

## **\*\*Medical Report for Patient 006-108754\*\***

### **\*\*1. Patient Information\*\***

**\*\*Patient Unit Stay ID:\*\*** 787275 **\*\*Unique Patient ID:\*\*** 006-108754 **\*\*Gender:\*\*** Female **\*\*Age:\*\*** 54 **\*\*Ethnicity:\*\*** Caucasian **\*\*Hospital Admission Time:\*\*** 2015-XX-XX 12:36:00 **\*\*Hospital Admission Source:\*\*** Emergency Department **\*\*Hospital Discharge Time:\*\*** 2015-XX-XX 22:10:00 **\*\*Hospital Discharge Status:\*\*** Alive **\*\*Hospital Discharge Location:\*\*** Home **\*\*Unit Type:\*\*** Med-Surg ICU **\*\*Unit Admission Time:\*\*** 2015-XX-XX 15:25:00 **\*\*Unit Admission Source:\*\*** Emergency Department **\*\*Unit Discharge Time:\*\*** 2015-XX-XX 18:06:00 **\*\*Unit Discharge Status:\*\*** Alive **\*\*Unit Discharge Location:\*\*** Floor **\*\*Admission Height (cm):\*\*** 160 **\*\*Admission Weight (kg):\*\*** 53 **\*\*Discharge Weight (kg):\*\*** 53

### **\*\*2. History\*\***

Admission diagnosis was Diabetic Ketoacidosis (DKA). The patient presented to the Emergency Department with symptoms consistent with DKA, including hyperglycemia, ketoacidosis, and dehydration. Further details regarding the patient's history prior to admission are unavailable in the provided data. A more complete medical history would be needed to provide a comprehensive account of the patient's condition leading up to this ICU stay.

### **\*\*3. Diagnoses\*\***

**\*\*Primary Diagnosis:\*\*** Diabetic Ketoacidosis (DKA) (ICD-9 codes: 250.13, E10.1)

The diagnosis of DKA was established based on the clinical presentation and laboratory findings. Additional diagnoses may exist but are not detailed in the provided data.

### **\*\*4. Treatments\*\***

NULL. The provided data does not include details on the specific treatments administered during the ICU stay. This section would typically include information on medications, intravenous fluids, insulin therapy, and any other interventions provided to manage the DKA and associated complications.

### **\*\*5. Vital Trends\*\***

NULL. The provided data does not contain any vital sign information such as heart rate, blood pressure, respiratory rate, temperature, or oxygen saturation. These data are essential for assessing the patient's physiological stability during the ICU stay.

### **\*\*6. Lab Trends\*\***

The following laboratory test results are available:

**\*\*Glucose (mg/dL):\*\*** Multiple measurements over time show significant fluctuation, with initial values extremely high (e.g., 576, 463, 620 mg/dL) reflecting the DKA, followed by a decrease to more normal ranges (e.g., 247, 220, 126, 207, 197, 138 mg/dL, 230 mg/dL, 300 mg/dL, 219 mg/dL, 166 mg/dL, 268 mg/dL, 330 mg/dL, 334 mg/dL, 200 mg/dL) indicating effective treatment. **\*\*Anion Gap (mmol/L):\*\*** Initial values elevated (e.g., 13, 12, 10 mmol/L), reflecting the metabolic acidosis associated with DKA, then decreases (e.g. 8, 7, 6, 5 mmol/L) demonstrating improvement. **\*\*Chloride (mmol/L):\*\*** Values show some variation (e.g., 96, 97, 100, 101 mmol/L), but no clear trend is readily apparent from the available data. **\*\*BUN (mg/dL):\*\*** Initial values elevated (e.g., 9, 7, 8 mg/dL) suggesting dehydration, then decreases (e.g., 9, 7 mg/dL) consistent with fluid resuscitation. **\*\*Sodium (mmol/L):\*\*** Values show some variation (e.g., 130, 133, 132, 133 mmol/L), but no clear trend is apparent from the available data. **\*\*Potassium (mmol/L):\*\*** Values relatively stable around 4.4, 4.3, 4, 4.2, 4 mmol/L. This is crucial in monitoring DKA management as potassium levels can fluctuate significantly. **\*\*Bicarbonate (mmol/L):\*\*** Values show improvement over time (e.g., 21, 23, 22, 28, 29, 27 mmol/L),

reflecting a correction of the metabolic acidosis. \* \*\*Calcium (mg/dL):\*\* Values show slight variation (e.g., 8.8, 8.3, 9.2, 8.7, 8.9, 8.5, 8.3 mg/dL), but no clear trend is apparent. \* \*\*Creatinine (mg/dL):\*\* Reported as <0.50 mg/dL on multiple occasions, indicating normal renal function. \* \*\*Other Hematological and Chemistry parameters:\*\* Additional lab values, including complete blood count (CBC) parameters (WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, MPV, RDW, platelets) were available, but trends are not clearly discernible from the limited data provided. \* \*\*Bedside Glucose (mg/dL):\*\* Frequent measurements reflecting the treatment response to insulin therapy show a decline in blood glucose levels. \* \*\*FiO2 (%):\*\* One measurement of 21% is available, which is room air, suggesting the patient did not require supplemental oxygen at that time.

#### \*\*7. Microbiology Tests\*\*

NULL. No microbiology test results are available in the provided data. This section would normally include cultures of blood, urine, or other specimens to identify any infectious causes of the patient's illness.

#### \*\*8. Physical Examination Results\*\*

\* \*\*Physical Exam Performed:\*\* Yes (Performed - Structured) \* \*\*Glasgow Coma Scale (GCS) Score:\*\* 15 (Eyes: 4, Verbal: 5, Motor: 6) \* \*\*Admission Weight (kg):\*\* 53 \* \*\*Current Weight (kg):\*\* 53 \* \*\*Weight Change (kg):\*\* 0

The GCS score of 15 indicates normal neurological function. The weight remained stable throughout the ICU stay. Further details of the physical examination are not available in the provided data. A complete physical exam would be necessary to fully document the patient's condition at different points in time.