

Adult/Geriatric Critical Thinking Worksheet

**1. Disease Process & Brief Pathophysiology-**  
 A stroke is a deprivation of oxygen and nutrients to the brain. It is a sudden impairment of circulation in blood vessels and if the circulation is not restored, necrosis to the brain may occur. The blockage may occur by plaque build up narrowing vessels and a thrombosis blocking the artery, an embolus, or by hemorrhage (bleeding into the brain tissue. Any blockage that is not quickly resolved can result in brain tissue infarction.

**2. Factors for the Development of the Disease/Acute Illness-**

- Age >55 (P)
- Gender (P)
- Ethnicity
- Hereditary
- HTN (P)
- Heart Disease
- Diabetes (P)
- Serum Cholesterol
- Smoking
- Obesity
- Sleep Apnea
- Metabolic Syndrome
- Lack of Physical exercise

**3. Signs and Symptoms-**

- Hemiplegia
- Hemiparesis (P)
- Ataxia (P)
- Dysarthria
- Dysphagia
- Aphasia
- Memory Loss
- ↓ Attention Span
- Poor reasoning
- Altered judgement
- Loss of Self Control
- Depression (P)
- Emotional lability
- Elimination Problems

**4. Diagnostic Tests pertinent or confirming of diagnosis-**

- CT Scan (P)
- MRI (P)
- CTA (P)
- MRA
- Angiography
- Intra-arterial DSA
- Transcranial Doppler
- Lumbar Puncture
- LICOX System
- Cardiac Imaging (P)

**5. Lab Values that may be affected-**

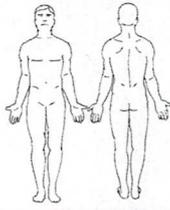
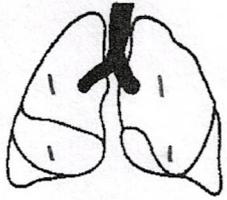
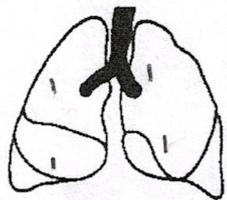
- CBC (P)
  - Hgb/Hct (P)
  - RBC (P)
  - WBC (P)
- Serum Electrolytes
  - K<sup>+</sup> (P)
- Platelet Count
- Blood Glucose (P)
- Cholesterol

**6. Current Treatment-**

- Thrombolytic Therapy (TPA)
- Carotid Endarterectomy
- Angioplasty, stenting
- Aneurysm clipping or coiling
- Close Monitoring of blood pressure (P)
- Management of intracranial pressure
- Preventative Therapy (P)

<p><b>7. Focused Nursing Diagnosis:</b> Impaired physical mobility</p>	<p><b>11. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <ol style="list-style-type: none"> <li>Encourage self performance of ADLs such as bathing, walking to the bathroom, and brushing teeth</li> </ol> <p><b>Evidenced Based Practice:</b> Providing unnecessary assistance may promote dependence and decrease mobility</p> <ol style="list-style-type: none"> <li>Encourage active ROM exercises as tolerated</li> </ol>	<p><b>12. Patient Teaching:</b></p> <ol style="list-style-type: none"> <li>Educate patient in proper transferring of affected side to promote independence in mobility</li> <li>Teach patient exercises to improve grip strength and promote motor control</li> <li>Educate patient in importance of well-fitting shoes for safe ambulation, improving leg strength.</li> </ol>
<p><b>8. Related to (r/t):</b> Decreased muscle strength and control</p>	<p><b>Evidenced Based Practice:</b> ROM exercises will help improve muscle tone.</p> <ol style="list-style-type: none"> <li>Consider constraint-induced movement therapy where pt uses affected side for all activities for a period.</li> </ol> <p><b>Evidenced Based Practice:</b> The plasticity of the brain allows the brain to rewire and reroute neural connections from the injured part of the brain to improve mobility of side affected by hemiparesis</p>	<p><b>13. Discharge Planning/Community Resources:</b></p> <ol style="list-style-type: none"> <li>Refer to occupational therapy for help with fine motor skills and ADLs</li> <li>Refer to physical therapy to aid in strengthening muscles for improvement in mobility.</li> <li>Follow up with healthcare provider to assess for need of assistive devices, such as a walker, at home</li> </ol>
<p><b>9. As evidenced by (aeb):</b> Patient cannot grasp items in left hand and displays weakness with grips and pushes.</p>	<p><b>10. Desired patient outcome:</b> Patient will verbalize feelings of increased strength and ability to perform ADLs by discharge.</p>	

