Medical Report for Patient 006-108754

1. Patient Information

* **Patient Unit Stay ID:** 624150 * **Patient Health System Stay ID:** 505015 * **Unique Patient ID:** 006-108754 * **Gender:** Female * **Age:** 54 * **Ethnicity:** Caucasian * **Hospital ID:** 175 * **Ward ID:** 417 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 23:43:00 * **Unit Admit Source:** Emergency Department * **Hospital Admit Time:** 21:39:00 (Hospital Admit Offset: -124 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 16:22:00 (Hospital Discharge Offset: 2439 minutes from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Time:** 16:22:00 (Unit Discharge Offset: 2439 minutes from unit admit) * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Height (cm):** 159 * **Admission Weight (kg):** 55 * **Discharge Weight (kg):** 58.6 * **Admission Diagnosis:** Diabetic ketoacidosis

2. History

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history.)

3. Diagnoses

The patient presented with Diabetic Ketoacidosis (DKA), as evidenced by the primary diagnoses entered at 20 and 51 minutes post-unit admission. The ICD-9 codes listed are 250.13 and E10.1, which are consistent with DKA. A further diagnosis of DKA was recorded at 872 minutes post-unit admission and remained active upon discharge. This suggests the management of DKA was a significant focus throughout the patient's ICU stay. The persistence of the DKA diagnosis highlights the complexity of the case and the potential challenges in achieving adequate glycemic control. Further details regarding the patient’s history and the specific circumstances leading to the DKA are necessary for a complete clinical picture. The repeated entries of the same diagnosis could indicate multiple assessments or revisions to the diagnosis documentation. Additional context regarding the evolution of the patient's condition is required for a thorough understanding of the disease progression and response to treatment. The lack of a detailed timeline for the evolution of the DKA makes it difficult to assess the severity and impact on the patient's overall health.

4. Treatments

The patient received aggressive volume resuscitation with normal saline, starting at 20 minutes and 51 minutes post-unit admission. This treatment is a standard approach for DKA, suggesting the severity of the condition upon admission. The fact that this treatment was not active upon discharge indicates its successful application in stabilizing the patient. The absence of additional treatments listed does not necessarily indicate a lack of intervention; rather, it may reflect limitations in the provided data. A more comprehensive treatment record would include details about insulin therapy, electrolyte replacement, and any other supportive measures implemented. The specific dosages and response to treatment are crucial elements missing from this report, limiting the ability to fully assess the effectiveness of care.

5. Vital Trends

NULL (No vital sign data is included in the JSON.)

6. Lab Trends

The provided lab data reveals multiple blood tests conducted at various time points during the ICU stay. These lab results show fluctuations in key parameters relevant to DKA management. Glucose levels were initially very high (326 mg/dL at 31 minutes post-unit admission), indicative of uncontrolled hyperglycemia, which is a hallmark of DKA. Subsequent measurements showed a decrease in glucose levels over time, which indicates a response to treatment. There are also multiple measurements of electrolytes, including sodium, potassium, chloride, bicarbonate, and calcium. These values show fluctuations that could be reflective of the DKA itself or a consequence of treatment. The anion gap was initially elevated, also consistent with DKA. The repeated blood tests allow for monitoring of the patient's response to treatment

and the correction of electrolyte imbalances. The trend analysis requires more data points to visualize the changes in these parameters effectively. Some values are missing, indicated by blank entries or text values like “<0.50,” which requires further clarification.

7. Microbiology Tests

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

8. Physical Examination Results

The physical exam was performed, as indicated by the entry “Performed - Structured.” The patient's initial heart rate was 112 bpm, with a range between 109 and 113 bpm. Blood pressure (systolic) was 138 mmHg, with a range between 138 and 141 mmHg. Diastolic blood pressure was 57 mmHg, with a range of 54-57 mmHg. The respiratory rate was 20-21 breaths per minute. Oxygen saturation was 95-96%. The patient's weight decreased by 1.5kg during the admission, from 55kg to 53.5kg. Fluid intake was 5270ml, with no output recorded. The Glasgow Coma Scale (GCS) was 15 (Eyes 4, Verbal 5, Motor 6). This indicates normal neurological function. The recorded physical exam values offer a snapshot of the patient's condition at a specific time. Serial physical exams throughout the ICU stay would provide a more comprehensive picture of the patient's clinical course.