CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 222 | MRN: MRN-222-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Walter White
DOB:	1959-09-07
Gender:	male
Race:	Caucasian
Height:	5 ft 11 in
Weight:	175 lbs
Telecom:	505-197-7208
Address:	308 Negra Arroyo Lane, Albuquerque, NM 87104
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Skyler White
Telecom:	505-234-5678
Address:	308 Negra Arroyo Lane, Albuquerque, NM 87104
Gender:	female
Organization:	N/A
Period Start:	1990-11-10
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Saul Goodman, MD
Managing Organization:	ABQ Health Partners

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Blue Cross Blue Shield of New Mexico
Plan Name:	Blue Community Gold PPO

Plan Type:	PPO
Group ID:	A1B2-C3D4
Group Name:	Albuquerque Public Schools
Member ID:	WWHITE59
Policy Number:	BCBSNM-987654321
Effective Date:	2010-01-01
Termination Date:	ongoing
Copay:	$50
Deductible:	$1500
SUBSCRIBER	
Subscriber ID:	WWHITE59
Subscriber Name:	Walter White
Relationship:	Self
Subscriber DOB:	1959-09-07
Subscriber Address:	308 Negra Arroyo Lane, Albuquerque, NM 87104

II. MEDICAL BIOGRAPHY & HISTORY

Walter White is a 64-year-old retired high school chemistry teacher from Albuquerque, New Mexico. He lives with his wife, Skyler, and has two children. Until recently, he lived a quiet, unremarkable life. His medical history was notable only for well-managed hypertension and diet-controlled type 2 diabetes.

Five months ago, following an evaluation for a persistent cough, he was given a devastating diagnosis of Stage IV non-small cell lung cancer. This has profoundly impacted his physical and mental health. He immediately began an aggressive chemotherapy regimen, which has been associated with significant side effects, including fatigue, nausea, and neuropathy. He has a 40-pack-year smoking history but quit upon his diagnosis.

Over the last two months, his health has declined precipitously. He has developed rapidly progressive kidney failure, culminating in a diagnosis of End-Stage Renal Disease (ESRD). His nephrologist attributes the renal failure to a combination of long-standing hypertension, diabetes, and possible nephrotoxic effects of his chemotherapy. He now presents with severe uremic symptoms, including encephalopathy, and requires immediate renal replacement therapy. The current plan is to place a tunneled central venous catheter to initiate hemodialysis. However, his overall prognosis is considered poor due to his terminal cancer diagnosis, complicating long-term treatment decisions and making invasive procedures high-risk.

III. CLINICAL REPORTS & IMAGING

■ *NEPHROLOGY CONSULT NOTE*

Report Text:
REASON FOR CONSULTATION: Management of newly diagnosed End-Stage Renal Disease (ESRD).

CHIEF COMPLAINT: Worsening fatigue, nausea, and decreased urine output.

HISTORY OF PRESENT ILLNESS: Mr. Walter White is a 64-year-old male with a significant past medical history of

Stage IV non-small cell lung cancer (diagnosed 5 months ago, currently on chemotherapy), hypertension, and type 2 diabetes. He is referred by his PCP, Dr. Goodman, for evaluation of rapidly declining renal function. The patient reports a 3-week history of profound fatigue, loss of appetite, intermittent nausea, and a metallic taste in his mouth. He has also noticed swelling in his ankles and a significant decrease in urination over the past week. He denies chest pain, frank shortness of breath at rest, or fever. His cancer-related symptoms include a chronic cough and intermittent back pain, managed with oxycodone.

PAST MEDICAL HISTORY:
1. Non-small cell lung cancer, Stage IV, diagnosed December 2023.
2. Essential Hypertension, diagnosed 2020.
3. Type 2 Diabetes Mellitus, diagnosed 2021.
4. History of Nicotine Dependence (40+ pack-year history, quit 6 months ago).