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PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: <u>3</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>2+</u> L <u>2+</u> Post. Tib. R _____ L _____ Comments: _____	Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>S</u> Lt. <u>W</u> Pushes: Rt. <u>S</u> Lt. <u>W</u> Comments: _____ Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Appr. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: _____	Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" type="checkbox"/> N PPM Site: _____ Rhythm: _____
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color _____ Consistency _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarding Bowel Sounds: <input type="checkbox"/> Active <input checked="" type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X <u>4</u> Quadrants Appetite: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>Last BM 3 Days ago</u> <u>Guarding left side</u>	Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>Left sided weakness</u>	<input checked="" type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input checked="" type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: _____	Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input type="checkbox"/> N Comments: _____	<input checked="" type="checkbox"/> None #1 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ #2 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ #3 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ #5 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____
ARTERIAL AND VENOUS SITES	PULMONARY	CHEST TUBES
A -Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input checked="" type="checkbox"/> Peripheral <input checked="" type="checkbox"/> R <input type="checkbox"/> L <u>AD</u> Start: <u>1/12</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit	Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input type="checkbox"/> RA O2: _____ <input type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____	<input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____
SKIN ASSESSMENT	LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub	
<input checked="" type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitus 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: _____ Skin Color normal for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale $\leq$ 18 initiate Skin Care Protocol Comments: _____ 	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Inspiration</p>  </div> <div style="text-align: center;"> <p>Expiration</p>  </div> </div>	
<input checked="" type="checkbox"/> Initial Assessment <input checked="" type="checkbox"/> See Narrative for Additional information Signature: <u>Aarah Kearney</u> Date: <u>1/13/21</u> Time: <u>1000</u> <input type="checkbox"/> No Changes to initial assessment <input type="checkbox"/> See Narrative for _____s Signature _____ Date: _____ Time: _____ <input type="checkbox"/> No Changes to previous assessment <input type="checkbox"/> See Narrative for _____s Signature _____ Date: _____ Time: _____		

Student Name: Sarah Kearney

Date: 1/13/2010

## Patient Physical Assessment Narrative

**PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS:** (Complete using assessment check list and reminders below).

**GENERAL INFORMATION** (Time of assessment, admit diagnosis, general appearance)

1000, Pt admitted with left sided numbness and pain,  
Patient appears calm and relaxed.

**Neurological-sensory** (LOC, sensation, strength, coordination, speech, pupil assessment)

Patient alert, oriented x3, Patient able to feel sharp and dull sensations  
on all extremities. Strong grips and pushes on right side and weak  
grips and pushes on left. Patient displays impaired coordination with left  
hand by being unable to hold pill cup. Right hand and legs display coordination  
with purposeful movement. Speech clear, Pupils 3mm, equal, reactive to light.

**Comfort level:** Pain rates at 5 (0-10 scale) Location: Left Leg, "aching"

**Psychological/Social** (affect, interaction with family, friends, staff)

Pt friendly, responds to questions readily. No friends or  
family at bedside. Pt interacted with staff appropriately for  
age, also expressed concerns about insurance; referred to  
case management.

**EENT** (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) Facial features symmetrical, No EENT drainage,

Sclera white, teeth were all present, discolored and not straight.  
Nodes were not palpable. Patient able to swallow with ease.  
Facial expressions are responsive. Mucous membranes pink and moist.

**Respiratory** (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Trachea midline, lungs clear to auscultation on inspiration and  
expiration, Patient denies shortness of breath. Rate of 16 breaths  
per minute, even rhythm, not shallow, with consistent pattern of  
inspiration and expiration. Patient had 98% O<sub>2</sub> Sat on Room Air.

**Cardiovascular** (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

S<sub>1</sub> and S<sub>2</sub> clear to auscultation with even rhythm, apical pulse 56,  
radial pulse 58, Radial and pedal pulses strong and able to occlude  
bilaterally. Pattern of pulse was even. Blood pressure 133/79.  
No edema or swelling noted. Capillary refill <3 seconds in fingers and toes.

Student Name: Sarah Kearney Date: 1/13/21

### IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Patient has not had a BM in 3 days, but states he "feels like he will need to go soon". Abdomen soft, not distended, no scars or abnormalities noted on abdomen. Bowel sounds were hypoactive x 4 quadrants. Left side is tender to palpation, Right is not. Last BM 1/10/2021

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Patient denies feelings of frequency, urgency, or painful urination. Pt is continent, able to use bathroom, describes urine as clear, yellow, without foul odor.

