

### Case Study #1 - Hirsch

A 24yo male with history of type I diabetes and multiple episodes of diabetic ketoacidosis presents to the ED on 04/09/15 at 0316 with hyperglycemia with associated nausea and polydipsia. Medications include insulin.

Examination reveals blood pressure 144/74, pulse 112, respiratory rate 18, temperature 97.2, and pulse ox 94%, alert and in no apparent distress. Labs show glucose 663, bicarb 29, and negative serum ketone. CT scan of the abdomen negative for acute process.

Patient is hospitalized as an inpatient with a diagnosis gastroenteritis and diabetes. Initial treatment includes IV fluid normal saline 2L bolus followed by rate at 110 cc per hour and IV insulin infusion and IV antiemetic Zofran.

**PLACEMENT: Observation. That patient has had multiple episodes of DKA, and now has gastroenteritis; a trial of iv fluids and iv insulin is warranted to see if patient improves prior to the second midnight.**