PAST SURGICAL HISTORY: Right upper lobe lung biopsy (December 2023).

MEDICATIONS: As per record; includes Lisinopril, Metformin, Atorvastatin, Aspirin, and Oxycodone. Recently started on Epoetin Alfa by oncology.

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Married, lives with his wife. Retired high school chemistry teacher. Former heavy smoker. Denies alcohol or illicit drug use.

REVIEW OF SYSTEMS: As per HPI. Additionally positive for pruritus and leg edema. Negative for fever, chills, chest pain, palpitations, or neurological deficits.

PHYSICAL EXAMINATION:
VITALS: BP 168/94, HR 88, RR 18, Temp 98.4 F, SpO2 94% on room air.
GENERAL: Chronically ill-appearing male, alert and oriented but fatigued.
HEENT: Pale conjunctiva. No scleral icterus. Oral mucosa is dry. Metallic taste reported.
CARDIOVASCULAR: Regular rate and rhythm,...

■ *RECENT LAB RESULTS*

Report Text:
PATIENT: Walter White
MRN: 222
DOB: 1959-09-07
COLLECTION DATE: 2024-05-01 14:30:00Z
REPORT DATE: 2024-05-01 15:00:00Z

COMPREHENSIVE METABOLIC PANEL ---
SODIUM: 135 mEq/L (Normal: 136-145)
POTASSIUM: 5.9 mEq/L (HIGH; Normal: 3.5-5.1)
CHLORIDE: 100 mEq/L (Normal: 98-107)
CARBON DIOXIDE (CO2): 18 mEq/L (LOW; Normal: 21-32)
GLUCOSE: 145 mg/dL (HIGH; Normal: 70-99)
BLOOD UREA NITROGEN (BUN): 110 mg/dL (CRITICAL HIGH; Normal: 7-20)

CREATININE: 8.2 mg/dL (CRITICAL HIGH; Normal: 0.7-1.3)
EST. GFR: 8 mL/min/1.73m2 (CRITICAL LOW; Normal: >60)
CALCIUM: 8.1 mg/dL (LOW; Normal: 8.6-10.3)
ALBUMIN: 3.0 g/dL (LOW; Normal: 3.5-5.2)
TOTAL PROTEIN: 5.8 g/dL (LOW; Normal: 6.0-8.3)
ALKALINE PHOSPHATASE: 150 U/L (HIGH; Normal: 44-147)
ALT (SGPT): 25 U/L (Normal: 0-40)
AST (SGOT): 33 U/L (Normal: 0-40)
BILIRUBIN, TOTAL: 0.9 mg/dL (Normal: 0.1-1.2)

COMPLETE BLOOD COUNT (CBC) ---
WHITE BLOOD CELL COUNT: 6.5 K/uL (Normal: 4.5-11.0)
RED BLOOD CELL COUNT: 3.10 M/uL (LOW; Normal: 4.7-6.1)
HEMOGLOBIN: 9.1 g/dL (LOW; Normal: 14.0-18.0)
HEMATOCRIT: 27.5 % (LOW; Normal: 42-52)
MCV: 89 fL (Normal: 80-100)
PLATELET COUNT: 180 K/uL (Normal: 150-450)

COAGULATION PANEL ---
PROTHROMBIN TIME (PT): 14.2 seconds (HIGH; Normal: 11.0-13.5)
INTERNATIONAL NORMALIZED RATIO (INR): 1.4 (HIGH; Normal: <1.1)

CARDIAC ENZYMES ---
TROPONIN I: <0.04 ng/mL (Normal: <0.04)

IMPRESSION: Laboratory results are consistent with end-stage renal disease, demonstrating severe azotemia, hyperkalemia, metabolic acidosis, and anemia. Elevated INR suggests mild coagulopathy. Glucose control is suboptimal.

