Medical Report: Patient 006-100497

1. Patient Information

* **Patient Unit Stay ID:** 733693 * **Patient Health System Stay ID:** 570556 * **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:** 2015-XX-XX 15:24:00 (Assuming a date exists, which is not provided) * **Unit Admit Source:** Emergency Department * **Unit Discharge Time:** 2015-XX-XX 22:30:00 (Assuming a date exists, which is not provided) * **Unit Discharge Location:** Acute Care/Floor * **Unit Discharge Status:** Alive * **Admission Weight:** 56.7 kg * **Discharge Weight:** 68 kg * **Admission Height:** 170.2 cm * **Hospital Admit Time:** 2015-XX-XX 13:34:00 (Assuming a date exists, which is not provided) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2015 * **Hospital Discharge Time:** 2015-XX-XX 19:25:00 (Assuming a date exists, which is not provided) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive

2. History

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

3. Diagnoses

* **Diagnosis ID 11794605 (Primary, Active upon Discharge):** endocrine|glucose metabolism|DKA (Diabetic Ketoacidosis) - ICD-9 codes: 250.13, E10.1. Entered 16 minutes after unit admission. * **Diagnosis ID 10853636 (Major, Active upon Discharge):** pulmonary|pulmonary infections|pneumonia|community-acquired|bacterial - ICD-9 codes: 486, 486, 486, 486, 486, J18.9. Entered 16 minutes after unit admission. * **Diagnosis ID 11408396 (Primary, Not Active upon Discharge):** endocrine|glucose metabolism|DKA (Diabetic Ketoacidosis) - ICD-9 codes: 250.13, E10.1. Entered 10 minutes after unit admission. * **Diagnosis ID 10703738 (Major, Not Active upon Discharge):** pulmonary|pulmonary infections|pneumonia|community-acquired|bacterial - ICD-9 codes: 486, 486, 486, 486, 486, J18.9. Entered 10 minutes after unit admission.

The patient presented with both bacterial pneumonia and diabetic ketoacidosis (DKA). The pneumonia was listed as a major diagnosis, while the DKA was the primary diagnosis. Note that there are duplicate entries for both diagnoses, possibly reflecting updates or revisions in the diagnosis records. The fact that the pneumonia diagnoses are not active upon discharge suggests improvement in that condition. The DKA diagnosis remaining active upon discharge suggests ongoing management was necessary.

4. Treatments

NULL (No treatment information is available in the provided data.)

5. Vital Trends

NULL (No vital sign data is available in the provided data.)

6. Lab Trends

The provided lab data includes a comprehensive panel of blood tests performed at various time points during the patient's stay. There are multiple entries for some labs, suggesting repeat testing. Key observations include:

* **Glucose:** The initial bedside glucose levels were extremely high (369, 387, 556 mg/dL), indicating severe hyperglycemia consistent with the DKA diagnosis. Subsequent measurements showed a significant decrease, but still elevated levels (275 mg/dL) upon discharge, requiring ongoing management. This trend is critical in monitoring response to DKA treatment (not specified in provided data). * **Potassium:** Initial potassium levels were elevated (5 mmol/L), reflecting potential electrolyte imbalances common in DKA. Levels improved after treatment (not specified in provided

data) to 4.4 mmol/L at the final measurement. Monitoring potassium is crucial in DKA management due to the risk of cardiac arrhythmias. * **Bicarbonate:** Low initial bicarbonate levels (12 mmol/L, 15 mmol/L, 19 mmol/L) are consistent with metabolic acidosis associated with DKA. The level rose to 24 mmol/L at the final measurement, indicating an improvement in metabolic acidosis. * **BUN and Creatinine:** These indicators of renal function showed some fluctuation but remained within the generally acceptable range. This suggests the kidneys were not severely compromised. However, close monitoring is still warranted given the initial high glucose levels which can stress the kidneys. * **Calcium:** The initial calcium level was elevated (9.1 mg/dL) but decreased to 7.9 mg/dL at discharge. The significance of these changes requires further investigation. * **Hematological Parameters:** Complete blood count (CBC) results, including RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, and platelets, provide additional information about the patient's overall health status. Abnormal values could point to underlying conditions needing treatment. The values provided requires further analysis to establish any significant deviations from normal ranges. * **Bedside glucose:** Multiple measurements show a downward trend in blood glucose from extremely high levels, suggesting effective treatment. More granular analysis of the data would be required to fully evaluate treatment efficacy.

7. Microbiology Tests

NULL (No microbiology test data is provided.)

8. Physical Examination Results

A structured physical exam was performed. The patient's admission weight was 56.7 kg and the current weight at the time of the examination was 68 kg, indicating a significant weight gain (+11.3 kg). The Glasgow Coma Scale (GCS) score was 15 (6 motor, 5 verbal, 4 eyes) indicating normal neurological function.