

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

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

* **Patient Unit Stay ID:** 820642 * **Unique Patient ID:** 006-100497 * **Patient Health System Stay ID:** 622889 *
Gender: Male * **Age:** 28 * **Ethnicity:** Caucasian * **Hospital ID:** 146 * **Ward ID:** 374 * **Admission Height:**
172.3 cm * **Admission Weight:** 75 kg * **Discharge Weight:** 75 kg * **Hospital Admit Time:** 2014-XX-XX 22:11:00
(Hospital Admit Offset: -137 minutes from unit admit) * **Hospital Admit Source:** Emergency Department * **Hospital
Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 01:30:00 (Hospital Discharge Offset: 1502 minutes
from unit admit) * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg
ICU * **Unit Admit Time:** 2014-XX-XX 00:28:00 * **Unit Admit Source:** Emergency Department * **Unit Visit Number:**
1 * **Unit Stay Type:** Admit * **Unit Discharge Time:** 2014-XX-XX 14:53:00 (Unit Discharge Offset: 865 minutes from
unit admit) * **Unit Discharge Location:** Step-Down Unit (SDU) * **Unit Discharge Status:** Alive * **APACHE Admission
Dx:** Diabetic ketoacidosis

****2. History:****

NULL (Insufficient data provided to elaborate on the patient's medical history before ICU admission.)

****3. Diagnoses:****

* **Diagnosis ID:** 11054513, 10530348 * **Patient Unit Stay ID:** 820642 * **Active Upon Discharge:** True, False *
Diagnosis Offset (minutes from unit admit): 852, 24 * **Diagnosis String:** endocrine|glucose metabolism|DKA *
ICD-9 Code: 250.13, E10.1 * **Diagnosis Priority:** Primary

The patient was diagnosed with Diabetic Ketoacidosis (DKA), which was active upon discharge from the unit. A second entry for DKA exists, marked as inactive upon discharge. The discrepancy in active status needs further investigation from the clinical record. The ICD-9 codes provided suggest a primary diagnosis of diabetes mellitus with ketoacidosis. The timing of the diagnoses indicates the primary DKA diagnosis was made relatively early in the ICU stay. Further details regarding the patient's presentation and progression of DKA are needed to complete a thorough history.

****4. Treatments:****

* **Treatment ID:** 24189809, 27158177 * **Patient Unit Stay ID:** 820642 * **Treatment Offset (minutes from unit
admit):** 24, 24 * **Treatment String:** endocrine|intravenous fluid administration|normal saline administration|fluid bolus
(250-1000mls), endocrine|intravenous fluid administration|normal saline administration|aggressive volume resuscitation
(>250 mls/hr) * **Active Upon Discharge:** False, False

The patient received intravenous fluid administration with normal saline, including both fluid boluses and aggressive volume resuscitation. Both treatments were discontinued before discharge from the ICU. The specific indications for and response to these treatments are missing and require additional information from the patient's chart. Details of other treatments, such as insulin therapy, which would be expected in the management of DKA, are absent.

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

NULL (No vital sign data provided.)

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

The provided lab data shows multiple blood tests performed at different time points (offset from unit admit time). There were initial and repeat Hematology and Chemistry panels. Key initial values included severely elevated glucose (421 mg/dL), low bicarbonate (7 mmol/L), low albumin (4.3 g/dL), and elevated anion gap (22). There is evidence of dehydration, with low sodium (128 mmol/L). The repeat Hematology and Chemistry panels reveal improvements in many

parameters, suggesting effective treatment. Precise trends cannot be determined without timestamped data, which is absent.

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

NULL (No microbiology test data provided.)

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

The physical exam documented a structured physical exam performed. The Glasgow Coma Scale (GCS) was scored at admission, with eye, verbal, and motor scores of 4, 5, and 6 respectively, indicating a moderate level of impairment. Heart rate was recorded as 91 bpm, and O2 saturation was 98%. The patient's weight remained stable at 75kg throughout the ICU stay.