

****Medical Report - Patient 006-100497****

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

****PatientUnitStayID:** 753083 * **UniquePID:** 006-100497 * **Gender:** Male * **Age:** 28 * **Ethnicity:** Caucasian *
HospitalID: 146 * **WardID:** 374 * **Unit Type:** Med-Surg ICU * **Admission Weight (kg):** 57.8 * **Discharge
Weight (kg):** 57.8 * **Hospital Admit Time:** 2015-02-47:00 * **Hospital Discharge Time:** 2015-16:32:00 * **Unit Admit
Time:** 02:48:00 * **Unit Discharge Time:** 19:18:00 * **Admission Height (cm):** 170 * **Admission Source:**
Emergency Department * **Discharge Location:** Floor * **Discharge Status:** Alive**

****2. History****

Admission diagnosis for this 28-year-old Caucasian male patient was Diabetic Ketoacidosis (DKA), as indicated by the `apacheadmissiondx` field. The patient was admitted to the Med-Surg ICU from the Emergency Department. The history surrounding the onset of DKA is not provided in the available data and would require further information from the patient's chart. The data only shows the time of admission to the hospital and ICU.

****3. Diagnoses****

****DiagnosisID:** 11569056 * **PatientUnitStayID:** 753083 * **Active Upon Discharge:** True * **Diagnosis Offset
(minutes):** 28 * **Diagnosis String:** endocrine|glucose metabolism|DKA * **ICD-9 Code:** 250.13, E10.1 * **Diagnosis
Priority:** Primary**

The primary diagnosis was Diabetic Ketoacidosis (DKA), a serious complication of diabetes. The ICD-9 codes suggest a specific type of diabetes and associated metabolic disturbance. Further clinical details regarding the severity and management of the DKA are needed for a complete clinical picture.

****4. Treatments****

****TreatmentID:** 25702147 * **PatientUnitStayID:** 753083 * **Treatment Offset (minutes):** 28 * **Treatment String:**
endocrine|intravenous fluid administration|normal saline administration|fluid bolus (250-1000mls) * **Active Upon
Discharge:** True**

The patient received intravenous fluid administration, specifically normal saline boluses (250-1000mls), as part of the treatment for DKA. This is a standard treatment to correct dehydration and electrolyte imbalances associated with this condition. The exact fluid volumes administered and other treatments are missing from the dataset.

****5. Vital Trends****

NULL. The provided data includes some vital signs (Heart Rate, Blood Pressure, Respiratory Rate, and Oxygen Saturation) from a physical exam, but it lacks the time-series information necessary to create vital sign trends over the patient's ICU stay. This would require additional data.

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

The laboratory data shows multiple blood tests performed at different times during the patient's stay. However, the exact timing of these tests (beyond an offset from unit admission) is not explicitly defined, preventing the creation of accurate time series trends. The available data shows multiple glucose measurements indicating hyperglycemia, consistent with DKA. Other labs show electrolyte imbalances (potassium, bicarbonate, chloride, sodium, anion gap, calcium), renal function (BUN, Creatinine), and liver function (ALT, AST) which need further analysis to determine trends and their clinical significance.

****7. Microbiology Tests****

NULL. No microbiology test results are included in the provided data.

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

The physical exam notes indicate a Glasgow Coma Scale (GCS) score of 15 (4+5+6), suggesting normal neurological function. Heart rate ranged from 115 to 133 bpm, blood pressure was consistently 109/52 mmHg, respiratory rate was between 19 and 21 breaths/min, and oxygen saturation was at least 98%. The patient's admission weight was 57.8 kg. Fluid balance shows a negative balance of 826 ml (825 ml urine output and 0 ml intake). Additional physical examination details are absent in the data.