Medical Report for Patient 006-118416

1. Patient Information

* **Patient Unit Stay ID:** 924223 * **Unique Patient ID:** 006-118416 * **Gender:** Male * **Age:** 76 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014, 21:21:00 * **Hospital Discharge Time:** 2014, 16:15:00 * **Unit Admission Time:** 21:25:00 * **Unit Discharge Time:** 16:15:00 * **Unit Type:** Med-Surg ICU * **Admission Weight:** 107.7 kg * **Discharge Weight:** 107.7 kg * **Admission Height:** 185.4 cm * **Hospital Admit Source:** Direct Admit * **Unit Admit Source:** Direct Admit * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

2. History

The provided data does not contain a detailed patient history. Further information is needed to complete this section. The admission diagnosis was "Diabetic hyperglycemic hyperosmolar nonketotic coma (HHNC)". This suggests a history of diabetes mellitus, potentially poorly managed, leading to the acute hyperosmolar state. A comprehensive history would include details of the patient's diabetes management (medication, insulin regimen, blood glucose monitoring), any recent illnesses or infections, duration of symptoms preceding admission, and any relevant family history. Information regarding the patient's social history (smoking, alcohol use, drug use) and medication history would also be valuable. The absence of this information limits the understanding of the context surrounding the patient's ICU admission.

3. Diagnoses

* **Primary Diagnosis 1:** Diabetic ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) * **Primary Diagnosis 2:** Hyperosmolar hyperglycemic state (HHS) (no ICD-9 code provided)

The patient presented with two primary diagnoses, both related to poorly controlled diabetes. Initially, DKA was diagnosed, followed later by HHS. The lack of ICD-9 codes for the HHS diagnosis warrants clarification. A differential diagnosis should be considered, including other causes of altered mental status and hyperosmolarity. The evolution from DKA to HHS suggests a complex clinical picture requiring further investigation into the underlying metabolic derangements and contributing factors.

4. Treatments

The patient received aggressive fluid resuscitation with normal saline at a rate exceeding 250 ml/hr, and fluid boluses (250-1000mls) of normal saline. These treatments were implemented to address the dehydration and hypovolemia associated with DKA and HHS. The timing of treatment initiation is important, and further details about the specific fluid volumes administered and the patient's response to the treatment are crucial for a comprehensive assessment. Additional treatments may have been administered, but are not documented in the provided data.

5. Vital Trends

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, oxygen saturation) are missing from the dataset. Time-series data of these parameters is needed to assess the patient's hemodynamic stability and respiratory status during the ICU stay.

6. Lab Trends

The provided lab data shows significant fluctuations in glucose levels. Initial glucose levels were extremely elevated (600 mg/dL and 621 mg/dL), subsequently decreasing to around 140-200 mg/dL during the stay. Other chemistry and hematology results are available, offering insights into the patient's electrolyte balance, renal function, and overall metabolic state. However, without precise timing of lab draws, it is difficult to fully interpret the trends. A detailed time-series analysis would provide a better understanding of the patient's response to treatment.

7. Microbiology Tests

NULL. No microbiology test data is available in the provided dataset. Information on blood cultures, urine cultures, or other relevant microbiological tests would help rule out or identify any infections contributing to the patient's condition.

8. Physical Examination Results

The patient's initial physical exam recorded a GCS score of 15 (E4V5M6), indicating normal neurological function. Heart rate ranged from 69 to 78 bpm, blood pressure from 129/69 to 140/96 mmHg, and respiratory rate from 18 to 19 breaths per minute. Oxygen saturation was 99%. Admission weight was 107.7 kg, which remained constant throughout the ICU stay. A physical exam was not performed later during the stay. Additional details about the patient's physical examination would provide a more complete picture of their clinical presentation.