**Affiliated Hospital of Yan'an University**

**Discharge Records**

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| Name: Patient5 | Gender: Male | Age: 55 | Department: Neurology Ward 3 | | Bed No.: 44 | Medical Record No.: 0002435727 |
| Name: Patient5 | | | | Gender: Male | | |
| Age: 55 | | | | Hospitalization No.: 0002435727 | | |
| ID No.: 610624196710070017 | | | | Ward Name: Neurology Ward III | | |
| Date of Admission: 2023-09-14 14:16 | | | | Date of Discharge: 2023-09-26 08:30 | | |
| Admission Condition: Patient Zhang Xuehua, male, 55 years old, was admitted with the complaint of "dizziness for 17 hours." 17 hours ago, the patient suddenly appeared dizziness when resting, accompanied by visual rotation and blurring, no headache, tinnitus, no nausea, vomiting, and did not pay attention to it. This morning, I consciously aggravated the above symptoms. In order to seek further treatment, I came to our hospital for outpatient treatment. I performed craniocerebral DWI and suggested that the right thalamus was infarcted in the acute stage. Now in order to seek further treatment, I am hospitalized in my department, and the outpatient department is admitted to the hospital with "acute cerebral infarction of the right thalamus". The patient is mentally clear, has good body movements, speaks clearly, has no hard base of tongue, no choking and coughing when drinking water, occasionally has chest tightness, shortness of breath, no cough, expectoration, no acid reflux, belching, no abdominal pain, diarrhea, no limb numbness And joint pain, swelling, self-control of urine and defecation, easy eating, easy night rest, no significant change in weight recently. There has been polio for more than 50 years, a history of "left facial neuritis", the left frontal stria disappeared, the left facial muscle involuntarily convulsed, the history of lumbar disc herniation for 1 year, hypertension and peripheral atherosclerosis were found 1 day, denying the history of coronary heart disease and diabetes. Have a history of smoking for more than 30 years, with an average of 40 sticks per day, and have a history of drinking for more than 30 years, 2-3 times per month, each time more than half a catty. Physical examination: T36.5 °C P83 times/min R20 times/min BP160/100 mmHg; Nervous system physical examination: clear consciousness, clear speech, left frontal lines disappear, nasolabial folds become shallow, right frontal lines and nasolabial folds are normal, mouth angle deviates to the lower right when showing teeth, no structural sound disorder, no hoarseness, drinking water No coughing, uvula in the middle, symmetrical and powerful bilateral soft palate lifting, normal pharyngeal reflex; There is no deviation of the outstretched tongue; The muscle tension of the limbs is moderate, the muscle strength of the limbs is grade 5s, the bilateral heel, knee and shin test is stable and accurate, and the bilateral rotation test is normal; There was no obvious decrease in deep and shallow sensation of the limbs, tendon reflex of the limbs (+ +), pathological signs (-), and unstable walking in a straight line. Auxiliary examination: (2023-09-14 Our hospital). Craniocerebral DWI suggested: acute infarction in the right thalamus. Twelve and above channels electrocardiogram examination: 1. Sinus rhythm 2. Normal ECG  Admission Diagnosis: 1 Acute cerebral infarction (right thalamus); 2 Hypertension grade 3 (high risk); 3 Carotid atherosclerosis; 4 Lumbar disc herniation; 5. Emphysema in both lungs; 6. Pulmonary nodules (outer basal segment of the lower lobe of the right lung)  Positive Auxiliary Examination Results: (return of admission examination results on 2023-09-14): blood, urine routine, myocardial injury, BNP, four items of blood transfusion, and eight items of thyroid function are roughly normal: complete set of liver function tests and blood lipid tests ^ Serum homocysteine: serum triglycerides: 3.23 mmol/L ↑, high-density lipoprotein cholesterol: 0.92 mmol/L ↓, low-density lipoprotein cholesterol: 2.05 mmol/1 ↓, blood homocysteine: 21umol/L ↑; Six items of hemagglutination: fibrin (pro) content: 196mg/dl, plasma antithrombin: 71.4% ↓: kidney function electrolyte: potassium: 3.38 mmol/L ↓, sodium: 135.8 mmol/L ↓, glucose: 8.02 mmol/L ↑; Chest CT: 1. Emphysema in both | | | | | | |

