Medical Report for Patient 004-12627

1. Patient Information

* **Patient Unit Stay ID:** 310446 * **Unique Patient ID:** 004-12627 * **Gender:** Male * **Age:** 40 * **Ethnicity:** NULL * **Hospital Admission Time:** 2015-05-XX 05:00:00 (Hospital Admit Offset: -1374 minutes from unit admit time) * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-05-XX 21:32:00 (Hospital Discharge Offset: 2498 minutes from unit admit time) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-05-XX 03:54:00 * **Unit Admission Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 101.5 kg * **Discharge Weight:** NULL * **Unit Discharge Time:** 2015-05-XX 21:32:00 (Unit Discharge Offset: 2498 minutes from unit admit time) * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Height:** 198.1 cm

2. History

The provided data does not include a detailed patient history. Further information is needed to complete this section. The admission diagnosis was Diabetic Ketoacidosis (DKA), suggesting a history of diabetes mellitus, likely Type I given a subsequent diagnosis entry. The patient presented to the Emergency Department and was admitted to the Med-Surg ICU.

3. Diagnoses

The patient received multiple diagnoses during their ICU stay. The diagnoses, listed in order of priority, are:

* **Primary:** Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) * **Major:** Type I Diabetes Mellitus * **Major:** Hypertension (ICD-9 code: 401.9, I10) * **Major:** Bipolar Disorder (ICD-9 code: 296.80, F31.9) * **Major:** Depression (ICD-9 code: 311, F32.9) * **Major:** Pain * **Other:** Nausea (ICD-9 code: 787.02, R11.0) * **Other:** Vomiting (ICD-9 code: 787.03, R11.10) * **Other:** Regurgitant Esophagitis (ICD-9 code: 530.11, K21.0)

The presence of DKA, along with several other diagnoses, indicates a complex clinical picture requiring comprehensive management.

4. Treatments

The patient received the following treatments:

* Oral Feeds * Promethazine (antiemetic) * Continuous Insulin Infusion * Sliding Scale Insulin Administration * Compression Stockings (VTE prophylaxis) * Narcotic Analgesics * Bolus Parenteral Analgesics * Potassium (electrolyte administration) * Intravenous Fluid (Normal Saline) - bolus and moderate volume resuscitation * Central Venous Catheter Placement

This treatment regimen addresses the patient's multiple diagnoses, focusing on glucose control, pain management, and supportive care. The use of both continuous and sliding scale insulin suggests attempts to carefully manage blood glucose levels.

5. Vital Trends

NULL. Vital sign data (heart rate, blood pressure, respiratory rate, temperature, oxygen saturation) is missing from the provided data.

6. Lab Trends

The following laboratory results are available:

* **Initial Blood Gas (ABG):** pH 7.24, PaO2 150 mm Hg, PaCO2 48 mm Hg (indicative of respiratory acidosis), drawn 160 minutes before unit admission. * **Chemistry Panel:** Glucose 382 mg/dL (hyperglycemia), BUN 23 mg/dL, Creatinine 1.0 mg/dL, Sodium 138 mEq/L, Albumin 3.5 g/dL, Total Bilirubin 0.6 mg/dL. Drawn 160 minutes before unit admission. * **Hematology:** Hct 41.8%, WBC 9.8 K/mcL. Drawn 160 minutes before unit admission. * **Follow up ABG:** FiO2 21%, indicating the patient was receiving room air at this timepoint.

The initial lab results clearly show signs of DKA (hyperglycemia, acidosis) which were addressed with the prescribed treatment regimen.

7. Microbiology Tests

NULL. No microbiology test results are included in the provided data.

8. Physical Examination Results

The physical exam noted the patient as ill-appearing. Vital signs at admission were: Heart Rate 86 bpm, Blood Pressure 124/70 mmHg, Respiratory Rate 18 breaths/minute, Weight 101.5 kg. The Glasgow Coma Scale (GCS) was 15 (4 Eyes, 5 Verbal, 6 Motor), indicating normal neurological function. The patient had spontaneous respirations and a sinus rhythm. A more detailed physical exam might reveal further information.