

****Medical Report for Patient 004-12627****

****1. Patient Information:****

* **Patient Unit Stay ID:** 375705 * **Unique Patient ID:** 004-12627 * **Gender:** Male * **Age:** 40 * **Ethnicity:** NULL * **Hospital ID:** 123 * **Ward ID:** 175 * **Unit Type:** Med-Surg ICU * **Admission Weight (kg):** 92.5 * **Discharge Weight (kg):** NULL * **Admission Height (cm):** 195.6 * **Hospital Admit Time:** 2015-XX-XX 22:30:00 (Hospital Admit Offset: -282 minutes) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 01:30:00 (Hospital Discharge Offset: 8538 minutes) * **Hospital Discharge Location:** Skilled Nursing Facility * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-XX-XX 03:12:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Unit Discharge Time:** 2015-XX-XX 00:00:00 (Unit Discharge Offset: 1248 minutes) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive

****2. History:****

The patient was admitted to the hospital through the Emergency Department and subsequently to the Med-Surg ICU. The admission diagnosis was Diabetic Ketoacidosis (DKA). Specific details regarding the patient's history prior to admission are not provided in the available data. Further information is needed to complete a comprehensive history section.

****3. Diagnoses:****

* **Diagnosis 1 (Primary):** Diabetic Ketoacidosis (DKA) – ICD-9 codes 250.13, E10.1. The diagnosis was entered 74 minutes after unit admission and was not active upon discharge. * **Diagnosis 2 (Primary):** Diabetic Ketoacidosis (DKA) – ICD-9 codes 250.13, E10.1. The diagnosis was entered 94 minutes after unit admission and was active upon discharge.

****4. Treatments:****

The patient received multiple treatments during their ICU stay. These treatments included:

* **Insulin Administration:** Sliding scale administration and continuous infusion (both active upon discharge). * **Antiemetic Medications:** Promethazine and Ondansetron (Ondansetron active upon discharge). * **Intravenous Fluid Administration:** Normal saline, both moderate volume resuscitation and fluid bolus (fluid bolus not active upon discharge). * **Analgesics:** Bolus parenteral analgesics and narcotic analgesics (narcotic analgesics active upon discharge).

****5. Vital Trends:****

Based on the physical examination, at 75 minutes post-unit admission, the patient's vital signs were as follows:

* **Heart Rate:** 75 bpm * **Blood Pressure (Systolic):** 138 mmHg * **Blood Pressure (Diastolic):** 72 mmHg * **Respiratory Rate:** 10 breaths/min * **Oxygen Saturation:** 97% * **FiO2:** 21% * **Glasgow Coma Scale (GCS) Score:** 15 (Eyes 4, Verbal 5, Motor 6) * **Weight:** 92.5 kg

More frequent vital sign data would be needed to show trends.

****6. Lab Trends:****

Several laboratory tests were performed, with results obtained 112 minutes prior to unit admission and again shortly after admission. The results include:

* **Glucose:** 804 mg/dL (pre-admission), 438 mg/dL (post-admission) * **Sodium:** 134 mEq/L * **Creatinine:** 1.4 mg/dL * **Total Bilirubin:** 0.4 mg/dL * **Albumin:** 3.2 g/dL * **BUN:** 23 mg/dL * **Hematocrit (Hct):** 41.1% * **White Blood Cell Count (WBC):** 9.1 K/mcL

Longitudinal lab data is needed to establish trends over time. The significant differences in pre- and post-admission glucose values suggest hyperglycemia.

****7. Microbiology Tests:****

NULL

****8. Physical Examination Results:****

A structured physical examination was performed. Specific findings are detailed in the Vital Trends section above. More detailed information would be needed to fully assess the physical exam findings.