Medical Report: Patient 006-100497

1. Patient Information

* **Patient Unit Stay ID:** 860386 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 29 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 23:36:00 * **Unit Admit Source:** Emergency Department * **Hospital Admit Time:** 20:53:00 * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Time:** 19:23:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Discharge Time:** 19:23:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 59.7 kg * **Discharge Weight:** 59.7 kg * **Admission Height:** 170 cm * **Admission Diagnosis:** Diabetic ketoacidosis

2. History

NULL (Insufficient information provided in the JSON data to generate a detailed patient history.)

3. Diagnoses

* **Diagnosis ID:** 12689088 * **Patient Unit Stay ID:** 860386 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes from unit admit):** 50 * **Diagnosis String:** endocrine|glucose metabolism|DKA * **ICD-9 Code:** 250.13, E10.1 * **Diagnosis Priority:** Other

The primary diagnosis upon ICU admission was Diabetic Ketoacidosis (DKA), an acute, life-threatening complication of diabetes. The ICD-9 codes suggest a diagnosis of diabetes mellitus (250.13) and a type 2 diabetes code (E10.1). The 'Other' priority suggests the presence of additional, possibly less critical diagnoses, though these are not specified. Further investigation is required to determine the complete diagnostic picture and the underlying cause of the DKA.

4. Treatments

* **Treatment ID:** 24638674 * **Patient Unit Stay ID:** 860386 * **Treatment Offset (minutes from unit admit):** 50 * **Treatment String:** cardiovascular|intravenous fluid|normal saline administration|aggressive volume resuscitation (>250 mls/hr) * **Active Upon Discharge:** True

The patient received aggressive fluid resuscitation with normal saline, indicating a likely treatment approach for the DKA. The cardiovascular component may point to hemodynamic instability associated with the DKA. The specifics of the fluid resuscitation protocol (total volume, rate adjustments) are missing from this data and require further clarification.

5. Vital Trends

The following vital signs were recorded at 47 minutes post-unit admission:

* **Heart Rate (Current):** 130 bpm * **Heart Rate (Lowest):** 119 bpm * **Heart Rate (Highest):** 130 bpm * **Systolic Blood Pressure (Current):** 124 mmHg * **Systolic Blood Pressure (Lowest):** 124 mmHg * **Systolic Blood Pressure (Highest):** 124 mmHg * **Diastolic Blood Pressure (Current):** 88 mmHg * **Diastolic Blood Pressure (Lowest):** 88 mmHg * **Diastolic Blood Pressure (Highest):** 88 mmHg * **Respiratory Rate (Current):** 21 breaths/min * **Respiratory Rate (Lowest):** 18 breaths/min * **Respiratory Rate (Highest):** 21 breaths/min * **Oxygen Saturation (Current):** 99% * **Oxygen Saturation (Lowest):** 98% * **Oxygen Saturation (Highest):** 99%

6. Lab Trends

The provided data includes multiple lab results, taken at various times. A detailed time-series analysis is needed for a complete understanding of trends. Initial lab values (-210 minutes from unit admit) showed severely elevated glucose (648

mg/dL), high anion gap (32), elevated BUN (34 mg/dL), and creatinine (1.8 mg/dL). Other electrolytes were also abnormal. Later lab results (at various times) show improvement in glucose levels, anion gap, BUN, and creatinine. Specifics on the timing and evolution of these lab values are detailed in the CSV data.

7. Microbiology Tests

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

8. Physical Examination Results

A structured physical exam was performed at 47 minutes post-unit admission. The Glasgow Coma Scale (GCS) score was 15 (Eyes 4, Verbal 5, Motor 6), indicating normal neurological function. Weight at admission and during the stay was 59.7 kg, showing no change. Further details on the physical exam findings are limited in this report.