- \*\*Medical Report for Patient 004-12627\*\*
- \*\*1. Patient Information:\*\*
- \* \*\*Patient Unit Stay ID:\*\* 326251 \* \*\*Unique Patient ID:\*\* 004-12627 \* \*\*Gender:\*\* Male \* \*\*Age:\*\* 40 \* \*\*Ethnicity:\*\* Caucasian \* \*\*Admission Height:\*\* 187.9 cm \* \*\*Admission Weight:\*\* 88.4 kg \* \*\*Hospital Admission Time:\*\* 2015, 18:46:00 \* \*\*Hospital Admission Source:\*\* Emergency Department \* \*\*Hospital Discharge Time:\*\* 2015, 20:03:00 \* \*\*Hospital Discharge Location:\*\* Home \* \*\*Hospital Discharge Status:\*\* Alive \* \*\*Unit Type:\*\* Med-Surg ICU \* \*\*Unit Admission Time:\*\* 2015, 21:42:00 \* \*\*Unit Admission Source:\*\* ICU to SDU \* \*\*Unit Discharge Time:\*\* 2015, 11:52:00 \* \*\*Unit Discharge Location:\*\* Other ICU \* \*\*Unit Discharge Status:\*\* Alive
- \*\*2. History:\*\*

The patient was admitted to the hospital from the Emergency Department with a diagnosis of Diabetic Ketoacidosis (DKA). The patient's unit stay was in the Med-Surg ICU, following a transfer from another ICU. The patient was discharged from the unit to another ICU and ultimately discharged from the hospital to home, alive. Further details regarding the events leading to admission are not available in the provided data. The admission was the patient's second unit visit during their hospital stay.

- \*\*3. Diagnoses:\*\*
- \* \*\*Primary Diagnosis:\*\* Diabetic Ketoacidosis (DKA) (ICD-9 codes: 250.13, E10.1) \* The DKA diagnosis was entered 26 and 326 minutes after unit admission time. It was not active upon discharge from the unit.
- \*\*4. Treatments:\*\*

The patient received the following treatments during their ICU stay:

\* Magnesium administration \* Potassium administration \* Promethazine (antiemetic) \* Continuous insulin infusion

All treatments listed were not active upon discharge from the unit. The specific dosages and durations of these treatments are not included in the provided data.

\*\*5. Vital Trends:\*\*

NULL (Vital signs data is not included in the provided dataset.)

\*\*6. Lab Trends:\*\*

The following laboratory results were recorded:

\* \*\*Glucose:\*\* 294 mg/dL (at 304 minutes post-unit admission) \* \*\*Sodium:\*\* 139 mEq/L (at 304 minutes post-unit admission) \* \*\*WBC x 1000:\*\* 14 K/mcL (at 304 minutes post-unit admission) \* \*\*Creatinine:\*\* 1.2 mg/dL (at 304 minutes post-unit admission) \* \*\*Hct:\*\* 45.8% (at 304 minutes post-unit admission) \* \*\*BUN:\*\* 17 mg/dL (at 304 minutes post-unit admission)

Note that only a single set of lab results is available at 304 minutes post admission. Trends over time cannot be assessed with the current data. Further lab results may be available outside the scope of this specific data set.

\*\*7. Microbiology Tests:\*\*

NULL (Microbiology test data is not included in the provided dataset.)

- \*\*8. Physical Examination Results:\*\*
- \* \*\*Initial Physical Exam: \*\* A structured physical exam was performed at 23 minutes post-unit admission. Weight was recorded as 88.4 kg at admission. The Glasgow Coma Scale (GCS) was unable to be scored due to medication effects. \* \*\*Follow-up Physical Exam: \*\* A second structured physical exam was performed at 245 minutes post-unit admission. Vital signs were recorded as follows: Heart Rate (HR): 117 bpm, Respiratory Rate: 13 breaths/min, Blood Pressure (BP): 151/88 mmHg, Oxygen Saturation (SpO2): 97%, FiO2: 21%. The patient's respiratory mode was spontaneous. The GCS was scored as 15 (Eyes: 4, Verbal: 5, Motor: 6).
- \*\*Note:\*\* The provided data is limited and does not allow for a complete medical history analysis. More comprehensive data is needed to give a full picture of the patient's condition and care during their ICU stay. Additional information such as complete vital sign trends, other lab results, and details about the patient's medications and response to treatment is necessary to provide a more complete report.