

## Discharge Note

This discharge summary pertains to **Laura Evans (MRN: SYN192, DOB: 1970-08-04)**, a 53-year-old female admitted on 2023-12-15 for management of recurrent seizures and neurological decline related to her metastatic Non-Small Cell Lung Cancer (NSCLC).

### Summary of Oncologic History:

Ms. Evans was diagnosed with Stage IV NSCLC in March 2022 after presenting with neurological symptoms. Initial workup revealed a LUL primary and multiple brain metastases. Bronchial biopsy confirmed NSCLC, favoring Adenocarcinoma, poorly differentiated.

- **Histopathology (Bronchial Bx, 2022-03-28):** Poorly differentiated carcinoma with solid sheets/nests, focal glands. IHC: TTF-1+, CK7+, Napsin A (weak/focal)+, p40-, CK5/6-.
- **Molecular:** NGS revealed KRAS G12V mutation. PD-L1 TPS = 0% (22C3).

Initial treatment involved SRS to brain lesions followed by first-line Carboplatin/Pemetrexed/Pembrolizumab starting April 2022. She had disease stabilization for approximately 11 months before developing progressive CNS disease, including numerous new brain metastases and Leptomeningeal Disease (LMD) confirmed via CSF cytology. She received WBRT ending April 2023, but subsequently experienced progressive neurological deterioration (ECOG 4).

**Reason for Current Admission:** Recurrent generalized tonic-clonic seizures.

### Hospital Course:

Upon arrival, Ms. Evans was post-ictal. She received IV Fosphenytoin and her maintenance Levetiracetam dose was increased. Repeat MRI Brain confirmed further progression of intraparenchymal metastases and worsening LMD, consistent with her clinical decline (severe fatigue, cachexia, cognitive impairment, baseline ECOG 4). Seizure activity was controlled with the adjusted anti-epileptic regimen. Goals of care were discussed extensively with the patient and her husband (POA). Given the advanced, refractory nature of her CNS disease and lack of further viable oncologic treatment options, the decision was made to transition fully to

NOTE PATIENT DIED ON 2023-12-31

comfort-focused care. Palliative care team consulted for symptom management. Plans were made for transfer to an inpatient hospice facility for terminal care.

**Discharge Diagnoses:**

1. End-Stage Metastatic NSCLC (Adenocarcinoma, Poorly Differentiated), KRAS G12V positive, PD-L1 negative.
2. Leptomeningeal Carcinomatosis and Progressive Intraparenchymal Brain Metastases.
3. Seizure Disorder secondary to CNS metastases, controlled.
4. Cancer Cachexia / Severe Debility.
5. Status post WBRT and prior chemo-immunotherapy.

**Discharge Condition:** Terminal, Poor. Resting comfortably on current regimen.

**Medications on Transfer to Hospice:**

- Levetiracetam 1000mg PO/FT BID
- Phenytoin 100mg PO/FT TID (hospice to manage)
- Lorazepam Intensol 1mg SL Q4H PRN agitation/seizure
- Morphine Sulfate Concentrated Solution (20mg/mL) - per hospice protocol
- Glycopyrrolate 1mg SL Q6H PRN secretions
- Dexamethasone 4mg PO daily (hospice to manage)
- Standard bowel regimen.

**Discharge Date:** 2023-12-20

**Discharge Disposition:** General Inpatient Hospice Facility

**Attending Physician(s):** Dr. Chen (Neuro-Onc) / Dr. Singh (Pall Care)

**Physician Signature:**

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Dr. Singh, MD