

## **\*\*Patient Medical Report\*\***

### **\*\*1. Patient Information\*\***

\* \*\*Patient Unit Stay ID:\*\* 733693 \* \*\*Patient Health System Stay ID:\*\* 570556 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 29 \*  
\* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 146 \* \*\*Ward ID:\*\* 374 \* \*\*Admission Diagnosis:\*\* Diabetic ketoacidosis \*  
\* \*\*Admission Height:\*\* 170.2 cm (Assuming cm based on typical height measurements) \* \*\*Hospital Admit Time:\*\*  
2015-XX-XX 13:34:00 (Date missing from data) \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital  
Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 2015-XX-XX 19:25:00 (Date missing from data) \* \*\*Hospital  
Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\*  
2015-XX-XX 15:24:00 (Date missing from data) \* \*\*Unit Admit Source:\*\* Emergency Department \* \*\*Unit Visit Number:\*\* 1  
\* \*\*Unit Stay Type:\*\* Admit \* \*\*Admission Weight:\*\* 56.7 kg \* \*\*Discharge Weight:\*\* 68 kg \* \*\*Unit Discharge Time:\*\*  
2015-XX-XX 22:30:00 (Date missing from data) \* \*\*Unit Discharge Location:\*\* Acute Care/Floor \* \*\*Unit Discharge  
Status:\*\* Alive \* \*\*Unique Patient ID:\*\* 006-100497

### **\*\*2. History\*\***

NULL (Insufficient information provided in the JSON data to describe the patient's medical history before ICU admission.)

### **\*\*3. Diagnoses\*\***

The patient presented with two primary diagnoses:

\* \*\*Diabetic Ketoacidosis (DKA):\*\* This was the primary diagnosis upon admission and remained active upon discharge from the unit. ICD-9 codes: 250.13, E10.1. The diagnosis was entered 16 minutes after unit admit time. \*

\* \*\*Community-Acquired Bacterial Pneumonia:\*\* This was a major diagnosis, marked as such in eCareManager. ICD-9 codes: 486, J18.9. The diagnosis was entered 10 minutes after unit admit time. It was not active upon discharge.

The repeated entries of the same diagnosis codes suggest potential updates or clarifications made to the initial diagnosis entries. The time offsets indicate the progression of diagnosis identification and refinement during the patient's stay.

### **\*\*4. Treatments\*\***

NULL (The provided data does not contain information about the treatments administered to the patient during the ICU stay.)

### **\*\*5. Vital Trends\*\***

NULL (No vital sign data is included in the provided JSON. A complete medical record would include time-series data for heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation.)

### **\*\*6. Lab Trends\*\***

The lab results show fluctuations in several key parameters. Multiple bedside glucose measurements reveal a high initial glucose level (387 mg/dL) that subsequently decreased, suggesting successful treatment for DKA. However, there are instances of elevated glucose levels during the stay (369 mg/dL, 339 mg/dL, 211 mg/dL, 275 mg/dL, 205 mg/dL, and 261 mg/dL). Electrolyte imbalances are also evident, with initial hyperkalemia (5.0 mmol/L, 4.5 mmol/L) resolving to near-normal levels (4.4 mmol/L, 3.8 mmol/L, 3.6 mmol/L, and 4.0 mmol/L), while calcium levels show initial hypercalcemia (9.1 mg/dL, 8.0 mg/dL) which also trended towards normal (7.9 mg/dL, 7.6 mg/dL, and 7.2 mg/dL). BUN and creatinine levels indicate some kidney function compromise. The anion gap is also elevated initially (21), suggesting metabolic acidosis, and shows improvement (8, 5, 4, and 3). Hematological parameters (RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, Platelets) showed some variation. Complete blood count trends would be best shown graphically. The FiO2 of 21% suggests supplemental oxygen was used. The timing of these lab results relative to the diagnosis and treatment would

provide more context.

#### **\*\*7. Microbiology Tests\*\***

NULL (No microbiology test results are available in the provided data.)

#### **\*\*8. Physical Examination Results\*\***

A structured physical exam was performed. The patient's admission weight was recorded as 56.7 kg, and the current weight at the time of documentation was 68 kg, indicating a weight gain of 11.3 kg. A Glasgow Coma Scale (GCS) score of 15 (4 Eyes, 5 Verbal, 6 Motor) was documented, indicating normal neurological function. More detailed findings are needed for a comprehensive assessment.