Patient Medical Report

1. Patient Information

* **PatientUnitStayID:** 529415 * **PatientHealthSystemStayID:** 447063 * **Gender:** Female * **Age:** 24 years * **Ethnicity:** Caucasian * **HospitalID:** 144 * **WardID:** 267 * **Admission Diagnosis:** Diabetic ketoacidosis * **Admission Height:** 157 cm * **Hospital Admit Time:** 08:00:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 18:04:00 * **Hospital Discharge Location:** NULL * **Hospital Discharge Status:** NULL * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 18:43:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:** 1 * **Unit Stay Type:** admit * **Admission Weight:** 52 kg * **Discharge Weight:** 52.1 kg * **Unit Discharge Time:** 20:59:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Unique Patient ID:** 005-11191

2. History

NULL (Insufficient information provided)

3. Diagnoses

* **Primary Diagnosis:** Diabetic ketoacidosis (250.13, E10.1) * **Major Diagnosis:** Disorder of acid-base balance, metabolic acidosis, increased anion gap (276.2, E87.2) * **Major Diagnosis:** Diabetes mellitus

4. Treatments

* Stress ulcer prophylaxis * Antiemetic medications * Quinolone therapeutic antibacterials * Analgesics * Metronidazole therapeutic antibacterials * Glucose administration * Insulin administration * Magnesium electrolyte correction * Potassium electrolyte correction

5. Vital Trends

NULL (Insufficient information provided. Vital signs would typically be included as time series data.)

6. Lab Trends

The provided lab data includes multiple time points for various blood tests and urine analysis. A detailed analysis would require plotting each lab value over time to observe trends. Key lab values include:

* **Glucose:** Shows significant fluctuation over the course of the stay, with levels ranging from 83 mg/dL to 399 mg/dL. This highlights the challenge in managing the patient's diabetes. * **Bedside Glucose:** Frequent measurements indicate active glucose monitoring throughout the stay. * **Creatinine:** Levels fluctuate, potentially reflecting renal function changes related to the metabolic acidosis. Values range from 0.53 mg/dL to 0.73 mg/dL. Further analysis is needed to determine the significance of these changes. * **Anion Gap:** Shows elevated levels, ranging from 5 to 27, consistent with the diagnosis of metabolic acidosis. The fluctuation indicates the effectiveness of treatment interventions. * **Bicarbonate:** Low levels (9-25 mmol/L) are consistent with metabolic acidosis, showing improvement over time. * **Potassium:** Fluctuates (3.4-4.3 mmol/L) requiring close monitoring and electrolyte replacement therapy. * **Sodium:** Values are within the normal range (137-143 mmol/L), indicating adequate sodium balance. * **Blood Cell Counts:** Complete blood counts (CBC) and differential analysis (WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, platelets, lymphocytes, monocytes, eosinophils, basophils) show alterations, potentially indicating an inflammatory response or other hematological effects of the underlying conditions. * **Liver function tests:** AST (12-25 Units/L) and ALT (15-25 Units/L) indicate mild liver involvement, potentially related to the severe metabolic state. * **Other Chemistry:** BUN (3-24 mg/dL) shows fluctuations potentially related to dehydration or renal function. Calcium (7.5-8.3 mg/dL), phosphate (1.3-2.3 mg/dL), total protein (4.6-9.1 g/dL), total bilirubin (0.1-0.7 mg/dL), and direct bilirubin (0.1 mg/dL) are included in the report. These should be analyzed for any significant trends or anomalies. * **Drug Levels:** Salicylate (3.7 mg/dL) and Ethanol

(<3 mg/dL) levels are also recorded, indicating the need for toxicology screening. * **Urinalysis:** Presence of WBCs (2/HPF) in urine suggests a possible urinary tract infection or other inflammatory process. * **ABG (Arterial Blood Gas):** Shows significant acid-base disturbance with low pH (7.123), low bicarbonate (7.6 mmol/L), low pO2 (47.8 mm Hg), and low O2 saturation (76.5%). Base excess (-20 mEq/L) also indicates significant metabolic acidosis. This requires close monitoring.

7. Microbiology Tests

NULL (Insufficient information provided)

8. Physical Examination Results

* **General Appearance:** Healthy-appearing, well-developed, not in acute distress. * **Vital Signs:** Heart rate (HR) ranged from 120 to 125 bpm, blood pressure (BP) ranged from 93/47 to 106/60 mmHg, respiratory rate (RR) ranged from 16 to 18 breaths per minute, oxygen saturation (O2 Sat) was 100%. Weight: 52.1 kg. * **Neurological Exam:** Glasgow Coma Scale (GCS) score of 15 (Eyes 4, Verbal 5, Motor 6), normal level of consciousness.

Note: This report is based on the limited data provided. A complete medical history, detailed vital signs, and microbiology reports are necessary for a comprehensive assessment.