**Affiliated Hospital of Yan'an University**

**Discharge Records**

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| Name: Patient1 | Gender: Male | Age: 72 | Department: Neurology Ward 2 | | Bed No.: 43 | Medical Record No.: 0002346350 |
| Name: Patient1 | | | | Gender: Male | | |
| Age: 72 | | | | Hospitalization No.: 0002346350 | | |
| ID No.: 612601195006090615 | | | | Ward Name: Neurology Ward II | | |
| Date of Admission: 2023-04-01 09:54 | | | | Date of Discharge: 2023-04-14 10:35 | | |
| Admission Condition: The patient was admitted to the hospital with the main complaint of "numbness and weakness of the right limb and slurred speech for more than 1 day". After the patient got up 1 day ago, there were no obvious reasons and incentives for numbness and weakness of the right limb, poor lifting of the right upper limb, not tight grip, dragging of the right lower limb, salivation, slurred speech, shortness of breath, no drinking water and coughing, no Dizziness and dizziness, ignoring blurred objects, no nausea and vomiting, no transient black punch, ignoring pairs of objects, no dysphagia, no chest tightness and chest pain, no palpitation, no limb convulsions and disturbance of consciousness, normal urination, dry stool. The patient did not pay attention to and seek medical treatment in time. After resting, the above-mentioned symptoms did not relieve, and the above-mentioned symptoms worsened. Today, he came to our hospital for diagnosis and treatment. The emergency department performed head CT (2023-04-01): right basal ganglia area malacoplakia; multiple old luminal infarctions in bilateral cerebellar hemispheres, bilateral basal ganglia and right thalamus. Demyelinating changes in the white matter of the brain. White matter ischemic changes, further MR examination if necessary. Craniocerebral DWI (2023-04-01): Changes in the acute phase of left paraventricular infarction. He is now required to be hospitalized for treatment, so he was admitted to the hospital with "acute cerebral infarction". Nervous system physical examination: clear consciousness, questions and answers, slurred speech, normal high-level nerve function, negative cranial nerves, symmetrical presence of deep and shallow sensations on both sides of the face and limbs, moderate muscle tone of the limbs, left limb muscle strength was grade 5s, right limb muscle strength was 3 grades, and pathological signs were negative.  Admission Diagnosis: 1. Acute cerebral infarction (left paraventricular); 2. Multiple old cerebral infarction; 3. Hypertension grade 3 (very high risk); 4. Sequelae of cerebral hemorrhage; 5. Hyperhomocysteinemia; 6. White matter lesions; 7. Carotid atherosclerosis; 8. Coronary atherosclerosis; 9. Double emphysema; 10. Fatty liver  Positive Auxiliary Examination Results: Return of auxiliary examination results after admission: fecal routine, liver function, kidney function, electrolytes, hemagglutination, myocardial injury, blood transfusion, Novel Coronavirus nucleic acid test, myocardial enzymes, and thyroid function are all roughly normal; Routine blood test (2023-04-03) Absolute value of monocytes: 0.65×10e9/L ↑, average red blood cell volume: 101.1 fL ↑, platelet volume: 0.15% ↓, platelet volume distribution width: 11.5% ↓; Serum homocysteine detection (2023-04-03): blood homocysteine determination 29.3 umol/L ↑; Glycosylated hemoglobin: 6.4% ↑; Twelve and above channels electrocardiogram examination: 1. Sinus rhythm 2. Sinus bradycardia; Thoracic CT plain scan and 3D reconstruction: 1. Emphysema in both lungs. 2. Interstitial changes in both lungs. 3. The high-density image of the coronary artery course area should be combined with clinical practice. Craniocerebral DWI (3.0T): Changes in acute phase of left paraventricular infarction. Brain CT plain scan: right basal ganglia malacoplakia: bilateral cerebellar hemisphere bilateral basal ganglia and right thalamus multiple old cavity infarction; Demyelinating changes in the white matter of the brain. Cervical ultrasound: plaque formation at the bifurcation of bilateral internal and external carotid arteries, plaque vulnerability grade: Grade 1; plaque formation at the beginning of the right subclavian artery, plaque | | | | | | |

