Patient Medical Report

1. Patient Information:

* **Patient Unit Stay ID:** 392935 * **Unique Patient ID:** 004-16896 * **Gender:** Male * **Age:** 27 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 21:09:00 * **Hospital Discharge Time:** 2015-XX-XX 17:07:00 * **Unit Admission Time:** 2015-XX-XX 23:09:00 * **Unit Discharge Time:** 2015-XX-XX 13:35:00 * **Unit Type:** Med-Surg ICU * **Admission Weight (kg):** 59.87 * **Discharge Weight (kg):** NULL * **Admission Height (cm):** 170.2 * **Hospital Admit Source:** Emergency Department * **Unit Admit Source:** Emergency Department * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Floor * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Diabetic ketoacidosis

2. History:

The provided data does not contain a detailed patient history. Further information is needed to complete this section. The admission diagnosis indicates diabetic ketoacidosis (DKA), suggesting a history of diabetes mellitus. The patient presented to the Emergency Department and was admitted to the Med-Surg ICU. The length of stay in the hospital and ICU can be calculated from the admission and discharge times, however, specific details regarding the events leading to admission are missing.

3. Diagnoses:

* **Primary Diagnosis:** endocrine|glucose metabolism|DKA (ICD-9 codes: 250.13, E10.1) * **Major Diagnosis:** endocrine|glucose metabolism|diabetes mellitus The diagnoses of DKA and diabetes mellitus were both active upon discharge. The DKA diagnosis was recorded as primary, while diabetes mellitus was recorded as a major diagnosis. Both were entered within the first few hours of admission, suggesting they were the primary reasons for admission. The absence of ICD-9 codes for diabetes mellitus suggests either a coding oversight or that the diagnosis is not officially coded under the ICD-9 system.

4. Treatments:

The patient received a range of treatments during their stay. Treatments active upon discharge included: electrolyte administration (potassium and intravenous fluids), bupropion (Wellbutrin), enoxaparin (low molecular weight heparin) for VTE prophylaxis, oral feeds, and insulin (subcutaneous dose of regular insulin and sliding scale administration). Treatments not active upon discharge included normal saline administration and continuous insulin infusion. The treatments are consistent with the management of DKA and diabetes mellitus, including fluid and electrolyte replacement, glycemic control, and preventative measures against venous thromboembolism.

5. Vital Trends:

NULL. The provided data lacks time-series data on vital signs (heart rate, blood pressure, respiratory rate, oxygen saturation, etc.) to generate vital trends.

6. Lab Trends:

NULL. The provided data does not include laboratory results to generate lab trends over time.

7. Microbiology Tests:

NULL. There is no information on microbiology tests performed.

8. Physical Examination Results:

* **Initial Physical Exam:** A structured physical exam was performed 18 minutes after unit admission. The patient's weight was recorded as 59.87 kg. Vital signs included: Heart rate (HR) 96 bpm, Blood pressure (BP) 113/82 mmHg, Respiratory rate (RR) 14 breaths/minute, Oxygen saturation (SpO2) 100%, and FiO2 21%. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6), indicating an alert and oriented patient. Respiration was spontaneous.

The report lacks information on other aspects of the physical examination and any subsequent assessments of the patient's condition. More information is needed to generate a complete physical examination section.