Medical Report: Patient 004-12627

1. Patient Information

* **Patient Unit Stay ID:** 401177 * **Unique Patient ID:** 004-12627 * **Gender:** Male * **Age:** 40 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015, 15:17:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015, 15:45:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015, 16:31:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2015, 20:36:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 104.3 kg * **Admission Height:** 198.1 cm

2. History

The patient was admitted to the hospital through the Emergency Department with a primary diagnosis of Diabetic Ketoacidosis (DKA) and a secondary diagnosis of diabetes mellitus. The patient presented with symptoms consistent with DKA including hyperglycemia, ketonemia, and metabolic acidosis. Further details regarding the patient's medical history prior to this admission are unavailable in the provided data. The timeline suggests that the patient was initially treated in the Emergency Department before being transferred to the Med-Surg ICU.

3. Diagnoses

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (ICD-9 code: 250.13, E10.1) * **Major Diagnosis:** Diabetes Mellitus (ICD-9 code: Not specified)

Both diagnoses were active upon admission to the ICU. Diabetes Mellitus was marked as resolved upon discharge from the ICU, while DKA remained active. The timing of the diagnosis entries suggests that DKA was identified early in the ICU stay, while diabetes mellitus was a pre-existing condition.

4. Treatments

The patient received a variety of treatments during their ICU stay, primarily focused on managing their DKA and electrolyte imbalances. These included:

* Continuous insulin infusion * Intravenous administration of electrolytes (including potassium) * Intravenous administration of normal saline * Antiemetic medications (promethazine and ondansetron)

The timing of treatment initiation indicates that treatment for DKA started early in the ICU stay, with some treatments, such as intravenous fluid administration, initiated before the ICU admission.

5. Vital Trends NULL. No vital sign data are available in the provided dataset.

6. Lab Trends

The following laboratory results were obtained 27 minutes after unit admission:

* **Glucose:** 633 mg/dL (significantly elevated, indicative of hyperglycemia) * **Creatinine:** 1.0 mg/dL * **BUN:** 21 mg/dL * **Albumin:** 4.0 g/dL * **Sodium:** 131 mEq/L (slightly low) * **Total Bilirubin:** 0.7 mg/dL * **WBC x 1000:** 14.8 K/mcL (elevated, suggesting infection or inflammation) * **Hct:** 44.5 % * **Arterial Blood Gas (ABG):** * **pH:** 7.26 (acidotic) * **PaO2:** 56 mm Hg * **PaCO2:** 34 mm Hg * **FiO2:** 21 %

These results are consistent with DKA, showing significant hyperglycemia and metabolic acidosis. The elevated WBC count suggests a potential infection or inflammatory response. Further lab results over time are needed to track treatment

effectiveness.

7. Microbiology Tests NULL. No microbiology test results are available in the provided dataset.

8. Physical Examination Results

A structured physical exam was performed 33 minutes after unit admission. Key findings included:

* **Weight:** 104.3 kg (admission weight) * **Glasgow Coma Scale (GCS):** 15 (normal) * **Heart Rate (HR):** 123 bpm * **Blood Pressure (BP):** 132/75 mmHg * **Respiratory Rate:** 18 breaths/minute * **FiO2:** 21 % * **Respiratory Mode:** Spontaneous

The physical exam findings suggest that the patient was alert and oriented, with no significant neurological deficits. Cardiovascular and respiratory parameters were within reasonable ranges given the context of DKA.