id	patient_id	patient_name	score_result	check_result	risk_result	expert_comment	score_
	3835		{"level": "乙级", "details": [{"item": "主诉",				
			"score": 10, "deduction": "无扣分。				
34			主诉'维持性血液透析11年余'简明扼要,				
			准确反映患者就诊原因。", "fullScore": 10},				
			{"item": "病史", "score": 15, "deduction":				
			"扣5分。现病史详细完整,但既往史存在矛盾				
			(否认高血压病史却诊断'肾性高血压'),				
			个人史中疫苗接种、居住环境等未记录,				
			家族史仅简单标注无具体内容。", "fullScore":				85
			20}, {"item": "体格检查", "score": 13,				
			"deduction": "扣2分。检查记录全面规范				
			(如生命体征、各系统检查数据),				
			但存在遗漏:肛门直肠及外生殖器标记'未检',				
			腹部触诊中'胆囊点压痛'记录为'阴性undefined',				
			存在不规范问题。", "fullScore": 15}, {"item":				
			"诊断", "score": 15, "deduction": "无扣分。 诊断'慢性肾脏病5期'等符合疾病命名规范,				
			基于现病史和检查结果,准确完整。".				
			を 」				
			"deduction": "扣3分。治疗方案整体合理				
			(如血液透析频率、饮食控制),				
			但纠正贫血的具体措施(如药物剂量、				
			监测指标)未详细说明,影响规范性。",				
			"fullScore": 20}, {"item": "其他", "score": 15,				
			"deduction": "扣5分。病历结构完整,				
			但存在矛盾(病史与诊断不一致)、				
			关键辅助检查(心电图、胸片)				
			标记'暂缺'未补充,				
			且时间戳'2025年'疑似错误。", "fullScore": 20}],				
			"totalScore": 85}				

评分维度和标准

- 1. 主诉 (10分): 主诉是否简明扼要、准确反映患者就诊原因
- 2. 病史 (20分): 现病史、既往史、个人史、家族史是否详细完整
- 3. 体格检查 (15分): 体格检查记录是否全面、准确、规范
- 4. 诊断 (15分): 诊断是否准确、完整、符合疾病命名规范
- 5. 处理 (20分): 治疗方案是否合理、规范、有效
- 6. 其他 (20分): 病历书写规范性、完整性等其他方面

评分等级

甲级:90-100分,病历质量优秀乙级:75-89分,病历质量良好丙级:60-74分,病历质量一般

• 不合格: 60分以下

输出格式

请严格按照以下JSON格式返回评估结果:

