Metropolitan General Hospital
Discharge Summary

Date of Admission: April 10, 2024
Date of Discharge/Death: April 14, 2024 @ 21:30

Patient Name: Condor, Jean (ID SYN102) **DOB:** 10/13/1968

Admitting Diagnoses:

1. Acute Hypoxic Respiratory Failure
2. Malignant Pleural Effusion
3. Progression of Metastatic Lung Cancer

Discharge/Final Diagnoses:

1. Respiratory Failure secondary to Malignant Pleural Effusion & Progressive Pulmonary Metastases - *Primary Cause of Death*
2. Metastatic Lung Adenocarcinoma (KRAS G12V Positive), Refractory to Chemo/Immunotherapy & Second-Line Chemotherapy - *Underlying Cause of Death*
3. Malignant Pleural Effusion, Right-sided, Large
4. Cancer Cachexia

Summary of Hospital Course:
Ms. Condor was a 55-year-old female with a history of Stage IV KRAS G12V Lung Adenocarcinoma (PD-L1 <1%), diagnosed in Aug 2022 (mets to contralateral lung, R pleura). She received 1st line Carbo/Pem/Pembro (Sept 2022 - July 2023). She subsequently received 2nd line Docetaxel (Aug 2023 - Dec 2023) with initial stable disease followed by progression and poor tolerance (neuropathy, fatigue). Transitioned to best supportive care Jan 2024.

She presented to the ED on 04/10/24 with acute onset severe shortness of breath, pleuritic chest pain, and tachycardia. Found to be hypoxic (SpO2 86% RA). Chest X-ray and subsequent Chest CT revealed a massive right-sided pleural effusion causing near-complete opacification of the right hemithorax with significant compressive atelectasis and contralateral mediastinal shift. Also noted were progressive bilateral pulmonary metastatic nodules compared to prior imaging (~3 months ago).

Management & Interventions:

- Patient admitted to Oncology floor. Placed on supplemental O2 (initially non-rebreather, then HFNC).
- Urgent therapeutic **thoracentesis** performed bedside on 04/11/24: **2.2 Liters** of serosanguinous fluid removed, resulting in significant immediate improvement in oxygenation (SpO2 95% on 4L NC) and subjective dyspnea. Cytology later confirmed malignant cells consistent with known adenocarcinoma.
- Pain managed with scheduled PO Oxycontin and PRN IV morphine.

- **Goals of Care:** Discussions held with patient (alert and oriented initially) and family regarding prognosis (very poor, likely days to weeks) and goals. Patient clearly expressed wish to focus on comfort and avoid aggressive measures (DNR/DNI status reaffirmed). Declined consideration of further anti-cancer therapy, pleurodesis, or indwelling pleural catheter given overall condition and prognosis.
- **Clinical Decline:** Despite initial improvement post-thoracentesis, patient developed recurrent dyspnea within 48 hours (04/13), requiring increasing O2 support. Chest X-ray showed partial re-accumulation of effusion and worsening underlying pulmonary disease. Patient became progressively more lethargic and weaker, with poor PO intake. Focus shifted entirely to comfort measures. Transitioned pain management to continuous IV morphine infusion for dyspnea and pain. Lorazepam added PRN agitation. Family remained at bedside.

Circumstances of Death: Patient continued to decline, becoming minimally responsive. Developed worsening hypoxia and respiratory distress despite opioid titration. Passed away peacefully on evening of 04/14/24.

Discharge Disposition: Deceased.
Condition at Discharge: Deceased.