Medical Report for Patient ICU Stay

1. Patient Information

***Patient Unit Stay ID:** 216131 * **Unique Patient ID:** 002-10287 * **Patient Health System Stay ID:** 187130 *
Gender: Male * **Age:** 56 * **Ethnicity:** Asian * **Hospital ID:** 69 * **Ward ID:** 98 * **Admission Diagnosis:**
Diabetic ketoacidosis * **Admission Height:** 160 cm * **Admission Weight:** 62.7 kg * **Discharge Weight:** 62.7 kg *
Hospital Admit Time: 2015-XX-XX 01:29:00 (Hospital admit offset: -9 minutes from unit admit time) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 20:05:00 (Hospital discharge offset: 5427 minutes from unit admit time) * **Hospital Discharge Location:** Home *
Hospital Discharge Status: Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 01:38:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2015-XX-XX 22:05:00 (Unit discharge offset: 1227 minutes from unit admit time) * **Unit Discharge Location:** Floor *
Unit Discharge Status: Alive

2. History

NULL (Insufficient information provided in the JSON data.)

3. Diagnoses

* **Primary Diagnosis:** Diabetic ketoacidosis

4. Treatments

NULL (Insufficient information provided in the JSON data. The report would ideally list medications administered, procedures performed, and other relevant interventions.)

5. Vital Trends

NULL (Insufficient information provided in the JSON data. Vital signs such as heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation over time are needed.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at various times during the patient's stay. Key findings include:

* **Glucose:** Significant hyperglycemia was initially noted (726 mg/dL at -175 minutes), subsequently decreasing to 203 mg/dL at 557 minutes and then fluctuating between 122mg/dL and 278mg/dl. Further glucose readings show significant fluctuation throughout the stay, indicating challenges in glycemic control. * **Creatinine:** Elevated creatinine levels were present throughout the stay, ranging from 1.28 mg/dL to 1.62 mg/dL, suggesting possible renal impairment. There's a trend of improvement shown in later readings, suggesting a response to treatment. * **Bicarbonate:** Initial low bicarbonate levels (27 mmol/L) improved over time (20-23 mmol/L), indicating improvement in metabolic acidosis associated with DKA. This suggests effective treatment for the ketoacidosis. * **Electrolytes:** Sodium and potassium levels fluctuated, indicating electrolyte imbalances common in DKA, with some improvement seen later in the stay. * **Hematology:** Hemoglobin and hematocrit levels showed improvement over time, suggesting a positive response to treatment of the underlying condition. * **Bedside glucose:** Frequent monitoring revealed significant hyperglycemia, underscoring the need for continuous glucose management. There's a downward trend overall in these values.

Detailed numerical values and time offsets are presented in the CSV data section.

7. Microbiology Tests

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

Note: The physical exam data is limited and lacks detail on other relevant physical findings. A complete physical exam would include a detailed assessment of all body systems. The report is missing crucial context and additional examination details to be truly comprehensive. This is a very incomplete representation of a physical examination.

^{**8.} Physical Examination Results**

^{*} A structured physical exam was performed (Physical Exam Obtain Options/Performed - Structured). * Admission weight: 62.7 kg * Current weight: 62.7 kg * Weight change: 0 kg * GCS score recorded as 15 (Eyes 4, Verbal 5, Motor 6)