Patient Medical Report

1. Patient Information

* **Patient Unit Stay ID:** 263285 * **Unique Patient ID:** 003-10409 * **Gender:** Male * **Age:** 30 * **Ethnicity:** Caucasian * **Hospital ID:** 79 * **Ward ID:** 133 * **Unit Type:** Med-Surg ICU * **Admission Height:** 167.64 cm * **Admission Weight:** 69.6 kg * **Discharge Weight:** 69.6 kg * **Hospital Admit Time:** 2015-MM-DD 16:56:00 (Assuming MM-DD is available elsewhere) * **Hospital Admit Source:** Direct Admit * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-MM-DD 19:01:00 (Assuming MM-DD is available elsewhere) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Admit Time:** 2015-MM-DD 16:56:00 (Assuming MM-DD is available elsewhere) * **Unit Admit Source:** Direct Admit * **Unit Discharge Time:** 2015-MM-DD 20:49:00 (Assuming MM-DD is available elsewhere) * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Diagnosis:** Diabetic ketoacidosis

2. History

NULL (Insufficient information provided in the JSON to elaborate on the patient's medical history. A comprehensive history would include details about presenting symptoms, duration of illness, relevant past medical history, family history, social history, and medication history.)

3. Diagnoses

* **Diagnosis ID:** 4625489 * **Patient Unit Stay ID:** 263285 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes):** 128 * **Diagnosis String:** endocrine|glucose metabolism|DKA * **ICD-9 Code:** 250.13, E10.1 * **Diagnosis Priority:** Other

The primary diagnosis upon admission to the Med-Surg ICU was Diabetic Ketoacidosis (DKA), an acute, potentially life-threatening complication of diabetes. The ICD-9 codes suggest a type 2 diabetes mellitus with ketoacidosis. Further details regarding the patient's diabetic history and the precipitating factors for the DKA episode are needed for a complete understanding. The 'Other' diagnosis priority suggests there may have been other, less severe, diagnoses recorded during this stay.

4. Treatments

* **Treatment ID 1:** 9066845 * **Treatment Offset (minutes):** 128 * **Treatment String:** renal|medications|bicarbonate * **Active Upon Discharge:** True * **Treatment ID 2:** 9837614 * **Treatment Offset (minutes):** 128 * **Treatment String:** endocrine|intravenous fluid administration|normal saline administration * **Active Upon Discharge:** True * **Treatment ID 3:** 9401962 * **Treatment Offset (minutes):** 128 * **Treatment String:** endocrine|glucose metabolism|insulin|continuous infusion * **Active Upon Discharge:** True * **Treatment ID 4:** 10372653 * **Treatment Offset (minutes):** 128 * **Treatment String:** endocrine|glucose metabolism|insulin|sliding scale administration * **Active Upon Discharge:** True

Treatment included intravenous bicarbonate administration to address metabolic acidosis, often associated with DKA. Intravenous fluid resuscitation with normal saline was administered to correct dehydration, a common feature of DKA. The patient received both continuous insulin infusion and sliding-scale insulin administration to manage hyperglycemia. The duration of each treatment and response to therapy would need to be included for a complete picture.

5. Vital Trends

NULL (No vital sign data is available in the JSON.)

6. Lab Trends

The provided lab data includes multiple blood tests conducted at various time points during the ICU stay. Key initial values showed elevated glucose (261 mg/dL), low bicarbonate (6 mmol/L), and an elevated anion gap (29 mmol/L), all consistent with DKA. Potassium was initially elevated (5 mmol/L) but later improved to 3.2-3.9 mmol/L after treatment. Serial bedside glucose measurements indicated fluctuating levels, ranging from lows of 69 mg/dL to highs of 269 mg/dL, reflecting the challenges in glycemic control during this period. Creatinine levels were initially 1.0 mg/dL and improved to 0.7-0.9 mg/dL, suggesting good renal function. Other lab values were within acceptable ranges or were not critically abnormal. A detailed time-series analysis of these lab values would be beneficial to monitor treatment efficacy. More detailed information about the timing of these lab values would improve this analysis.

7. Microbiology Tests

NULL (No microbiology test data is available in the JSON.)

8. Physical Examination Results

The initial physical examination documented the patient as ill-appearing but not in acute distress. Neurologically, the Glasgow Coma Scale (GCS) was scored as 15 (4+6+5), indicating intact neurological function. The patient was somnolent but oriented to person, place, and time. Vital signs recorded upon examination included a heart rate of 113 bpm, respiratory rate of 26 breaths per minute, blood pressure of 139/60 mmHg, and oxygen saturation of 96%. The heart rhythm was noted as sinus, and the respiratory mode was spontaneous. Further details regarding the physical exam are needed to provide a thorough evaluation.