**Medical Report for Patient 004-16896**

**1. Patient Information**

* **Patient Unit Stay ID:** 372007 * **Unique Patient ID:** 004-16896 * **Gender:** Male * **Age:** 26 years * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014, 14:46:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2014, 17:15:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014, 17:18:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014, 15:45:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 59.87 kg * **Admission Height:** 170.2 cm

**2. History**

Admission history indicates the patient was admitted through the Emergency Department with a primary diagnosis of Diabetic Ketoacidosis (DKA) and a major diagnosis of uncontrolled Type I diabetes mellitus. The detailed admission history is not provided in the available data, preventing a more comprehensive account of the patient's presentation and preceding events leading to the ICU admission. Further information regarding the patient's past medical history, family history, and social history is required for a complete picture. The lack of information regarding symptoms prior to admission hinders a thorough understanding of the disease progression. Specific details on the patient's medication history before admission, including insulin regimen and adherence, would be highly beneficial in assessing the severity and management of the diabetic condition. This lack of context limits the ability to fully analyze the effectiveness of subsequent treatments.

**3. Diagnoses**

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) * **Major Diagnosis:** Uncontrolled Type I Diabetes Mellitus (ICD-9 code: 250.03, E10.65) - This diagnosis was active upon admission and discharge. * **Additional Diagnosis:** The DKA was also recorded as a secondary diagnosis, suggesting an initial misdiagnosis or a later re-evaluation.

**4. Treatments**

The patient received a range of treatments during their ICU stay. These included:

* **Fluid Resuscitation:** Normal saline, both bolus and moderate volume resuscitation. The exact volumes administered are not specified in the provided data. The duration of this treatment is also unknown, which is critical in evaluating its effectiveness. * **Insulin Therapy:** Both continuous infusion and sliding scale insulin administration were utilized. The specific insulin dosages and response to treatment are not available. * **Electrolyte Correction:** Potassium replacement was administered. The specific amounts and patient response are missing from the data. * **Pain Management:** Acetaminophen was administered for pain management. Dosage and frequency data is missing. * **Antiemetic:** Ondansetron was used to manage nausea and vomiting. The specific dosage regimen is not provided. * **VTE Prophylaxis:** Enoxaparin was administered for venous thromboembolism prophylaxis. The dosage and duration are not given. * **Discharge Planning Consult:** A discharge planning consult was initiated. Details about the plan and its implementation are unavailable.

**5. Vital Trends** NULL. No vital signs data were provided.

**6. Lab Trends**

The provided laboratory data shows several key findings. Multiple bedside glucose measurements reveal significant hyperglycemia upon admission (428 mg/dL initially, decreasing, but still elevated throughout the stay), consistent with the DKA diagnosis. There is evidence of metabolic acidosis indicated by initial blood gas results (pH 7.152, pCO2 11.9 mm Hg, Base Deficit 21.8 mEq/L) and low bicarbonate levels (initially 5.7 mmol/L, improving to 17.4 mmol/L). Electrolyte imbalances were also present, with initial hyponatremia (sodium 133 mmol/L, improving to 137 mmol/L) and slightly elevated creatinine (1.62 mg/dL). The complete blood count (CBC) revealed some abnormalities; further details are

needed to interpret them fully. However, the trend of blood glucose over time, and the metabolic acidosis, provides a clear picture of the patient's condition and response to treatment. More frequent lab results are needed to get a complete picture.

**7. Microbiology Tests** NULL. No microbiology test results were provided.

**8. Physical Examination Results**

The physical exam notes indicate that a structured physical exam was performed, including a Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6) and an admission weight of 59.87 kg. The patient's respiratory mode was noted as spontaneous. Additional details from the physical examination are missing to create a full assessment.