Medical Report for Patient 006-100497

1. 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 Admit Offset: -138 minutes from Unit Admit) * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 17:56:00 (Hospital Discharge Offset: 1678 minutes from Unit Admit) * **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 Visit Number:** 1 * **Unit Stay Type:** stepdown/other * **Admission Weight:** 59.09 kg * **Discharge Weight:** 57.8 kg * **Unit Discharge Time:** 2014-XX-XX 00:50:00 (Unit Discharge Offset: 652 minutes from Unit Admit) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Diabetic hyperglycemic hyperosmolar nonketotic coma (HHNC) * **Height:** 170 cm

2. History

NULL (Insufficient information provided to elaborate on the patient's medical history beyond the admission diagnosis.)

3. Diagnoses

* **Diagnosis ID:** 11130478 * **Patient Unit Stay ID:** 732999 * **Active Upon Discharge:** True * **Diagnosis Offset:** 44 minutes from unit admit time * **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, indicative of a likely diabetic crisis. The ICD-9 codes suggest a broader metabolic disturbance and non-specific symptoms. Further details about the patient’s history are needed to fully understand the context of this diagnosis.

4. Treatments

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

The patient received aggressive fluid resuscitation with normal saline, a common treatment for HHNC to address dehydration and improve hemodynamics. The treatment's duration and response are unknown.

5. Vital Trends

NULL (No vital sign data was provided.)

6. Lab Trends

The provided lab data shows multiple blood tests conducted at different times during the patient's stay. Several key electrolytes and metabolic markers reveal a picture of significant metabolic derangement upon admission and subsequent improvement. Specifically, initial glucose levels were extremely elevated (1262 mg/dL), indicating severe hyperglycemia. Other notable initial lab values were high BUN (25 mg/dL), elevated potassium (5.3 mmol/L), and low sodium (110 mmol/L). These abnormalities are often associated with HHNC. Subsequent lab results show improvement in glucose (303 mg/dL and then 210 mg/dL), BUN (15 mg/dL and then 20 mg/dL), potassium (3.9 mmol/L, 3.6 mmol/L, and then 4.0 mmol/L), and sodium (135 mmol/L and then 138 mmol/L). The repeated bedside glucose measurements show a fluctuating course. However, without exact timestamps, a detailed analysis of the trends is not possible. Additional lab results are available, including liver function tests (AST, ALT), and complete blood counts (WBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets), which require further interpretation in the context of the patient's clinical presentation and

response to treatment.

7. Microbiology Tests

NULL (No microbiology test data was provided.)

8. Physical Examination Results

* **Physical Exam ID:** 27305071-27305091 * **Patient Unit Stay ID:** 732999 * **Physical Exam Offset:** 41 minutes from unit admit time * **Physical Exam Performed:** Yes (Performed - Structured) * **Heart Rate (Current):** 103 bpm * **Respiratory Rate (Current):** 20 breaths/min * **Glasgow Coma Scale (GCS) Score:** 15 (Eyes: 4, Verbal: 5, Motor: 6) * **Admission Weight:** 59.09 kg * **Current Weight:** 60 kg * **Weight Change:** +0.91 kg * **Intake and Output:** 0 ml intake, 0 ml output

The physical exam reveals a normal GCS score, indicating intact neurological function. The elevated heart rate could be attributed to the severity of the HHNC, but further information is needed for a conclusive assessment. The weight gain might be related to fluid resuscitation. The complete absence of I&O; data is concerning and needs further clarification.