Medical Report for Patient 004-10164

1. Patient Information

* **Patient Unit Stay ID:** 356949 * **Unique Patient ID:** 004-10164 * **Gender:** Male * **Age:** 23 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 20:54:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 22:15:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 03:35:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 20:33:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 86.2 kg * **Admission Height:** 172.7 cm

2. History

Admission diagnosis was Diabetic ketoacidosis. The patient presented to the Emergency Department and was subsequently admitted to the Med-Surg ICU. The detailed history leading to admission is not available in the provided data. Further information is required to fully elaborate on the patient's history.

3. Diagnoses

* **Primary:** Diabetic Ketoacidosis (DKA) (ICD-9 codes: 250.13, E10.1) * **Major:** Asthma/Bronchospasm (ICD-9 codes: 493.90, J45) * **Major:** Diabetes Mellitus * **Major:** Acute Renal Failure (ICD-9 codes: 584.9, N17.9) * **Other:** Nausea with Vomiting (ICD-9 codes: 787.01, R11.2) * **Other:** Abdominal Pain/Tenderness (ICD-9 codes: 789.00, R10.9)

The diagnoses suggest a complex clinical picture involving metabolic derangement (DKA), respiratory compromise (Asthma), kidney dysfunction (Acute Renal Failure), and gastrointestinal symptoms (Nausea and Vomiting and Abdominal Pain). The relationship between these diagnoses requires further clinical context for complete interpretation. The lack of ICD-9 code for Diabetes Mellitus indicates incomplete documentation.

4. Treatments

* **Endocrine:** Insulin (sliding scale administration and continuous infusion) * **Endocrine:** Intravenous fluid administration (normal saline) * **Gastrointestinal:** Antiemetic (Ondansetron) * **Gastrointestinal:** Oral feeds * **Cardiovascular:** VTE prophylaxis (compression stockings)

The treatments administered are consistent with the management of DKA, gastrointestinal symptoms and preventative measures for potential cardiovascular complications. The specific dosages and response to these treatments are not detailed in the provided data.

5. Vital Trends

NULL. Vital sign data is not included in the provided dataset.

6. Lab Trends

The following lab results are available:

* **Total Bilirubin:** 0.4 mg/dL * **Albumin:** 5.1 g/dL * **Creatinine:** 2.2 mg/dL * **Sodium:** 125 mEq/L * **BUN:** 17 mg/dL * **Glucose:** >800 mg/dL * **WBC x 1000:** 27 K/mcL * **Hct:** 49.3 % * **Arterial Blood Gas (ABG) results (obtained -260 minutes from unit admission):** * FiO2: 21 % * PaO2: 137 mm Hg * PaCO2: <9.5 mm Hg * pH: 7.00

* **Arterial Blood Gas (ABG) results (obtained 64 minutes from unit admission):** * FiO2: 21 %

The elevated glucose level (>800 mg/dL) strongly supports the DKA diagnosis. The creatinine and BUN levels indicate renal impairment. The ABG results show a low pH (acidemia), consistent with DKA, while the PaO2 suggests adequate oxygenation despite the asthma diagnosis. Further trends and longitudinal data are necessary for a full assessment. The missing PaCO2 value from the later ABG test needs clarification.

7. Microbiology Tests

NULL. Microbiology test results are not provided.

8. Physical Examination Results

* **General Appearance:** Ill-appearing * **Heart Rate (HR):** Current: 115 bpm, Lowest: 115 bpm, Highest: 123 bpm * **Blood Pressure (BP):** Systolic: Current: 132 mmHg, Lowest: 132 mmHg, Highest: 149 mmHg; Diastolic: Current: 88 mmHg, Lowest: 88 mmHg, Highest: 94 mmHg * **Respiratory Rate (RR):** Current: 22 breaths/min, Lowest: 19 breaths/min, Highest: 23 breaths/min * **Oxygen Saturation (O2 Sat):** Lowest: 100%, Highest: 100% * **Weight:** 86.2 kg (Admission) * **Heart Rhythm:** Sinus * **Respiratory Mode:** Spontaneous * **Glasgow Coma Scale (GCS):** Total Score: 15 (Eyes: 4, Verbal: 5, Motor: 6)

The physical exam findings reveal tachycardia and tachypnea, potentially reflecting the patient's metabolic and respiratory status. The GCS score of 15 indicates intact neurological function. More detailed physical exam findings are needed for a comprehensive evaluation.