

****Patient Information****

Patient Unit Stay ID: 732999 Unique Patient ID: 006-100497 Gender: Male Age: 28 Ethnicity: Caucasian Hospital Admission Time: 2014-XX-XX 11:40:00 Hospital Admission Source: Emergency Department Hospital Discharge Time: 2014-XX-XX 17:56:00 Hospital Discharge Location: Home Hospital Discharge Status: Alive Unit Type: Med-Surg ICU Unit Admission Time: 2014-XX-XX 13:58:00 Unit Admission Source: Emergency Department Unit Discharge Time: 2014-XX-XX 00:50:00 Unit Discharge Location: Floor Unit Discharge Status: Alive Admission Weight: 59.09 kg Discharge Weight: 57.8 kg

****Medical History****

Insufficient data provided to elaborate on the patient's detailed medical history beyond the admission and discharge information included in the Patient Information section. Further information is needed to construct a comprehensive history, including past medical conditions, surgeries, allergies, family history, and social history. The provided data only gives a limited snapshot of the patient's recent hospital and ICU stay.

****Diagnoses****

Diagnosis ID: 11130478 Patient Unit Stay ID: 732999 Active Upon Discharge: True Diagnosis Offset (minutes from unit admit): 44 Diagnosis String: endocrine|glucose metabolism|hyperglycemia|stress related ICD-9 Code: 790.6, R73.9 Diagnosis Priority: Primary

The primary diagnosis upon admission to the ICU was stress-related hyperglycemia, as indicated by the diagnosis string and ICD-9 codes. The ICD-9 codes suggest a broader range of potential underlying conditions related to glucose metabolism and endocrine function. Further clinical details would be needed to fully understand the context of these codes and the severity of the hyperglycemia in relation to the patient's overall condition.

****Treatments****

Treatment ID: 23811004 Patient Unit Stay ID: 732999 Treatment Offset (minutes from unit admit): 44 Treatment String: endocrine|intravenous fluid administration|normal saline administration|aggressive volume resuscitation (>250 mls/hr) Active Upon Discharge: True

The patient received aggressive volume resuscitation with normal saline, a common treatment for dehydration often associated with hyperglycemic states. The treatment string suggests an endocrine-focused approach to managing the hyperglycemia, which may have involved insulin therapy or other interventions targeting glucose metabolism. The specific details of the fluid administration, including total volume and rate, are not provided in this dataset.

****Vital Trends****

NULL. No vital sign data is provided in the given JSON data.

****Lab Trends****

The provided lab data shows multiple chemistry, hematology, and miscellaneous tests performed at various times during the patient's stay. Significant variations are observed in glucose levels, with an initial value of 1262 mg/dL (-313 minutes from unit admit), subsequently decreasing to 303 mg/dL (2 minutes), 329 mg/dL (303 minutes), 279 mg/dL (1475 minutes), and 210 mg/dL (1550 minutes). This suggests a successful treatment of hyperglycemia. Other notable trends include fluctuating BUN and creatinine values, suggesting potential renal involvement or changes in hydration status. Potassium levels also show variability, ranging from 3.6 to 5.3 mmol/L. More detailed analysis is needed to fully interpret these fluctuations and establish their clinical significance. A full time series would be beneficial to understand the trends over the patient's stay.

****Microbiology Tests****

NULL. No microbiology test data is available in the provided JSON.

****Physical Examination Results****

A structured physical exam was performed at 41 minutes post-unit admission. The exam recorded a current heart rate (HR) of 103 bpm. Respiratory rate was recorded as 20 breaths per minute. The patient's Glasgow Coma Scale (GCS) score was 15 (Eyes: 4, Verbal: 5, Motor: 6), indicating normal neurological function. The patient's weight was 59.09 kg upon admission and 60 kg at some point during the stay. Fluid intake and output were both recorded as 0 ml.