Medical Report: Patient 004-17719

1. Patient Information:

* **Patient Unit Stay ID:** 399365 * **Patient Health System Stay ID:** 341482 * **Unique Patient ID:** 004-17719 * **Gender:** Male * **Age:** 49 * **Ethnicity:** Caucasian * **Hospital ID:** 115 * **Ward ID:** 187 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 00:08:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 16:12:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 64.86 kg * **Admission Height:** 182.9 cm * **APACHE Admission Diagnosis:** Diabetic ketoacidosis * **Hospital Admit Time:** 2014-XX-XX 16:44:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 18:25:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive

2. History:

NULL (Insufficient information provided)

3. Diagnoses:

The patient presented with multiple diagnoses upon admission to the Med-Surg ICU. The primary diagnosis was Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1). Major diagnoses included renal electrolyte imbalance with hypokalemia (ICD-9 code: 276.8, E87.6), gastrointestinal issues characterized by vomiting (ICD-9 code: 787.03, R11.10) and nausea (ICD-9 code: 787.02, R11.0), endocrine glucose metabolism issues with diabetes mellitus (ICD-9 code: ''), cardiovascular hypertension (ICD-9 code: 401.9, I10), acute renal failure (ICD-9 code: 584.9, N17.9), chronic renal insufficiency (ICD-9 code: 585.9, N18.9), and hematologic leukocytosis (ICD-9 code: 288.8, D72.829). All diagnoses were active upon discharge from the unit.

4. Treatments:

The patient received a comprehensive treatment plan addressing their multiple diagnoses. Treatments included urine cultures, ondansetron (serotonin antagonist antiemetic), metoclopramide (prokinetic agent), continuous insulin infusion, carvedilol (alpha/beta blocker for hypertension), gabapentin (anticonvulsant), normal saline administration, and compression boots (VTE prophylaxis) and pantoprazole (stress ulcer treatment). All treatments were active upon discharge from the unit.

5. Vital Trends:

NULL (Insufficient information provided)

6. Lab Trends:

The laboratory results reveal fluctuations in several key parameters. Bedside glucose levels showed a high initial value (590 mg/dL) that decreased over the course of the stay, indicating effective treatment of DKA. Creatinine levels also showed an increase. Electrolyte levels, namely potassium and bicarbonate, show improvement with treatment. Hematologic parameters, such as WBC count, also show improvement. The trends of these lab values will be shown in visualizations.

7. Microbiology Tests:

The patient underwent urine culture testing, the result of which is not provided in the data.

8. Physical Examination Results:

A structured physical exam was performed. The Glasgow Coma Scale (GCS) was documented as scored: Eyes 4, Verbal 5, Motor 6, indicating a good level of neurological function at the time of the exam. The patient's admission weight was recorded as 64.86 kg.