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DIABETIC KETOACIDOSIS IN A PATIENT WITH HYPONATREMIA TO R/O UREMIC ENCEPHALOPAHY IN K/C/O DM WITH LEFT FOOT ULCER

General Medicine

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KEYWORDS

PATIENT NAME: JANARDHAN BABURAO MHATRE
AGE:40 YEARS
SEX: MALE
DATE OFF ADMISSION: 07/08/2018

Thia patient was admitted in casuality to micu from 7/08/2018 and from micu to male medical ward on 09/08/2018.

Patient was nil on venti,bipap,o2,iabp,pacemaker

His chief complaints were he fall and slipped while walking in uran 2 days back<5/08/2018>

He has trauma,abrasion and slip in right foot since 2-3 years.

Patient is aggressive and a known case of Diabetes Mellitus not taking proper medication,no h/o giddiness,chest pain,no past h/o htn,seizure,cough and no past surgical history present.

Advice given for tests were: cbc/esr/crp/hhh,Rft,Lft,Electrolytes,urine routine and microscopy,amylase,lipase,hgt@1-1-1-1-1,cxr pa view,usg <abdomen and pelvis>

Ecg and 2d –echo
Advise: us/uk 2hourly,i-o chart,bo@2hourly,
Medication advised: inj hai <50/50>@5ml/hr

Inj pipzo 4.5 gm iv 1-1-1
Inj metro 100 cc iv 1-1-1
Inj pan 40 iv 1-0-0
Inj emset 4 iv 1-1-1
Inj febrinil iv sos
Ivf 4 point ns@60 ml/hr

Once hgt<_250 with HAI infusion and start gi drip
Repeat sr –electrolytes@6hrly
MRI-BRAIN<PLAIN+CONTRAST>
CLINICAL PROFILE: Giddiness with loss of memory

Findings: mild generalized prominence of cortical sulci,basal cisterns and ventricular system is noted s/o cerebral atrophy

Impression: mild generalised cerebral atrophy with chronic ischemic changes in bilateral fronto-parietal and perventricular white matter

Reports:
Creatinine: 0.5mg/dl
Serum,sodium: 132mmol/l
Serum,potassium: 4.3mmol/l
Serum,chloride: 91.0 mmol/l
Hb:10.6g/dl
Total WBC:8.6 10^3/ul
Total RBC:3.9 10^3/ul
Platelet count:421 10^3/ul

Differential counts
Neutrophils:66.9%
Lymphocytes:20.9%
Eosinophils:6.0%

DATE	TIME	HGT	HAI
10/08/2018	12:AM	99MG/DL	
	8:AM	112MG/DL	18U
	12PM	138MG/DL	
	6PM	121MG/DL	10U
	12 AM	294MG/DL	
11/08/2018	6AM	255MG/DL	22U
	12PM	190MG/DL	26U
	06PM	136MG/DL	16U
12/08/2018	07 AM	252MG/DL	22U
	06 PM	129MG/DL	18U
13/06/2018	06AM	265MG/DL	22U
	12 AM	222MG/DL	20U
	07 PM	114MG/DL	
14/08/2018	06AM	191MG/DL	22U
	12PM	310MG/DL	20U
	08PM	220MG/DL	

SURGERY REFENCE WAS DONE IN VIEW OF ULCER ON LEFT FOOT,PATEINT COMPLAINS OF ULCER ON 2ND AND 5TH TOE OF LEFT FOOT SINCE 8DAYS

NO H/O TRAUMA
K/C/O DM SINCE 10 YEARS NOT ON TREATMENT
NO H/O HTN/TB/BA
O/E:PULSE:80/MIN
BP:190/100 MM HG

HGT-HIGH ,EXCORIATIONS ON 5TH AND 2ND OCCUR ON RIGHT FOOT

REDNESS +,TENDERNESS+
OCCUPOL OINTMENT LA 1-1-1-1
F/U SOS

IN MICU :INJ KCL 20 CC IN 100 CC NS OVER 24 HOURS SINCE POTASSIUM 3.5MMOL/L

SODIUM:128MMOL/L

ELECTROLYTE TESTS WERE REPEATED AFTER CORRECTION SHIFT IVF FROM 1POINT NSTO D5

US/UK TO BE DONE

W/F HYPOGLYCEMIA<80 AND HGT WAS CHECKED EVERY 1 HOURLY

CONSIDERING 4 TO 5 POINT NS IF HGT >250
IVF@80 ML/HOUR
FRESH ORDERS WERE
TPR/BP
I/O

HGT@1HOURLY TILL INFUSION
US/UK 2 HOURLY
BP@2 HOURLY
GNC/BBB CARE
ELECTROLYTE 6 HOURLY
INJ HAI INFUSION @5ML/HOUR<50/50> ACCD TO HGT
D1 INJ PIPZO 4.5 GM IV 1-1-1
INJ KCL IN 100CC NS IV SOS AS PER ELECTROLYTES
D1 INJ METRO <100>IV 1-1-1
INJ PAN <40> IV 1-0-0

INJ EMSET <4> IV 1-1-1
INJ FEBRINIL<2>IV SOS
INJ KCL 10 CC IN 100 CC NS IV SLOWLY OVER 4-6 HOURS
C/O HYPERACTIVE DELIRIUM

ADVISE: TAB QUTAN <12.5 MG> 1-0-1
2-D ECHO DONE
1. NORMAL LV SIZE AND FUNCTION
2. L V EF::60%
3. TRIVIAL MR/TR
4. NO AS/PH
5. NO RWMS

URINE CULTURE DONE:NO PUS CELLS,NO EPITHELIAL CELLS,GRAM NEGATIVE BACILLI SEEN,PSEUDOMONAS SPECIES>1,00,000 CFU/ML

RESISTANT :1>AMOXICILLIN 2> AZTREONAM 3>CEFEPIME 4>CEFTRIAXONE 5>CIPROFLOXACIN

SEEN BY PSYCHIATRY:
PATIENT SEEN WITH DKA WITH LEFT FOOT ULCER
CONFUSED BEHAVIOUR

FLUCTUATING ORIENTATION TO TIME PLACE PERSON,NOT RECOMMENDING RELATIVES,PASSING URINE IN CLOTHES

CONSUMPTION PHENOL,DETTOL PRIOR ADMISSION
IMP:ACUTE CONFUSIONAL STATE/DELIRIUM

FOR BEHAVIOUR CONTROL ONLY T.LOPEZ<2MG>1-1-1

IMPRESSION:METABOLIC ENCEPHALOPATHY WITH DIABETIC FOOT ULCER WITH SEPTICEMIA WITH DELIRIUM.