**Urine output** (last 24 hrs) n/a **LMP** (if applicable) n/a

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities) Spine midline, posture straight, pt can move all extremities with ease and has a mostly steady gait, slightly cautious putting weight on left leg. Patient displays difficulty grasping things with left hand, no deformity noted.

**Skin** (skin color, temp, texture, turgor, integrity) Skin was appropriate for race, warm, pink, dry. Texture was smooth, soft with some wrinkles. Tenting did not occur when testing turgor, skin intact. No swelling or edema noted.

**Wounds/Dressings** Right Peripheral INT started 1/12/21 - Dressing dry, without redness or swelling. No wounds or other dressings noted.

**Other** Temporal temperature 97.4°f

# Diagnostic Worksheet

Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory.</small>	Dates	
		Admit day	Most Recent
<b>CBC</b>	WBC 3.6-10.8 k/uL HGB 14-18 g/dL HCT 42% - 52% RBC 4.7-6.1 m/uL PLT 150 - 400 k/uL	11/2/21 8.93 14.8 39.3 4.59 235	1/13/21 14.51↑ 12.5↓ 33.5↓ 3.87↓ 223
<b>CMP</b>	Glucose 70-110 mg/dL Sodium 134 - 145 mmol/L Potassium 3.5 - 5.3 mmol/L BUN 9-21 mg/dL Creatinine 0.8-1.5 mg/dL Chloride 98 - 108 mmol/L Calcium 8.4 - 11.0 mg/dL Mg++ 1.6 - 2.3 mg/dL Total Protein 5.5 - 7.8 g/dL Albumin 3.4 - 5 g/dL Total Bilirubin 0.1 - 1.3 AST(SGOT) 5 - 45 u/L ALT (SGPT) 7-72 u/L Alk Phos (ALP) 38 - 126 u/L	11/2/21 14.8 3.5 19 1.40 104 8.7	1/13/21 137 134 2.7↓ 19 1.40 104 8.7
<b>Lipid Panel</b>	Cholesterol 200mg/dL TRIG 0-150 mb/dL HDL >60mg/dL LDL 0-100 mg/dL	11/2/21 161 96 44↓ 98	1/13/21 161 96 44↓ 98
<b>Common</b>	Refer to lab specific data GFR 0.35 - 5.5 ULU/L TSH 0.8 - 2 ng/dL Digoxin 10.0 - 12.9 secs PT Therapeutic 2 - 3 INR 25.3 - 36.9 secs PTT 5 - 100 pg/dL BNP 0 - 5 ng/dL CKMB neg = < 0.07 ng/mL Troponin	11/2/21 161 96 44↓ 98 56↓ 10.8 1.00↓ 24.5	1/13/21 161 96 44↓ 98 56↓ 10.8 1.00↓ 24.5
<b>Point of Care Glucose Results</b>			
Date	Time	Result	Date
1/12/21	2045	245 ↑	1/13/21
1/13/21	0541	151 ↑	1/13/21
1/13/21	1111	157 ↑	1/13/21

Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory.</small>	Dates	
		Admit day	Most Recent
Sp Gravity	1.005	1.005	1/12/21
Protein	neg	neg	1/12/21
Glucose	neg	neg	1/12/21
Ketone	neg	neg	1/12/21
Nitrite	neg	neg	1/12/21
Leukocytes	neg	neg	1/12/21
Bilirubin	neg	neg	1/12/21
Blood	neg	neg	1/12/21
pH	7.0	7.0	1/12/21
Other Labs	Urine Urobilinogen	0.2	1/12/21
Date	Culture	Site	Result
	Blood		
	Urine		
	Wound		
	Wound		
<b>Other Diagnostic / Procedures</b> Examples: CT/Xray/MRI/Paracentesis			
Date	Type	Result	
1/13/21	Urine Opatics Screen	Presumptive Positive	
1/13/21	Urine Gram Stain Screen	Presumptive Positive	
1/12/21	NECK CTA	Carotid Arteries Patent	
1/12/21	Head CTA	No cerebral perfusion defect	
1/12/21	Head CT	No acute focal findings	
1/12/21	Chest X-RAY	No acute cardiopulmonary disease	
1/12/21	Brain MRI	Remote infarcts found	
1/12/21	Transcranial ECG	Moderate left ventricle hypertrophy	

Chronic Microscopic Ischemic White Matter