■ *CHEST XRAY REPORT*

Report Text:
EXAMINATION: Chest X-Ray, 2 views (PA and Lateral)

INDICATION: Shortness of breath, cough, history of lung cancer, concern for fluid overload.

TECHNIQUE: Standard posteroanterior and lateral views of the chest were obtained.

COMPARISON: Previous study from December 2023.

FINDINGS:
LUNGS AND PLEURA: There is an irregular, spiculated mass in the right upper lobe, consistent with the patient's known primary lung malignancy. Compared to the prior study, the mass appears stable in size, measuring approximately 4.5 cm. There are several smaller nodules in both lungs, concerning for metastatic disease. There are prominent interstitial markings and Kerley B lines, indicative of pulmonary edema. Moderate bilateral pleural effusions are present, right greater than left. No evidence of a large pneumothorax.

HEART AND MEDIASTINUM: The cardiac silhouette is moderately enlarged. The aortic arch is tortuous and calcified. The mediastinal contour is otherwise unremarkable, without evidence of acute adenopathy.

BONES AND SOFT TISSUES: Degenerative changes are noted in the thoracic spine. A lytic lesion in the T7 vertebral body is suspicious for a bone metastasis.

IMPRESSION:
1. Signs of moderate to severe congestive heart failure with pulmonary edema and bilateral pleural effusions.
2. Right upper lobe mass, consistent with known lung cancer, with findings suspicious for widespread metastatic disease to the lungs and thoracic spine.
3. Cardiomegaly.

■ *PCP OFFICE VISIT NOTE*

Report Text:
SUBJECTIVE: Mr. White presents as a new patient to establish care. He is a 64-year-old recently retired teacher who was diagnosed with non-small cell lung cancer approximately 3 months ago and is undergoing treatment. His chief complaints today are generalized fatigue and management of his chronic conditions. He reports his cancer treatment is difficult but he is

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■ *ED VISIT SUMMARY*

Report Text:
PATIENT: Walter White (MRN: 222), 64 y/o Male

CHIEF COMPLAINT: Shortness of breath and confusion.

HISTORY: Patient was brought in by his wife due to worsening lethargy, confusion, and difficulty breathing over the past 24 hours. Patient has a known history of Stage IV Lung Cancer and recently diagnosed ESRD, but has not yet started dialysis. Wife reports he has been barely eating or drinking and has had very little urine output.

PHYSICAL EXAM:
VITALS: BP 172/94, HR 95, RR 24, SpO2 92% on RA, T 98.7F
GENERAL: Patient is lethargic, slow to respond, but oriented to person. Not oriented to time or place.
CV: Tachycardic, S3 gallop noted. 3+ pitting edema to the thighs.
LUNGS: Labored breathing, crackles heard 2/3 up bilaterally.
NEURO: Asterixis present. No focal deficits.

ED COURSE:
Patient was placed on a cardiac monitor and supplemental oxygen. An IV was established. Labs were drawn which revealed critical hyperkalemia (5.9 mEq/L), severe azotemia (BUN 110, Cr 8.2), and metabolic acidosis (Bicarb 18). EKG showed peaked T-waves. A chest X-ray showed significant pulmonary edema and bilateral pleural effusions.

He was treated emergently for hyperkalemia with IV calcium gluconate, insulin, dextrose, and albuterol. Lasix 80mg IV was administered with minimal effect on urine output. The Nephrology service was consulted (Dr. Fring).

ASSESSMENT/DIAGNOSIS:
1. Uremic Encephalopathy
2. Acute on Chronic Hyperkalemic Respiratory Failure
3. End-Stage Renal Disease (ESRD) with Fluid Overload
4. Metastatic Lung Cancer

DISPOSITION: Admitted to the Medical Intensive Care Unit (MICU) for emergent hemodialysis and management of acute metabolic derangements. Prognosis is poor. The patient is a poor candidate for aggressive measures beyond dialysis at this point due to his terminal cancer diagnosis. Family is aware and in agreement with the plan.

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