

****Patient Medical Report****

****1. Patient Information****

* **Patient Unit Stay ID:** 544159 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 29 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-05-24 05:24:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-05-24 18:19:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-05-24 08:18:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-05-24 18:57:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **Admission Weight:** 57 kg * **Discharge Weight:** 55.7 kg * **Admission Height:** 170 cm

****2. History****

The patient was admitted to the hospital through the Emergency Department and subsequently transferred to the Med-Surg ICU. The admission diagnosis was Diabetic Ketoacidosis (DKA), a serious complication of diabetes. The patient's history prior to admission is not detailed in the provided data. Further information would be needed to fully elucidate the patient's medical history leading up to the DKA episode, including any prior diagnoses, treatments, and family history of diabetes. The lack of a detailed history limits the ability to comprehensively assess the contributing factors to the patient's condition. Information regarding social history, medication history, and allergies is also missing, hindering a complete understanding of the patient's overall health status.

****3. Diagnoses****

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (ICD-9 codes: 250.13, E10.1)

The diagnosis of DKA was made within 12 minutes of the patient's arrival to the ICU. The activeupondischarge flag for this diagnosis is False, indicating that the DKA was resolved during the ICU stay. Additional information is needed regarding the severity of the DKA and the presence of any other co-morbid conditions. This information is crucial in evaluating the patient's risk factors and the overall management of their condition. Without this context, the report remains incomplete and the effectiveness of the treatment strategy cannot be accurately evaluated.

****4. Treatments****

* **Treatment:** Aggressive volume resuscitation (>250 mls/hr) with normal saline. The treatment was part of broader endocrine management. The treatment began 12 minutes after the patient's ICU admission and was discontinued upon discharge. Additional details concerning the specific fluid administration protocols, the amount of fluid given, and the patient's response to the treatment are missing, making it difficult to evaluate the effectiveness of the therapy. A more comprehensive description of the treatment plan, including the use of insulin and other medications, is essential for a complete assessment. The lack of detail limits the ability to provide a thorough evaluation of the treatment's efficacy and safety.

****5. Vital Trends**** NULL. No vital sign data was provided.

****6. Lab Trends****

The provided lab data shows multiple blood chemistry tests performed at different time points during the patient's ICU stay. Key findings include initial high glucose levels (391 mg/dL) which significantly decreased by discharge (122 mg/dL), indicating successful DKA management. Other notable trends include changes in bicarbonate levels (from 3 mmol/L to 19 mmol/L), reflecting the correction of metabolic acidosis associated with DKA. Anion gap also decreased substantially, showing a resolution of the metabolic disturbance. However, the data is limited and does not present a complete picture of the patient's electrolyte balance and other potential abnormalities. Furthermore, the timing of lab draws is crucial for understanding the patient's response to treatment. More frequent sampling and a more complete panel of tests would allow for a more precise assessment of the patient's overall condition and the effectiveness of the treatment plan.

****7. Microbiology Tests**** NULL. No microbiology test data was provided.

****8. Physical Examination Results****

A structured physical exam was performed. The patient's admission weight was 57 kg and their discharge weight was 55.7 kg, representing a weight loss of 1.3 kg. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6), suggesting normal neurological function. Additional observations from the physical exam, such as cardiovascular, respiratory, and abdominal findings are absent. A complete physical examination report is essential to fully assess the patient's condition and response to treatment. The absence of key findings from the physical examination makes a comprehensive assessment impossible.