Medical Report for Patient 004-12627

1. Patient Information

* **Patient Unit Stay ID:** 401177 * **Unique Patient ID:** 004-12627 * **Gender:** Male * **Age:** 40 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 15:17:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 15:45:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 16:31:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 20:36:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 104.3 kg * **Admission Height:** 198.1 cm

2. History

The patient was admitted to the hospital through the Emergency Department with a primary diagnosis of Diabetic Ketoacidosis (DKA) and a major diagnosis of Diabetes Mellitus. The exact date of admission is unavailable from the provided data. The patient's history prior to admission is not included in this report.

3. Diagnoses

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (ICD-9 codes: 250.13, E10.1) * **Major Diagnosis:** Diabetes Mellitus The DKA diagnosis was active upon discharge from the ICU. Diabetes Mellitus was initially recorded shortly after ICU admission, but marked as inactive upon discharge. This suggests that the acute phase of DKA was successfully managed.

4. Treatments

The patient received the following treatments during their ICU stay:

* **Endocrine/Electrolyte Correction:** Intravenous administration of electrolytes, including potassium. * **Glucose Metabolism:** Continuous insulin infusion. * **Gastrointestinal:** Antiemetic medications, including promethazine and ondansetron. * **Intravenous Fluid Administration:** Normal saline administration.

The administration of promethazine and IV electrolytes were also given earlier in the ICU stay but discontinued before discharge. This may indicate successful management of nausea and electrolyte imbalances. The continuous insulin infusion and normal saline administration remained active until discharge, consistent with the management of DKA and diabetic complications.

5. Vital Trends

NULL (Vital signs data not provided)

6. Lab Trends

The following laboratory results were recorded at approximately 27 minutes post-unit admission:

* **Glucose:** 633 mg/dL (significantly elevated, indicative of DKA) * **Sodium:** 131 mEq/L (slightly low) * **Potassium:** 1.0 mg/dL (low, potentially dangerous) * **BUN:** 21 mg/dL * **Creatinine:** 1.0 mg/dL * **Albumin:** 4.0 g/dL * **Total Bilirubin:** 0.7 mg/dL * **WBC x 1000:** 14.8 K/mcL (elevated, suggesting infection or inflammation) * **Hct:** 44.5 % * **ABG Results:** * **pH:** 7.26 (acidotic, consistent with DKA) * **paO2:** 56 mm Hg * **paCO2:** 34 mm Hg * **FiO2:** 21 %

Further serial lab results are needed to track trends and assess treatment effectiveness. The initial results strongly support the diagnosis of DKA and suggest potential electrolyte abnormalities and possibly an underlying infection.

7. Microbiology Tests

NULL (Microbiology test results not provided)

8. Physical Examination Results

* **Weight:** 104.3 kg (admission weight) * **Glasgow Coma Scale (GCS):** 15 (Eyes: 4, Verbal: 5, Motor: 6) – This indicates a normal neurological examination. * **Heart Rate (HR):** 123 bpm * **Blood Pressure (BP):** 132/75 mmHg * **Respiratory Rate:** 18 breaths per minute * **FiO2:** 21% * **Respiratory Mode:** Spontaneous

The physical exam was performed shortly after admission and indicates the patient was alert and oriented, as evidenced by the normal GCS. Further serial physical exam data is needed to monitor the patient's condition over time.