Medical Report for Patient 004-17719

1. Patient Information

* **Patient Unit Stay ID:** 394057 * **Unique Patient ID:** 004-17719 * **Gender:** Male * **Age:** 48 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014, 23:28:00 * **Hospital Discharge Time:** 2014, 15:15:00 * **Unit Admit Time:** 01:58:00 * **Unit Discharge Time:** 15:15:00 * **Admission Weight:** 64.6 kg * **Admission Height:** 182.9 cm * **Unit Type:** Med-Surg ICU * **Hospital ID:** 115 * **Ward ID:** 242 * **APACHE Admission Dx:** Diabetic ketoacidosis * **Hospital Admit Source:** NULL * **Unit Admit Source:** Floor * **Hospital Discharge Location:** Home * **Unit Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Status:** Alive

2. History

NULL (Insufficient information provided in the JSON data to elaborate on the patient's medical history.)

3. Diagnoses

The patient presented with two primary diagnoses:

* **Diabetic Ketoacidosis (DKA):** This was the primary diagnosis upon admission (diagnosisID: 7660992, 5972122; ICD-9 code: 250.13, E10.1). The diagnosis was active upon discharge from the unit. The initial entry was at 114 minutes post unit admit time, while a second entry was made at 16 minutes post unit admit time. Both entries marked the diagnosis as 'Primary'. * **Hypertension:** This was a major diagnosis (diagnosisID: 6732976, 7363341; ICD-9 code: 401.9, I10). The diagnosis was active upon unit discharge. The initial entry was at 16 minutes post unit admit time, while a second entry was made at 114 minutes post unit admit time. Both entries marked the diagnosis as 'Major'.

The presence of both DKA and hypertension suggests a complex clinical picture requiring careful management of both metabolic derangements and cardiovascular risk factors. The temporal relationship between the diagnoses (both entered early in the ICU stay) indicates these were likely significant factors in the patient's admission.

4. Treatments

The patient received the following treatments during their ICU stay:

* **Insulin therapy:** Both continuous infusion (treatmentID: 10799020, 14547691) and sliding scale administration (treatmentID: 10835934, 11438487) were employed. Continuous infusion was initially administered (16 minutes post unit admit time) but was continued upon discharge (114 minutes post unit admit time). Sliding scale was also initiated at 16 minutes post unit admit time but continued upon discharge (114 minutes post unit admit time). * **Intravenous fluid administration:** The patient received both moderate volume resuscitation (150-250 mls/hr) (treatmentID: 17261485, 13115169) and fluid boluses (250-1000mls) (treatmentID: 14053081, 14588269). Moderate volume resuscitation was initiated at 16 minutes post unit admit time and continued upon discharge (114 minutes post unit admit time). Fluid boluses were initiated at 16 minutes post unit admit time and continued upon discharge (114 minutes post unit admit time). * **Stress ulcer prophylaxis:** Pantoprazole was administered (treatmentID: 17099584, 14638555) for stress ulcer prophylaxis. This treatment was started at 114 minutes post unit admit time and continued upon discharge. * **Antiemetic medication:** Promethazine was used (treatmentID: 12292479, 14695532) for antiemetic purposes. This treatment was started at 114 minutes post unit admit time and continued upon discharge.

The comprehensive treatment strategy reflects the severity of the patient's DKA and the need for aggressive fluid and glucose management. The use of stress ulcer prophylaxis and antiemetics suggests the presence of associated gastrointestinal symptoms or risks.

5. Vital Trends

NULL (Insufficient data provided to generate vital sign trends.)

6. Lab Trends

The lab results show the following trends:

* **Blood Glucose:** The initial blood glucose level was extremely high (545 mg/dL at -124 minutes post unit admit time), indicating severe DKA. Subsequent measurements show a gradual decline, although fluctuations persist throughout the ICU stay. Values ranged from a low of 108 mg/dL to a high of 305 mg/dL. This reflects the ongoing management of the DKA. * **Electrolytes:** The patient exhibited electrolyte imbalances, with initial potassium (3.7 mmol/L) and sodium (141 mmol/L) levels within the lower range of normal, and bicarbonate (19.8 mmol/L) being low. Later lab results indicate improvement in the electrolyte levels, suggesting effectiveness of the fluid resuscitation. * **Hematological Parameters:** Hemoglobin (Hgb) and hematocrit (Hct) levels were mildly decreased. Platelet counts remained within the normal range. White blood cell (WBC) count was elevated initially (13.1 K/mcL), possibly indicating an inflammatory response. The complete blood count shows a possible infection.

7. Microbiology Tests

NULL (No microbiology test data is provided.)

8. Physical Examination Results

The initial physical examination revealed a Glasgow Coma Scale (GCS) score of 15 (Eyes: 4, Verbal: 5, Motor: 6), indicating normal neurological function. The patient's heart rate was 105 bpm, respiratory rate was 9 breaths per minute, blood pressure was 181/98 mmHg, and oxygen saturation was 97%. The admission weight was 64.6 kg. All these values should be interpreted in the context of the patient's DKA.

Conclusion

The patient's ICU stay was characterized by the management of severe DKA, along with the management of hypertension. The provided data suggests a successful response to treatment, as evidenced by decreasing glucose levels and improving electrolyte balances. However, more comprehensive data, including detailed history and vital sign trends, would be necessary for a complete assessment.