Medical Report for Patient 004-12627

1. Patient Information:

* **Patient ID:** 004-12627 * **Patient Unit Stay ID:** 326250 * **Gender:** Male * **Age:** 40 * **Ethnicity:** Caucasian * **Admission Height:** 187.9 cm * **Admission Weight:** 88.4 kg * **Hospital Admission Time:** 2015, 18:46:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 20:03:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 11:52:00 * **Unit Admission Source:** Step-Down Unit (SDU) * **Unit Discharge Time:** 20:03:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Unit Stay Type:** Readmit

2. History:

Admission diagnosis was Diabetic Ketoacidosis (DKA). The patient was admitted from the Step-Down Unit (SDU), suggesting a previous ICU stay or critical care intervention. The detailed medical history prior to this ICU admission is not available in the provided data. Further information about the patient's past medical conditions, family history, social history, and medication history is needed for a complete medical history. The patient was discharged home, indicating a successful recovery from the acute episode of DKA.

3. Diagnoses:

* **Primary:** Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) * **Other:** Hypertension (ICD-9 code: 401.9, I10) * **Other:** Diabetes Mellitus (ICD-9 code:)

The patient presented with DKA, a serious complication of diabetes characterized by high blood sugar, ketones in the urine, and metabolic acidosis. Hypertension and diabetes mellitus are underlying conditions that likely contributed to the DKA episode. The absence of an ICD-9 code for diabetes mellitus suggests that this diagnosis may be less well-defined or documented compared to the other diagnoses.

4. Treatments:

* **Gastrointestinal:** Antiemetic (Promethazine) * **Renal:** Electrolyte correction (Potassium and Magnesium administration) * **Endocrine:** Continuous insulin infusion

The treatment plan centered around managing the DKA through continuous insulin infusion to control blood glucose levels. Electrolyte correction was implemented to address potential imbalances often associated with DKA. Antiemetic medication was given, likely to address nausea and vomiting common in DKA. The duration and effectiveness of these treatments are not specified in this data.

5. Vital Trends: NULL

* No vital sign data is included in the provided JSON. To assess vital trends, data such as heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over time would be needed.

6. Lab Trends:

* **FiO2:** 21% (obtained 41 minutes after unit admission)

Only one lab result is available, representing the fraction of inspired oxygen (FiO2). This single data point does not allow for the assessment of trends. Additional lab results, such as blood glucose, serum electrolytes, ketone levels, and arterial blood gases would be essential for tracking the patient's response to treatment and overall metabolic status.

7. Microbiology Tests: NULL

* No microbiology test results are provided.

8. Physical Examination Results:

* **GCS Score:** 15 (Eyes: 4, Verbal: 5, Motor: 6) * **Heart Rate Rhythm:** Paced * **Respiratory Mode:** Spontaneous * **Weight (Admission):** 88.4 kg * **Physical Exam Performed:** Yes

The Glasgow Coma Scale (GCS) score of 15 indicates normal neurological function. The heart rate rhythm being paced suggests the patient may have been receiving cardiac pacing, likely a temporary measure. The spontaneous respiratory mode suggests the patient was breathing without mechanical ventilation. Admission weight is recorded at 88.4 kg.

Further details regarding the physical exam would provide a more comprehensive clinical picture. The absence of many physical exam findings limits the understanding of the patient's overall condition.

Missing Information: The report lacks essential time-series data (vital signs, lab results) to fully characterize the patient's condition and response to treatment during the ICU stay. A more complete dataset is needed for a thorough analysis.