Patient: Williams, Robert **MRN:** SYN220 **DOB:** 06/03/1950

HOSPITAL FINAL SUMMARY / DEATH NOTE

Admission Date: 2022-01-12
Date of Death: 2022-01-18 @ 03:15
Attending Physician (Hospital Medicine): Angela Morrison, MD
Primary Oncologist: Samuel Green, MD

REASON FOR ADMISSION: Acute hypoxic respiratory failure, worsening dyspnea.

FINAL DIAGNOSES:

1. Metastatic Non-Small Cell Lung Cancer (Adenocarcinoma), RUL primary (Stage IVB: T3N1M1c - Adrenal, Pleura), Diagnosed 01/22/2020.
    - WT (EGFR/ALK/ROS1/BRAF/KRAS neg), PD-L1 TPS 15%.
    - Progression after Carboplatin/Pemetrexed/Pembrolizumab
    - Progression after Docetaxel/Ramucirumab
    - Status: End-stage disease, transitioned to comfort care July 2021.
2. Acute-on-Chronic Hypercapnic Respiratory Failure secondary to #1 (malignant effusion, parenchymal disease).
3. Cancer Cachexia.
4. Chronic Kidney Disease Stage IIIb.
5. Coronary Artery Disease, s/p DES.
6. Peripheral Vascular Disease, s/p bypass.

BRIEF HISTORY & ONCOLOGIC COURSE:
Mr. Williams was diagnosed with metastatic NSCLC in January 2020 presenting with cough and R pleuritic pain. Workup confirmed RUL primary, R hilar node, L adrenal metastasis, and large malignant R pleural effusion (adenocarcinoma, TTF-1+, PD-L1 15%). He received first-line Carboplatin/Pemetrexed/Pembrolizumab starting Feb 15 2020 with initial partial response. Disease progression occurred mid Jan 2021 (lung, adrenal, pleura). He subsequently received second-line Docetaxel/Ramucirumab from Feb 2021 but experienced significant toxicity (neutropenia, fatigue, neuropathy, worsening CKD) and had minimal benefit with further progression noted July 2021. Given toxicities and limited options, he elected for best supportive care / focus on palliation. His course over the subsequent 6 months was marked by progressive decline, cachexia, and recurrent symptomatic pleural effusions requiring thoracentesis.

HOSPITAL COURSE:
Mr. Williams presented via EMS on 01/12/2022 with acute respiratory distress. He was hypoxic (low 80s on 4L home O2), tachypneic, tachycardic, and appeared frail and cachectic. Initial assessment revealed likely large R pleural effusion contributing significantly to his respiratory failure (ABG confirmed hypercapnia and hypoxia). Given his established DNR/DNI status and poor prognosis with end-stage cancer, the goals of care were confirmed as comfort-focused. Aggressive interventions (intubation, ICU) were not pursued.

He was admitted to the medical floor. Palliative Care service was consulted on admission. Management focused on symptom control:

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- **Oxygenation:** Initially required NRB, later transitioned to HFNC (40-60L/60-80% FiO2) primarily for comfort and airflow sensation, without specific saturation targets beyond patient comfort.
- **Dyspnea/Pain:** Managed aggressively with opioid infusion. Started on Morphine PCA, rapidly converted to continuous infusion due to high requirements and declining mental status. Dose titrated upwards significantly over admission (peak rate 8 mg/hr) to maintain respiratory comfort (RR <25, no significant accessory muscle use).
- **Secretions:** Managed with Scopolamine patch.
- **Agitation/Anxiety:** Treated effectively with scheduled Lorazepam 1mg IV q4h PRN.
- **Volume/Renal:** Received minimal IV fluids due to CKD and goals of care. Creatinine peaked at 2.8 mg/dL. Antiplatelet agents were held.

Despite maximal comfort measures, Mr. Williams' clinical condition continued to decline. He became progressively less responsive over the final 48 hours. His breathing pattern became shallow and irregular. Family was present at the bedside throughout most of the admission and were kept fully informed. He passed away without signs of distress on January 18, 2022.

Time of Death: 03:15 AM, January 18, 2022.
Pronounced by: Dr. Morrison.
Notifications: Family present at time of death. Primary Oncologist (Dr. Green) notified. Medical Examiner notification not required. Funeral home contacted by family.
Autopsy: Declined by family.

Condition at Discharge: Deceased.

Electronically Signed By:
Angela Morrison, MD
Hospital Medicine Service
Date/Time: 2022-01-18 11:45