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"totalScore": 总分数字,
     "level": "甲级/乙级/丙级",
     "details": [
           "item": "主诉",
          "fullScore": 10,
           "score": 实际得分,
           "deduction": "扣分原因说明"
        }
请对以下病历进行质量评估:
患者信息: {"patientId":3835,"patientName":"胡安
秀","patientNickName":"huanxiu","dialyzeNo":"01040039","dialyzeAge":null,"spellName":null,"id":2115,"content":"{"chiefComplaint":null,"treatmentHistory":
[3],"treatmentHistoryContent":"2013年左前臂自体动静脉血管造瘘术。","presentMedical":"患者于2013年6月因头晕、乏力、全身浮肿、恶心、呕吐、食欲减
退在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性贫血,肾性骨病,开始规律性血液透析治疗,并行左前臂自体动静脉血管造瘘术,同年8月启用内
瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重为57kg,为继续行规律血液透析收入我中心。患者平素未诉不适,双下肢无水肿,无乏
力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一般,无尿,大便正常。","tentativeDiagnosis":"慢性肾脏病5期,维持性血透状态,肾性贫血,
肾性高血压,继发性甲状旁腺功能亢进,高磷酸血症,高尿酸血症,代谢性酸中毒,高钾血
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Habit":2,"badHabitText":null,"contact":2,"marriageAge":"21岁","spouse":null,"spouseSituation":"体健","lastMenstrualPeriod":null,"familyHistory":
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移动度)(正常))","肺: 听诊: 双肺呼吸音((清晰),(语音传导)(正常))","心脏: 视诊((心尖搏动位于锁骨中线第)(5肋间),(内/外)(0.5cm))","心脏: 触诊: 心尖搏动
((有力))","心脏:叩诊:心脏相对浊音界((正常))","心脏:听诊:心音((有力),(整齐),(不齐)(心率77次/分))"]},("label":"腹部","value":["视诊:腹部((平坦))","触
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性骨病,开始规律性血液透析治疗,并行左前臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重
为57kg,为继续行规律血液透析收入我中心。患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一
般,无尿,大便正常。","preliminary":"慢性肾脏病5期,维持性血透状态,肾性贫血,肾性高血压,继发性甲状旁腺功能亢进,高磷酸血症,高尿酸血症,代谢性酸中
毒,高钾血
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诊疗信息: {"patientId":3835,"mainSuit":"维持性血液透析11年余。","initDiagnosis":"慢性肾脏病5期,维持性血透状态,肾性贫血,肾性高血压,继发性甲状旁腺功能亢进,高磷酸血症,高尿酸血症,代谢性酸中毒,高钾血症","healingProject":"1、按肾病内科常规护理,监测体重、血压。\n2、维持性血液透析,一周三次。\n3、低盐,优质蛋白饮食。\n4、纠正贫血及对症处理。","nowDiseaseHistory":"患者于2013年6月因头晕、乏力、全身浮肿、恶心、呕吐、食欲减退在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性贫血,肾性骨病,开始规律性血液透析治疗,并行左前臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重为57kg,为继续行规律血液透析收入我中心。患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一般,无尿,大便正常。","oldDiseaseHistory":"否认高血压、糖尿病、冠状动脉粥样硬化性心脏病等慢性病史,否认结核等传染病病史,否认食物、药物过敏史,否认外伤、输血史。","weightPre":null,"pressurePre":null,"bodyInspect":"一般情况: 体型(正常),发育(正常),入科(步行),神志(清楚),体位(自主),步态(正常),查体(合作),语言(流利),病容(慢性)\n皮肤及淋巴结: 皮肤弹性(正常),皮疹(无),皮下出血(无),瘀斑(无),蜘蛛痣(无),肝掌(无),瘢痕(无),溃疡(无)\n头颈部五盲: 头颅: 大小形状((正常)),毛发((正常)),眼((瞳孔等大等圆)(左3.5mm,右3.5mm),(对光反射存在)),耳: 外形((正常)),师力((正常)),鼻((正常)),口((舌居中)),颈((颈部对称),(活动自如),(气管居中))\n胸部:胸部(胸廓对称),肛门直肠及外生殖器(未检),肺:视诊((胸式呼吸)),肺:触诊:呼吸活动度((一致),(正常)),肺:叩诊:肺部叩诊((清音),(实音)(肺下界位于肩胛线第10肋间),(肺下界移动度)(正常)),肺:听诊:双肺呼吸音((清晰),(语音传导)(正常)),心脏:视诊((心尖搏动位于锁骨中线第)(5肋间),(内/外)(0.5cm)),心脏:触诊:心尖搏动((有力)),心脏:叩诊:心脏相对浊音界((正常)),心脏:听诊:心音((有力),(整齐),(不齐)(心率77次/分))\n腹部:视诊:腹部((平坦)),触诊:腹壁((柔软),(胆囊点压痛,莫菲氏征)(阴性如defined)),听诊(间及血管杂音)(肠鸣音3次/分))\n脊柱及四肢:脊柱(正常),活动(自如,关节活动自如),震颤(有),杂音(有)\n神经系统:生理反射(肱二头肌、肱三头肌反射正常,膝腱反射正常,膝腱反射正常,病理反射(未引出),脑膜刺激征(未引出),"assayInspect":"暂

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json\n{\n \"totalScore\": 总分数字,\n \"level\": \"甲级/乙级/丙级\",\n \"details\": [\n {\n \"item\": \"主诉\",\n \"fullScore\": 10,\\n"}, {"role": "user", "content": "请对以下病历进行质量评估: \n患者信息: {"patientId":3835,"patientName":"胡安秀","patientNickName":"huanxiu","dialyzeNo":"01040039","dialyzeAge":null,"spellName":null,"id":2115,"content":"

