

## **\*\*Medical Report for Patient 006-100497\*\***

### **\*\*1. Patient Information\*\***

\* \*\*Patient ID:\*\* 006-100497 \* \*\*Patient Unit Stay ID:\*\* 544158 \* \*\*Patient Health System Stay ID:\*\* 456983 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 29 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Hospital ID:\*\* 146 \* \*\*Ward ID:\*\* 374 \* \*\*Admission Height (cm):\*\* 170 \* \*\*Admission Weight (kg):\*\* 57 \* \*\*Discharge Weight (kg):\*\* 59.4 \* \*\*Hospital Admit Time:\*\* 05:24:00 \* \*\*Hospital Admit Source:\*\* Emergency Department \* \*\*Hospital Discharge Year:\*\* 2015 \* \*\*Hospital Discharge Time:\*\* 18:19:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admit Time:\*\* 18:57:00 \* \*\*Unit Admit Source:\*\* ICU \* \*\*Unit Visit Number:\*\* 2 \* \*\*Unit Stay Type:\*\* stepdown/other \* \*\*Unit Discharge Time:\*\* 18:19:00 \* \*\*Unit Discharge Location:\*\* Home \* \*\*Unit Discharge Status:\*\* Alive

### **\*\*2. History\*\***

NULL (Insufficient information provided)

### **\*\*3. Diagnoses\*\***

\* \*\*Diagnosis ID:\*\* 10840095 \* \*\*Patient Unit Stay ID:\*\* 544158 \* \*\*Active Upon Discharge:\*\* True \* \*\*Diagnosis Offset (minutes):\*\* 1206 \* \*\*Diagnosis String:\*\* endocrine|glucose metabolism|DKA \* \*\*ICD-9 Code:\*\* 250.13, E10.1 \* \*\*Diagnosis Priority:\*\* Primary

The primary diagnosis upon admission to the Med-Surg ICU was Diabetic Ketoacidosis (DKA), a serious complication of diabetes. The ICD-9 codes 250.13 (Type I Diabetes Mellitus) and E10.1 (Type 1 Diabetes Mellitus with ketoacidosis) further specify the underlying condition and its acute presentation.

### **\*\*4. Treatments\*\***

NULL (Insufficient information provided)

### **\*\*5. Vital Trends\*\***

NULL (Insufficient information provided. Vital signs data is needed to generate this section.)

### **\*\*6. Lab Trends\*\***

The following laboratory results were recorded:

\* \*\*Chloride:\*\* 106 mmol/L \* \*\*BUN:\*\* 17 mg/dL \* \*\*Creatinine:\*\* 0.7 mg/dL \* \*\*Glucose (initial):\*\* 324 mg/dL \* \*\*Anion Gap:\*\* 9 \* \*\*Sodium:\*\* 134 mmol/L \* \*\*Bicarbonate:\*\* 19 mmol/L \* \*\*Calcium:\*\* 8.1 mg/dL \* \*\*Potassium:\*\* 4.1 mmol/L

Multiple bedside glucose measurements were also taken during the ICU stay, showing a fluctuating glucose level, initially high (319 mg/dL), then decreasing to 106 mg/dL, and then rising again to 377 mg/dL before discharge. The initial blood chemistry panel reveals an elevated glucose level consistent with DKA, along with electrolyte imbalances reflected in the low bicarbonate and sodium levels, and an elevated anion gap. The creatinine level is within the normal range, suggesting no significant kidney impairment.

### **\*\*7. Microbiology Tests\*\***

NULL (Insufficient information provided)

**\*\*8. Physical Examination Results\*\***

NULL (Insufficient information provided. A detailed physical examination report is required for this section.)