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| vulnerability grade: Grade 2; Cardiac ultrasound: aortic sclerosis Impaired left ventricular diastolic function; Color flow display: aortic regurgitation: abdominal ultrasound: fatty liver. Monitoring of microemboli showed that: monitoring the middle cerebral artery for 20 minutes: 1 microemboli signal was seen in the left middle cerebral artery, and 0 microemboli signal was seen in the right middle cerebral artery; The monitoring results of arteriosclerosis showed: severe peripheral arteries sclerosis; Ambulatory blood pressure: 24-hour mean systolic and diastolic blood pressure: 170/89 mmHg (normal reference value < 130/80 mmHg); Mean systolic and diastolic blood pressure during awake period during the day: 170/89 mmHg (normal reference value < 135/85 mmHg); Mean systolic and diastolic blood pressure during night sleep: 0/0 mmHg (normal reference value < 120/70 mmHg); Blood pressure load, systolic blood pressure: 86.4% during the day, night-: diastolic blood pressure: 40.9% during the day, night-(normal reference value: 5%-15%); Circadian blood pressure drop rate: systolic blood pressure 100.0%, diastolic blood pressure 100.0% (normal reference value: 10%-20% type, abnormal. 0%-10% non-configuration, < 0% inverse dipper, > 20% deep dipper); Mean systolic and diastolic blood pressure in the morning after waking up: 212/139 (normal reference value: < 135/85 mmHg). The results of thromboelastogram showed: 1. Platelet ADP pathway inhibition rate (ADP%) was 43.2%, suggesting that patients took anti-platelet ADP receptor antagonist drugs effective; 2. The inhibition rate of platelet AA pathway (AA%) was 88.6%, suggesting that aspirin or other drugs containing cyclooxygenase inhibitors had a better inhibition effect: 3.31 < ADP (MA) < 47, which is acceptable at present.  Examination and treatment after admission: After admission, symptomatic treatment such as anti-platelet aggregation, statin regulating lipid and stabilizing plaques, improving cerebral blood circulation, improving cerebral metabolism, monitoring blood pressure, and scavenging free radicals were given.  Discharge Diagnosis: 1. Acute cerebral infarction (left paraventricular); 2. Multiple cerebral infarction; 3. Hypertension grade 3 (very high risk); 4. Sequelae of cerebral hemorrhage; 5. Hyperhomocysteinemia 6. Leukoencephalopathy; 7. Carotid atherosclerosis; 8. Coronary atherosclerosis; 9. Emphysema; 10. Fatty liver  Symptoms and Signs when Discharged from the Hospital: slurred speech, numbness and weakness of the right limb improved significantly, right upper limb can be lifted, right lower limb can walk, no salivation, no chest tightness, shortness of breath, no headache, no dizziness, no drinking water and coughing, no blurring of objects, no nausea and vomiting, no twinning of objects, no difficulty in swallowing, eating and sleeping, normal urine and defecation. Nervous system physical examination: clear consciousness, question-and-answer, speech slightly unclear, high-level nerve function normal, cranial nerve negative, bilateral face and limbs deep and shallow sensation symmetrical existence, limb muscle tension moderate, left limb muscle strength grade 5, right limb muscle strength 4 grade, pathological signs negative.  Discharge Condition: improving  Discharge Doctor's Order: Oral medication on time after discharge. Medication guidance: 1. Clopidogrel bisulfate tablets J, each dose: 75mg, orally, qd; 2. Atorvastatin calcium tablets (Lipitor), each dose: 20mg, orally, qd; 3. Mecobalamin capsules, each dose: 0.5 mg, orally, tid; 4. Folic acid tablets, each dose: 5mg, orally, qd; 5. Nimodipine | | | | | |

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| tablets, each dose: 20mg, orally, tid; 6. Nifedipine controlled-release tablets, each dose: 30mg, orally, qd; 7. Butylphthalide soft capsules, each dose: 0.2 g, orally, tid; Lifestyle: Low-salt and low-fat diet, regular monitoring of blood pressure and blood sugar, and adjustment of drugs according to blood pressure and blood sugar. Follow-up guidance: regular review of blood routine, liver function, chest CT, craniocerebral CT, neck ultrasound, cardiac ultrasound, follow-up of neurology outpatient clinics, and visit to the hospital in time on discomfort. | | | | | |