{\"chiefComplaint\":null,\"treatmentHistory\":[3],\"treatmentHistoryContent\":\"2013年左前臂自体动静脉血管造瘘术。\",\"presentMedical\":\"患者于2013年6月因头晕、乏力、全身浮肿、恶心、呕吐、食欲减退在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性贫血,肾性骨病,开始规律性血液透析治疗,并行

```
左前臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重为57kg,为继续行规律血液透析收入我中
心。患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一般,无尿,大便正常。
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性贫血,肾性骨病,开始规律性血液透析治疗,并行左前臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-
3000ml,现干体重为57kg,为继续行规律血液透析收入我中心。患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠
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血症.代谢性酸中毒.高钾血
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状旁腺功能亢进,高磷酸血症,高尿酸血症,代谢性酸中毒,高钾血症","healingProject":"1、按肾病内科常规护理,监测体重、血压。\n2、维持性血液透析,一周
三次。\n3、低盐,优质蛋白饮食。\n4、纠正贫血及对症处理。","nowDiseaseHistory":"患者于2013年6月因头晕、乏力、全身浮肿、恶心、呕吐、食欲减退
在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性贫血,肾性骨病,开始规律性血液透析治疗,并行左前臂自体动静脉血管造瘘术,同年8月启用内瘘。
目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重为57kg,为继续行规律血液透析收入我中心。患者平素未诉不适,双下肢无水肿,无乏力、
胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一般,无尿,大便正常。","oldDiseaseHistory":"否认高血压、糖尿病、冠状动脉粥样硬化性心脏
病等慢性病史,否认结核等传染病病史,否认食物、药物过敏史,否认外伤、输血史。","weightPre":null,"pressurePre":null,"bodyInspect":"一般情况: 体型
(正常),发育(正常),入科(步行),神志(清楚),体位(自主),步态(正常),查体(合作),语言(流利),病容(慢性)\n皮肤及淋巴结:皮肤弹性(正常),皮疹(无),皮下出血(无),瘀
斑(无),蜘蛛痣(无),肝掌(无),瘢痕(无),溃疡(无)\n头颈部五官:头颅:大小形状((正常)),毛发((正常)),眼((瞳孔等大等圆)(左3.5mm,右3.5mm),(对光反射存在)),
耳: 外形((正常)),听力((正常)),鼻((正常)),口((舌居中)),颈((颈部对称),(活动自如),(气管居中))\n胸部:胸部(胸廓对称),肛门直肠及外生殖器(未检),肺:视诊((胸
式呼吸)),肺:触诊:呼吸活动度((一致),(正常)),肺:叩诊:肺部叩诊((清音),(实音)(肺下界位于肩胛线第10肋间),(肺下界移动度)(正常)),肺:听诊:双肺呼吸音
((清晰),(语音传导)(正常)),心脏: 视诊((心尖搏动位于锁骨中线第)(5肋间),(内/外)(0.5cm)),心脏: 触诊: 心尖搏动((有力)),心脏: 叩诊: 心脏相对浊音界((正常),(1))
常)),心脏:听诊:心音((有力),(整齐),(不齐)(心率77次/分))\n腹部:视诊:腹部((平坦)),触诊:腹壁((柔软),(胆囊点压痛,莫菲氏征)(阴性undefined)),听诊((闻
及血管杂音)( 肠鸣音3次/分))\n脊柱及四肢:脊柱(正常),活动(自如,关节活动自如),震颤(有),杂音(有)\n神经系统:生理反射(肱二头肌、肱三头肌反射正常,膝
腱反射正常,跟腱反射正常),病理反射(未引出),脑膜刺激征(未引出)","assayInspect":"暂
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环境等未记录,家族史仅简单标注无具体内容。"\n }、\n {\n "item": "体格检查",\n "fullScore": 15,\n "score": 13,\n "deduction": "扣2分。检查记录全面规范(如
生命体征、各系统检查数据),但存在遗漏:肛门直肠及外生殖器标记'未检',腹部触诊中'胆囊点压痛'记录为'阴性undefined',存在不规范问题。"\n },\n {\n
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},\n {\n "item": "处理",\n "fullScore": 20,\n "score": 17,\n "deduction": "扣3分。治疗方案整体合理(如血液透析频率、饮食控制),但纠正贫血的具体措施(如
药物剂量、监测指标)未详细说明,影响规范性。"\n },\n {\n "item": "其他",\n "fullScore": 20,\n "score": 15,\n "deduction": "扣5分。病历结构完整,但存在矛
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盾(病史与诊断不一致)、关键辅助检查(心电图、胸片)标记'暂缺'未补充,且时间戳'2025年'疑似错误。"\n }\n]\n}", "reasoning content": "\n首先,我需要

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根据给定的评分标准对这份住院病历进行质量评估。评分维度包括主诉(10分)、病史(20分)、体格检查(15分)、诊断(15分)、处理(20分)和其他
 (20分)。每个维度都有具体的扣分点,我需要仔细检查病历内容,找出不足之处。\n\n在主诉部分,病历中明确写着"维持性血液透析11年余",这简洁地说
