**Affiliated Hospital of Yan'an University**

**Discharge Records**

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| Name: Patient4 | Gender: Female | Age: 57 | Department: Neurology Ward 2 | | Bed No.: 42 | Medical Record No.: 0002415926 |
| Name: Patient4 | | | | Gender: Female | | |
| Age: 57 | | | | Hospitalization No.: 0002415926 | | |
| ID No.: 610622196606070129 | | | | Ward Name: Neurology Ward II | | |
| Date of Admission: 2023-10-23 10:43 | | | | Date of Discharge: 2023-10-27 10:44 | | |
| Admission Condition: The patient developed dizziness without obvious incentives 6 years ago, accompanied by dizziness, which lasted for more than ten minutes. During the attack, she occasionally had nausea, no vomiting, no headache, no rotation of objects and blurred vision, no blackness, syncope, no nausea, Vomiting, no chest tightness, shortness of breath, once went to a local hospital for symptomatic treatment (details are unknown), and the symptoms were slightly relieved. Today, the above symptoms aggravated again, and the frequency of attacks increased significantly, so I came to our hospital for medical treatment, and the outpatient department received my department with "dizziness". The patient came on with a clear mind, good spirit, normal diet and sleep, normal urination and defecation, and no significant change in weight. She once suffered from "grade 3 hypertension (very high risk)", with a maximum hypertension of 190/110 mmHg, and now takes levamlodipine besylate tablets 2.5 mg/day regularly, and complains that the blood pressure control is acceptable; Suffering from "type 2 diabetes" is now taking metformin hydrochloride tablets 0.25 g/time bid regularly, and the fasting blood sugar control is not good; Suffering from "cerebral infarction" and left with ineffective movement of the right limb, aspirin enteric-coated tablets 100mg/day and rosuvastatin calcium tablets 20mg/day are now taken orally.  Admission Diagnosis: 1. Multiple cerebral infarction (pontine, left paraventricular); 2. Cerebral atherosclerosis; 3. Hypertension grade 3 (very high risk); 4. Type 2 diabetes; 5. Hyperlipidemia; 6. Postcholecystectomy status; 7. Pulmonary nodules; 8. Type 2 diabetic peripheral angiopathy  Positive auxiliary examination results: ECG examination of twelve or more channels (2023-10-23): 1. Sinus rhythm; 2. Q waves can be seen in the lower wall, please combine clinical practice. Chest CT plain scan and 3D reconstruction (2023-10-23): Benign micro-nodules and calcifications in the upper lobe of the right lung did not change compared with 23-04-28. A few strings in both lungs. Scanning range of hepatic mass slightly low density, combined with B ultrasound. Craniocerebral MR: White matter alterations coinciding with Fazekes III. Pontine, left lateral periventricular lacunar infarction. DWI of brain parenchyma showed no obvious diffusion limitation. No significant abnormalities were found in brain MRA.  Examination and treatment after admission: Symptomatic treatment such as improving circulation was given.  Discharge diagnosis: 1. Multiple cerebral infarction (pontine, left paraventricular); 2. Cerebral atherosclerosis; 3. Hypertension grade 3 (very high risk); 4. Hyperlipidemia; 5. Type 2 diabetes; 6. Cholecystectomy Postoperative state; 7. Pulmonary nodules; 8. type.2 diabetic peripheral angiopathy  Symptoms and signs when discharged from the hospital: the general condition of the patient today is good, no dizziness, no nausea, vomiting, no numbness and weakness of the limbs, no headache, no rotation of objects, double vision of objects, no inability to call, convulsions of limbs, no choking in drinking water, No difficulty in swallowing, can eat, can rest at night, and self-control of the two stools. Nervous system physical examination: Shen Qing, clear speech, bilateral pupils of equal size and equal circle 3mm, sensitive to light, no nystagmus, moderate muscle tone of the limbs, muscle strength of the limbs are grade 5, bilateral pathological signs are negative, and the coordination of mutual aid movements of the limbs is accurate. | | | | | | |

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| Name: Patient4 | Gender: Female | Age: 57 | Department: Neurology Ward 2 | Bed No.: 42 | Medical Record No.: 0002415926 |
| Discharge: improvement.  Discharge Doctor's Order: low-salt and low-fat diabetic diet, medication guidance: aspirin enteric-coated tablets, each dose: 0.1 g, orally, qd, atorvastatin calcium tablets; Oral administration to control blood pressure and blood sugar. Lifestyle: volume exercise, follow-up guidance: regular review, follow-up on discomfort. | | | | | |

