

****Patient Medical Report****

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

* **Patient Unit Stay ID:** 876479 * **Patient Health System Stay ID:** 656360 * **Gender:** Male * **Age:** 29 *
Ethnicity: Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Admission Height (cm):** 170 * **Admission Weight (kg):** 56.7 * **Hospital Admit Time:** 03:12:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 23:00:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 04:56:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 15:28:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Unique Patient ID:** 006-100497

****2. History****

Admission diagnosis was Diabetic ketoacidosis. The patient presented to the Emergency Department and was subsequently admitted to the Med-Surg ICU. Further details regarding the patient's medical history prior to this ICU stay are not provided in the available data. More comprehensive information is needed to provide a complete medical history. The patient was discharged from the ICU to a Step-Down Unit. The length of stay in the ICU was approximately 10 hours and 32 minutes. The reason for transfer to the Step-Down Unit is not provided in this dataset.

****3. Diagnoses****

* **Diagnosis 1 (Other):** endocrine|glucose metabolism|diabetes mellitus (ICD-9 code not provided) * **Diagnosis 2 (Other):** endocrine|glucose metabolism|DKA (ICD-9 codes: 250.13, E10.1)

Both diagnoses were active upon discharge from the ICU. The diagnoses were entered into the system 67 minutes after ICU admission. The lack of ICD-9 codes for the first diagnosis suggests potential incomplete data entry. Further clarification regarding the timing and specifics of each diagnosis is necessary for a complete assessment. The priority of both diagnoses is listed as 'Other', suggesting that they may be secondary diagnoses. Additional information is needed to determine the primary diagnosis and the overall clinical picture.

****4. Treatments****

* **Treatment 1:** renal|intravenous fluid|normal saline administration|aggressive volume resuscitation (>250 mls/hr) *
Treatment 2: renal|intravenous fluid|normal saline administration|fluid bolus (250-1000mls)

Both treatments were active upon discharge from the ICU and were initiated 67 minutes post-admission. The treatments suggest the patient received aggressive fluid resuscitation, likely in response to the Diabetic Ketoacidosis. More detailed information about treatment dosages, response, and the duration of each treatment is necessary to complete this section of the report.

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

NULL. No vital signs data is included in the provided dataset.

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

The following laboratory results are available. Trends can only be partially assessed due to limited time points and the lack of consistent measurements throughout the patient's stay. Further data would be needed to fully characterize the trends.

* **Glucose:** Initial values showed severe hyperglycemia (466 mg/dL), which improved to 103 mg/dL by 544 minutes post-admission. Frequent bedside glucose checks indicate ongoing monitoring of glucose control. * **Potassium:** Initial

potassium levels were elevated at 4.4 mmol/L, improving to 3.6 mmol/L by 544 minutes post-admission. * **Creatinine:** Creatinine levels showed some fluctuation but generally decreased during the stay. Initial values were 1.00 mg/dL, which dropped to 0.90 mg/dL, and 0.70 mg/dL, and finally 0.8 mg/dL. * **Bicarbonate:** Bicarbonate levels were initially low (6 mmol/L) and gradually improved to 18 mmol/L. * **Sodium:** Initial sodium levels were low (127 mmol/L) and improved to 137 mmol/L. * **Chloride:** Initial chloride levels were low (92 mmol/L) and improved to 107 mmol/L. * **Anion Gap:** Initially high (29), which gradually decreased to 12. * **Phosphate:** Initially elevated at 4.7 mg/dL and gradually decreased to 2.3 mg/dL. * **Magnesium:** Initial magnesium level was 1.8 mg/dL, improving to 1.6 mg/dL on subsequent measurements. * **Blood Gases (obtained at 376 minutes post-admission):** paO2 (81 mmHg), paCO2 (34 mmHg), pH (7.29), HCO3 (16 mmol/L), Base Excess (-9.5 mEq/L), O2 Sat (95%). These values suggest metabolic acidosis. * **Complete Blood Count (obtained at -240 minutes post-admission):** WBC (8.4 K/mcL), Hgb (16.8 g/dL), Hct (51.1%), Platelets (359 K/mcL), MCV (96 fL), MCH (31.5 pg), MCHC (33 g/dL), RDW (12.9%).

7. Microbiology Tests

NULL. No microbiology test data is provided in the dataset.

8. Physical Examination Results

A structured physical exam was performed. The recorded vital signs include a heart rate (HR) ranging from 103 to 113 bpm (current HR: 110 bpm), systolic blood pressure (BP) of 101 mmHg, diastolic BP of 67 mmHg, and oxygen saturation (O2 Sat) of 97-99% (current O2 Sat: 97%). The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6). The patient's admission weight was 56.7 kg. Further details of the physical examination are limited in this dataset.