明了患者就诊的原因,符合要求,所以应该给满分10分。\n\n病史部分包括现病史、既往史等。现病史详细描述了患者的病程、治疗过程和当前状况,但既
往史中提到"否认高血压、糖尿病等慢性病史",这与现病史中的"肾性高血压"诊断矛盾。此外,个人史和家族史部分似乎缺失,比如疫苗接种、居住环境等没
有记录。因此,这里需要扣分,可能扣5分,得15分。\n\n体格检查记录得很全面,涵盖了各个系统,如一般情况、皮肤、五官、心肺、腹部等,数据也具
体。但注意到"肛门直肠及外生殖器"标记为"未检",这是一个遗漏。另外,腹部触诊中"胆囊点压痛"部分显示"阴性undefined",可能存在记录不规范的问题。
扣2分,得13分。\n\n诊断部分列出了多个诊断,如慢性肾脏病5期、肾性贫血等,符合疾病命名规范,且基于病史和检查,看起来准确完整。给满分15分。
\n\n处理方案包括血液透析、饮食控制等,针对患者的病情合理规范。但方案中没有提到具体药物或剂量,比如纠正贫血的措施不够详细。扣3分,得17分。
\n\n其他方面涉及病历书写规范性和完整性。病历结构完整,但部分内容如心电图、胸片等标记为"暂缺",且存在一些矛盾(如既往史否认高血压但诊断有肾
性高血压)。此外,时间戳显示为2025年,可能是错误。扣5分,得15分。\n\n现在计算总分:10+15+13+15+17+15=85分。根据评分等级,85分属于乙级
 (75-89分)。最后,按照JSON格式整理扣分明细,确保输出符合要求。\n"}, "finish_reason": "stop"}], "created": 1752036064, "system_fingerprint": """}[{"id":
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晕、乏力、全身浮肿、恶心、呕吐、食欲减退在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性贫血,肾性骨病,开始规律性血液透析治疗,并行左前
臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重为57kg,为继续行规律血液透析收入我中心。
患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一般,无尿,大便正常。","tentativeDiagnosis":"慢
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移动度)(正常))","肺: 听诊: 双肺呼吸音((清晰),(语音传导)(正常))","心脏: 视诊((心尖搏动位于锁骨中线第)(5肋间),(内/外)(0.5cm))","心脏: 触诊: 心尖搏动
((有力))","心脏:叩诊:心脏相对浊音界((正常))","心脏:听诊:心音((有力),(整齐),(不齐)(心率77次/分))"]},("label":"腹部","value":["视诊:腹部((平坦))","触
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毒,高钾血症", "presentDisease": "患者于2013年6月因头晕、乏力、全身浮肿、恶心、呕吐、食欲减退在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性
贫血,肾性骨病,开始规律性血液透析治疗,并行左前臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,
现干体重为57kg,为继续行规律血液透析收入我中心。患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、
睡眠一般,无尿,大便正常。". "patientNickName": "huanxiu"}{("medic": null, "nurse": null, "mainSuit": "维持性血液透析11年余。", "diagnosis": null,
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容(慢性)\n皮肤及淋巴结:皮肤弹性(正常),皮疹(无),皮下出血(无),瘀斑(无),蜘蛛痣(无),肝掌(无),瘢痕(无),溃疡(无)\n头颈部五官:头颅:大小形状((正常)),毛发
((正常)),眼((瞳孔等大等圆)(左3.5mm,右3.5mm),(对光反射存在)),耳:外形((正常)),听力((正常)),鼻((正常)),口((舌居中)),颈((颈部对称),(活动自如),(气管居
中))\n胸部:胸部(胸廓对称),肛门直肠及外生殖器(未检),肺:视诊((胸式呼吸)),肺:触诊:呼吸活动度((一致),(正常)),肺:叩诊:肺部叩诊((清音),(实音)(肺下
界位于肩胛线第10肋间),(肺下界移动度)(正常)),肺:听诊:双肺呼吸音((清晰),(语音传导)(正常)),心脏:视诊((心尖搏动位于锁骨中线第)(5肋间),(内/外)
(0.5cm)),心脏: 触诊: 心尖搏动((有力)),心脏: 叩诊: 心脏相对浊音界((正常)),心脏: 听诊: 心音((有力),(整齐),(不齐)(心率77次/分))\n腹部: 视诊: 腹部((平
坦)),触诊:腹壁((柔软),(胆囊点压痛,莫菲氏征)(阴性undefined)),听诊((闻及血管杂音)( 肠鸣音3次/分))\n脊柱及四肢:脊柱(正常),活动(自如,关节活动自如),
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功能亢进,高磷酸血症,高尿酸血症,代谢性酸中毒,高钾血症", "endDialyzeTime": null, "healingProject": "1、按肾病内科常规护理,监测体重、血压。\n2、维持
性血液透析,一周三次。\n3、低盐,优质蛋白饮食。\n4、纠正贫血及对症处理。", "startDialyzeTime": null, "nowDiseaseHistory": "患者于2013年6月因头
晕、乏力、全身浮肿、恶心、呕吐、食欲减退在深圳市龙华区人民医院诊断为慢性肾脏病5期,肾性贫血,肾性骨病,开始规律性血液透析治疗,并行左前
臂自体动静脉血管造瘘术,同年8月启用内瘘。目前透析方案为3次/周,每次超滤量为2500-3000ml,现干体重为57kg,为继续行规律血液透析收入我中心。
患者平素未诉不适,双下肢无水肿,无乏力、胸闷、心悸、气促,无头晕、头痛,胃纳欠佳,精神、睡眠一般,无尿,大便正常。", "oldDiseaseHistory":
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