Medical Report: Patient 006-100497

1. Patient Information

* **Patient Unit Stay ID:** 636187 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 29 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015, 22:40:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015, 21:11:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015, 00:42:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015, 13:46:00 * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 66 kg * **Admission Height:** 170 cm

2. History

Admission history indicates the patient presented to the Emergency Department with Diabetic Ketoacidosis (DKA), as evidenced by the primary diagnosis of DKA (endocrine|glucose metabolism|DKA; ICD-9 codes 250.13, E10.1). The detailed circumstances surrounding the onset of DKA, including precipitating factors such as infection, illness, or medication non-compliance, are not provided in the available data. Further information regarding prior medical history, including any known diabetes diagnoses, duration of diabetes management, and previous episodes of DKA, is unavailable in this dataset. Family history and social history are also absent from the given data. The lack of comprehensive historical information limits the ability to fully contextualize the patient's ICU stay and its management.

3. Diagnoses

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (endocrine|glucose metabolism|DKA; ICD-9 codes 250.13, E10.1)

The diagnosis of DKA was established within 7 minutes of the patient's unit admission time. The dataset doesn't indicate any secondary or co-morbid diagnoses. Additional diagnostic information, such as results of imaging studies (e.g., X-rays, CT scans) or other specialized tests, is not available.

4. Treatments

The patient received aggressive volume resuscitation (>250 mls/hr) with normal saline administration as part of their cardiovascular and intravenous fluid management. The treatment was active upon discharge from the unit. The specific details regarding fluid type, volume administered, and response to fluid therapy are not explicitly detailed in the provided data. Information about other treatments administered during the ICU stay, including insulin therapy for DKA management, medications, or other interventions, is absent from the dataset. This lack of detail limits a comprehensive understanding of the patient's therapeutic regimen.

5. Vital Trends NULL. No vital sign data are included in the provided dataset.

6. Lab Trends

The available laboratory data reveals several key findings related to the patient's DKA. Initial glucose levels were extremely elevated (451 mg/dL and 498 mg/dL on bedside testing, and 377 mg/dL on initial lab testing), confirming the diagnosis. The anion gap was also significantly increased (26 initially and 22 on repeat testing), indicating a metabolic acidosis consistent with DKA. Bicarbonate levels were low (7 mmol/L initially, improving to 11 and 19 mmol/L later), reflecting the acidosis. The patient's initial potassium level was 4.5 mmol/L, which, while not critically low, warranted close monitoring given the potential for potassium shifts during DKA treatment. The potassium level was monitored closely, showing a slight decrease (4.2 mmol/L) after treatment, then a further decrease to 3.5 mmol/L. Sodium levels were initially low (129 mmol/L), increasing to 135, 137, and 139 mmol/L on subsequent testing, possibly reflecting fluid resuscitation. The patient also showed elevated blood urea nitrogen (BUN) (20 mg/dL initially, decreasing to 16 and 13 mg/dL), and creatinine (0.9 mg/dL initially, decreasing to 0.8 and 0.9 mg/dL), which could suggest dehydration. Subsequent tests showed improving levels of glucose and bicarbonate and a decrease in anion gap. The lactate levels were elevated (1.8 mmol/L and 1.2 mmol/L) indicating possible tissue hypoxia. The provided data lacks sufficient time points to fully establish

trends. Complete blood count (CBC) revealed elevated hematocrit (51.8%) and hemoglobin (17.4 g/dL), potentially consistent with hemoconcentration due to dehydration. Additional lab results included albumin, calcium, total protein, ALT, AST, and phosphate. These results, however, are recorded at a limited number of time points and lack sufficient data to definitively determine trends.

7. Microbiology Tests NULL. No microbiology test data are included in the provided dataset.

8. Physical Examination Results

A structured physical exam was performed. The patient's admission weight was recorded as 66 kg. A Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6) indicates an alert and oriented patient. Additional physical examination findings are not available in the provided data.