:** 250.13, E10.1 ***Diagnosis Priority:** Primary

The primary diagnosis upon admission to the Med-Surg ICU was Diabetic Ketoacidosis (DKA), a serious complication of diabetes. The ICD-9 codes indicate both type 2 diabetes (250.13) and a more specific code related to DKA (E10.1). The diagnosis was recorded 16 minutes after the patient's unit admission time, suggesting it was a key factor in the ICU admission.

****4. Treatments****

***Treatment ID:** 26005536 ***Patient Unit Stay ID:** 931776 ***Treatment Offset (minutes from unit admit):** 16 ***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 common treatment for DKA to correct dehydration and electrolyte imbalances. This treatment was initiated 16 minutes after unit admission, indicating immediate attention to the patient's critical condition. The treatment remained active until discharge, suggesting ongoing fluid management was necessary throughout the ICU stay.

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

NULL (Insufficient data provided for vital sign trends. Data such as heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation over time are needed.)

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

The provided data includes multiple lab results, obtained at various times during the patient's stay. These require further analysis to identify trends. The available data includes blood chemistry (glucose, BUN, creatinine, electrolytes), complete blood count (CBC) with differential, and bedside glucose measurements. Detailed time-series analysis would reveal how these values changed over time, indicating the effectiveness of treatment and the patient's overall physiological response.

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

NULL (No microbiology test data provided.)

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

* **Physical Exam ID:** 29478012-29478023 * **Patient Unit Stay ID:** 931776 * **Physical Exam Offset (minutes from unit admit):** 13 * **Physical Exam Findings:** A structured physical exam was performed 13 minutes after unit admission. The Glasgow Coma Scale (GCS) was recorded as 15 (Eyes: 4, Verbal: 5, Motor: 6), indicating normal neurological function. Blood pressure was recorded as 134/45 mmHg. The patient's weight at the time of the exam was 89.6 kg. These initial findings are indicative of the patient's condition at the time of assessment. Further physical exam data would be needed to create a comprehensive report.