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 is Diabetic Ketoacidosis (DKA), a serious complication of diabetes. The ICD-9 codes suggest a type 2 diabetes diagnosis (250.13) with unspecified type 1 diabetes (E10.1) as a secondary possibility. Further details regarding the patient's diabetes history are needed for a complete picture. The timing of the DKA diagnosis, 1206 minutes after unit admission, indicates it likely developed during the hospital stay.

4. Treatments:

NULL (Insufficient information provided)

5. Vital Trends:

NULL (Insufficient information provided)

6. Lab Trends:

The following lab results were recorded:

* **Chloride:** 106 mmol/L * **BUN:** 17 mg/dL * **Creatinine:** 0.7 mg/dL * **Glucose:** 324 mg/dL (initial), 106 mg/dL (bedside, later), 377 mg/dL (bedside, later), 165 mg/dL (bedside, later), 319 mg/dL (bedside, later), 134 mg/dL (bedside, later), 185 mg/dL (bedside, later) * **Anion Gap:** 9 * **Sodium:** 134 mmol/L * **Bicarbonate:** 19 mmol/L * **Calcium:** 8.1 mg/dL * **Potassium:** 4.1 mmol/L

The initial glucose level of 324 mg/dL is significantly elevated, consistent with DKA. Subsequent bedside glucose measurements show fluctuating levels, suggesting ongoing management of the hyperglycemia. The other lab results provide a snapshot of the patient's electrolyte balance, renal function (BUN and creatinine), which appear to be within relatively normal ranges, though this may be influenced by the treatment of DKA. Further data on lab trends over time is needed to analyze the efficacy of treatment strategies.

7. Microbiology Tests:

NULL (Insufficient information provided)

8. Physical Examination Results:

NULL (Insufficient information provided)

Note: This report is based on limited data. A more comprehensive report would require additional information such as complete medical history, treatment details, vital signs, and physical examination findings.