Health Care Department of the city of Moscow

The Davydovsky Municipal Clinical Hospital

Neurology Unit #8

Phone 8-915-04-61

Inpatient’s clinical chart No. 18564

HOSPITAL DISCHARGE REPORT

Patient: Ian James Winter

Age: 68 years (11.08.1950).

Received inpatient treatment in Neurology Unit #8 of the Davydovsky Municipal Clinical Hospital from 24.09.2018 to 26.09.2018.

Discharge diagnosis:

Main: cerebrovascular disease. Chronic cerebral ischemia, decompensation.

Background: Arterial hypertension of the third degree, risk of cardiovascular complications of the fourth degree.

Associated diseases: diabetes type 2, target: HbA1c <7%. Cardiac pacemaker (2009).

Complaints at admission: dizziness, nausea.

Diseases anamnesis: According to his wife, patient started to complain suddenly today around 09:30 AM. Ambulance was called, and the patient was taken to the Davydovsky Municipal Clinical Hospital.

Life anamnesis: According to his wife, a similar episode took place about 3 weeks ago. The patient did not seek for medical assistance. The patient has had type 2 diabetes for a long time. The patient takes metformin 850 mg x 3 times per day, NovoRapid after meals x 3 times per day, Tresiba 130 units once a day. The patient takes aspirin 75MG, atorvastatin 40MG once a day, Bisoprololum 10 mg. 6 days ago, the patient had a sore throat. He went to a doctor; the doctor prescribed amoxicillin 500 mg x 3 times per day. In 2009, a cardiac pacemaker was implanted for arrhythmia. The patient denies having acute impairment of cerebral circulation, acute myocardial infarction, tuberculosis, HIV, hepatitis.

Allergic anamnesis: denied.

Epidemic anamnesis: patient denies having contacts with infectious patients.

Bad habits: denied.

Patient condition on admission

General condition: moderately severe. Skin and visible mucous membranes are of pale pink color.

Respiratory system: chest is of normal shape, symmetrical. Chest evenly participates in breathing acts. Breathing rate: 16 in 1 min. Percutory sound: pulmonary. Breath is hard and distributed to all parts of lungs; no rales.

Blood circulation system: heart and large vessels are not changed. Apex beat cannot be determined. Heart tones are muffled and rhythmic. Heart rate: 80 BPM. Blood pressure: 120/80 mm Hg.

Digestive system: tongue is wet. Stomach is soft and painless. Control of bowel and bladder functions is maintained.

Neurological condition on admission

Conscious. Cooperative. No meningeal signs. Eye fissure: D = S. No nystagmus. Eyeballs fully movable. Photoreaction: satisfactory. No diplopia. Face is symmetrical. Tongue: along the middle line. No bulbar abnormalities.

Motor function: Barre test result is positive (position is maintained). Muscular force: S = D , reduced. No pathological pathologic foot reflexes. Sensitive function: not impaired.

Reflex function: tendon and periosteal reflexes: S = D, reduced.

Cerebellar functions: loss of balance during bilateral coordination test. Staggering during the Romberg test.

Clinical and diagnostic examination results on discharge:

Complete blood count as of 24.09.18. Hb 155g/l, erythrocytes: 5.47x10\*12/l, cell color ratio: 0.85, hematocrit: 45%, leukocytes: 18 x10\*9/l, rod nuclear cells: 14%, segmental cells: 53%, thrombocytes: 206x10\*9/l, lymphocytes: 25%, monocytes: 8%, neutrophils: 67%, ESR: 2 mm/h (Westergren).

Biochemical blood test results as of 25.09.18. Total protein: 66 g/l, albumin: 41 g/l, creatinine:

111 μmol/l, cholesterol: 3.05 mmol/l, triglycerides: 2.57 mmol/l, bilirubin: 11.5-4.7-

6.8 mkmol/l, ALT: 26 IU/L, AST: 25 IU/L, glucose: 2.2 mmol/l, potassium: 4.7 mmol/l, sodium: 148 mmol/l, LDH: 148 IU/L, alpha-amylase: 41 IU/L, HDLP: 6.0 mmol/l, calcium: 4.1.

Coagulogram as of 25.09.2018. APPT: 26.8 sec, PTT: 78.9%, fibrinogen: 343 mg, INR: 1.27.

Clinical urine analysis as of 25.09.18. Specific gravity: 1.018, рН: 6.0, protein: 0.00 g/l, leukocytes: 2-4 per high power field, erythrocytes: 0-1 in per high power field, mucus: large amount.

IFA AT HIV, HBsAg, aHCV, Tr. Pallidum: in process.

Chest X-rsay as of 24.09.2018. Hear shape is not changed; heart is moderately expanded to the left. Aorta is compacted, slightly enlarged. Pacemaker.

No focal and infiltrative shadow-forming abnormalities were revealed. Radiation load: 0.3 mSv.

ECG as of 24.09.18. Pacemaker rhythm. Heart rate: 75 BPM.

X-ray CT of the brain as of 24.09.2018. No indications of brain infarction, hemorrhage were revealed. Lacunar cyst in the of basal nuclei area on the right, measuring up to 10mm in diameter. No dislocations of median structures. Moderate external hydrocephalus. Radiation load: 3.0 mSv.

Consultations:

Endocrinologist: Diabetes mellitus type 2, target HbA1c <7%.

Oculist: OU initial cataract. Non-proliferative diabetic retinopathy, peripheral vitreochorioretinal dystrophy.

Treatment administered: diet not restricted, semi lying position, proneuro 1000 mg intravenously, nicotinic acid 1.0 intramusculary, teraligen 5 mg/2 pills before bed, omez 20mg x 2 times per day, bisoprololum 2.5 mg in the morning, ramipril 5 mg once a day, aspirin 75 mg 1 pill before bed, atorvastatin 40 mg once a day, insulin according to the scheme.

Summary: The patient (68) years was admitted to hospital after complaints of dizziness, nausea. Treatment had a positive effect. Hemodynamics is stable. Blood pressure 120/80 mm Hg, heart rate 70 BPM. Neurological condition: no focal pathology. Coordination tests results: satisfactory. Dizziness regression. The patient is activated. Walks unaccompanied. Balance is controlled during walking.

The course of inpatient treatment is over.

Recommendations:

- catachrom eye drops: 2 drops x 3 times per day, in both eyes, emoxypin eye drops 1%: 2 drops x 3 times per day in both eyes, change after 1 month.

- consultation with a specialized eye clinic for a laser treatment.

- neurologist, cardiologist supervision at local polyclinic.

- endocrinologist supervision at local polyclinic, correction of insulin therapy.

- insulin according to the scheme:

Novorapid: 6 units before breakfast, 6 units before lunch, 6 units before dinner.

Tresiba: 15 units at 21:00 PM.

Bisoprololum: 2.5 mg in the morning (heart rate control is required).

Ramipril: 5 mg once a day (blood pressure control is required).

Atorvastatin: 40 mg once a day in the evening (blood lipids control is required) after 2 months (as an outpatient).

Cardio Magnesium: 75 mg 1 pill in the evening, 2 months.

Omeprazole 20 mg x 2 times per day, 2 months.

All medications can be replaced by alternatives in equivalent dosage.

Therapist: (signed) L. Bardin

Department head: (signed) Candidate of Medical Science E. Krasnopyorov

(triangular stamp: for certificates)