Medical Report for Patient 006-100497

1. Patient Information

* **Patient Unit Stay ID:** 957917 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 29 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2015-XX-XX 07:40:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 15:42:00 * **Hospital Discharge Status:** Alive * **Hospital Discharge Location:** Other * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2015-XX-XX 08:30:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 20:56:00 * **Unit Discharge Status:** Alive * **Unit Discharge Location:** Acute Care/Floor * **Admission Weight (kg):** 49 * **Discharge Weight (kg):** 49 * **Admission Height (cm):** 170

2. History

Admission diagnosis was Diabetic Ketoacidosis (DKA), indicating a severe metabolic disturbance related to diabetes. The patient presented to the Emergency Department and was subsequently admitted to the Med-Surg ICU. The precise details of the patient's medical history prior to admission are not available in the provided data. Further information is needed to complete this section of the report, including details on the onset of symptoms, duration of illness, and any relevant family or personal history.

3. Diagnoses

* **Primary Diagnosis:** Diabetic Ketoacidosis (DKA) (ICD-9 Codes: 250.13, E10.1) The diagnosis of DKA was made 57 minutes after unit admission. The diagnosis remained active upon discharge from the unit.

4. Treatments

* **Continuous Insulin Infusion:** Initiated 57 minutes after unit admission, and remained active at the time of discharge. This is a standard treatment for DKA to control hyperglycemia. * **Aggressive Volume Resuscitation:** Initiated 57 minutes after unit admission and remained active at discharge. This is crucial for managing the dehydration often associated with DKA. Further details regarding dosages, response to treatment, and any complications are unavailable in the provided data. Additional information is needed to offer a complete account of the patient's treatment regimen.

5. Vital Trends

NULL. No vital sign data is present in the provided dataset. This section would typically include trends in heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation over the course of the ICU stay.

6. Lab Trends

The provided lab data reveals significant fluctuations in several key parameters indicative of DKA management. Serial blood glucose measurements show a marked decrease, suggesting effective treatment with insulin. There was a clear improvement in bicarbonate levels, reflecting metabolic correction. The initial anion gap was elevated, consistent with DKA, and this too showed a decrease. Electrolyte levels, notably potassium, showed some variability, requiring close monitoring and potential intervention. Creatinine levels also showed a slight rise, which needs to be investigated further. The lab results are detailed below and further analyzed in the visualization section.

7. Microbiology Tests

NULL. No microbiology test results are included in the provided data. This section would typically include results of blood cultures, urine cultures, or other relevant microbiology tests.

8. Physical Examination Results

* **Initial Weight (kg):** 49 * **Current Weight (kg):** 49 * **Weight Change (kg):** 0 * **Glasgow Coma Scale (GCS):** 15 (Eyes: 4, Verbal: 5, Motor: 6) A complete physical exam was performed, as indicated in the data, but further details about the physical exam findings are unavailable. Additional data is needed to provide a comprehensive description of the patient’s physical status.