

****Patient Information****

* **Patient Unit Stay ID:** 763979 * **Unique Patient ID:** 006-100497 * **Gender:** Male * **Age:** 28 * **Ethnicity:** Caucasian * **Hospital Admit Time:** 2014-02-45:00 * **Hospital Admit Source:** Emergency Department * **Unit Admit Time:** 06:08:00 * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 16:40:00 * **Unit Discharge Location:** Step-Down Unit (SDU) * **Admission Weight (kg):** 61.7 * **Discharge Weight (kg):** 61.7 * **Admission Height (cm):** 169

****Medical History****

NULL (Insufficient data provided)

****Diagnoses****

* **Diagnosis 1 (Primary, Active upon Discharge):** endocrine|glucose metabolism|DKA (ICD-9 code: 250.13, E10.1). Entered 540 minutes after unit admission. * **Diagnosis 2 (Other, Active upon Discharge):** endocrine|glucose metabolism|diabetes mellitus|Type I. Entered 540 minutes after unit admission. * **Diagnosis 3 (Primary, Not Active upon Discharge):** endocrine|glucose metabolism|DKA (ICD-9 code: 250.13, E10.1). Entered 23 minutes after unit admission. * **Diagnosis 4 (Other, Not Active upon Discharge):** endocrine|glucose metabolism|diabetes mellitus|Type I. Entered 23 minutes after unit admission.

****Treatments****

* **Treatment 1 (Not Active upon Discharge):** cardiovascular|intravenous fluid|normal saline administration|aggressive volume resuscitation (>250 mls/hr). Entered 23 minutes after unit admission.

****Vital Trends****

NULL (Insufficient data provided)

****Lab Trends****

The provided data includes multiple lab results at various time points. Key lab values reveal a picture of diabetic ketoacidosis (DKA) with metabolic acidosis. Initial blood gas results (at -249 minutes offset) show a severely low pH (7.05) and bicarbonate (4 mmol/L), along with a low PaO2 (111 mm Hg) and a high PaCO2 (14 mm Hg) indicating respiratory acidosis. The Base Excess was severely negative (-24.8 mEq/L), indicative of significant metabolic acidosis. The anion gap was elevated (23 mmol/L) initially, which is also consistent with DKA. Glucose levels were very high initially (336 mg/dL at -318 minutes offset). Later chemistry values (249 minutes offset) show a reduction in glucose (45 mg/dL), an elevated anion gap (17 mmol/L), and serum electrolytes within a relatively normal range, although potassium was on the lower end (3.3 mmol/L). Serial bedside glucose measurements show fluctuating glucose levels, ranging from 75mg/dL to 285mg/dL. The initial complete blood count (CBC) revealed leukocytosis (WBC 18.6 K/mcL) and a high hematocrit (53.3%).

****Microbiology Tests****

NULL (Insufficient data provided)

****Physical Examination Results****

* A structured physical exam was performed (18 minutes after unit admission). * Admission weight was recorded as 61.7 kg, and current weight also as 61.7 kg. No weight change was noted. * GCS score was 15 (Eyes 4, Verbal 5, Motor 6).

Note: The timestamps are relative to unit admission time. Absolute time values are not available in this data set. The absence of certain information, like vital signs, prevents a comprehensive medical report.

Word Count: 512 words