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| lungs. 2. Calcified nodules in the outer basal segment of the lower lobe of the right lung. 3. Multiple fibrous cords in both lungs. 4. Scanning range: Calcification of hepatic S1 segment. Color Doppler ultrasound of cervical vessels: plaque formation at the beginning of the right subclavian artery, plaque vulnerability grade: 2. (2023-09-15 Examination return) Heart color Doppler ultrasound: No obvious abnormalities were found. (2023-09-15 inspection) The stool routine is roughly normal; Four electrolytes: calcium: 1.85 mmol/L; Brain MRA + MRI plain scan: White matter T2FLAIR high signal, Fazekas score grade 1. Abnormal signals in the right thalamus, combined with DWI, corresponded to the infarction focus in the acute stage. Bilateral embryonic posterior cerebral artery with right vertebral artery dysplasia. Reexamination of head DWI showed: Cranial DWI (3.0 T): Brainstem partial right, right thalamus acute ischemic focus (2023-09-22 reexamination) blood routine was roughly normal. CT angiography of intracranial arteries and carotid arteries: Calcified plaques and mild stenosis were seen in the siphon segment of bilateral internal carotid arteries. Bilateral posterior cerebral embryonic arteries and the left anterior cerebral artery A1 segment are slender.  Examination and treatment after admission: monitor blood pressure levels, and adjust the blood pressure reduction plan if necessary; In treatment, double anti-platelet aggregation, lipid regulation and plaque stabilization, improvement of circulation, and scavenging oxygen free radicals were treated. The patient developed aggravated weakness in the left limb on September 21, 2023, and was given tirofiban hydrochloride and sodium chloride injection micropump.  Discharge Diagnosis: 1. Acute cerebral infarction (right brainstem, right thalamus) of unknown cause; 2. Hypertension grade 3 (high risk); 3. Carotid atherosclerosis; 4. Hyperhomocysteinemia; 5. Lumbar disc herniation; 6. Emphysema in both lungs; 7. Pulmonary nodules (outer basal segment of lower lobe of right lung)  Symptoms and signs at the time of discharge: Morning ward round, the patient is currently barely lifting the bed with his left upper limb, unable to hold objects with his left hand, able to maintain the lifting of his left lower limb, obvious numbness and discomfort without complaint, clear speech, no drinking water, coughing and dysphagia, self-control of urine and defecation. Nervous system physical examination: clear consciousness, clear speech, left frontal striae disappeared, nasolabial folds became shallow, right frontal striae and nasolabial folds were normal, mouth angle was deviated to the lower right when showing teeth, no structural sound disorder, no hoarseness, drinking water No coughing, uvula is centered, bilateral soft palate lifting is symmetrical and powerful, pharyngeal reflex exists normally: tongue extension is not offset: left muscle tension is low, left upper limb muscle strength is 3-grade, left lower limb muscle strength is 4 + grade, left limb Mutual aid movement is unstable and accurate, limb depth sensation is not significantly reduced, and left pathological signs are suspiciously positive. NHISS score 4.  Discharge: Not cured  Discharge Doctor's Order: After discharge: 1. Low-salt, low-fat, light and easy-to-digest diet, quit smoking and drinking, pay attention to rest, moderate activity, and promote the recovery of limb function: 2. Take medicine on time: ① Aspirin enteric-coated tablets, each dose: 0.1 g, orally, qd; ② Clopidogrel bisulfate tablets J, each dose: 75mg, orally, qd (after 21 days of double antibody, stop using the drug); ③ Atorvastatin Calcium Tablets J, each dose: 20mg, orally, qd; ④ Mecobalamin Tablets J, each dose: 0.5 mg, orally, three times a day; ⑤ Folic acid tablets, each dose: 10mg, orally, tid; ⑥ Acetylgastrodin tablets, each dose: 100mg, take tid (if necessary); ⑦ ammonia benzenesulfonate | | | | | |