

Phone Encounter Note

DATE: August 25, 2023

TIME: 14:30

PATIENT: Cruz, Sofia **MRN:** SYN098 **Date of birth:** February 11, 1971

PROVIDER: J. Smith, RN, OCN (Thoracic Oncology Nurse Navigator)

REASON FOR CALL: Patient called with question regarding management of mild diarrhea while on Osimertinib.

BACKGROUND: Pt has Stage IV Lung Adeno (EGFR Ex19del, PDL1 neg) diagnosed early Sept 2022. Mets to Pleura/Liver. Started Osimertinib 80mg daily Sept 29, 2022. Last scans (July 2023) showed ongoing stable partial response. Last clinic visit w/ Dr. Reed Aug 1, 2023 – doing well overall.

SUBJECTIVE: Pt reports experiencing 2-3 episodes of loose, non-bloody stools per day for the past 3 days. Describes as "annoying but not debilitating." No associated abdominal cramping, fever, nausea, or vomiting. Able to maintain hydration with oral fluids. Reports continued adherence to Osimertinib. Wonders if this is related to medication and if she needs to do anything.

ASSESSMENT: Symptoms consistent with Grade 1 diarrhea, a common side effect of Osimertinib. No red flag symptoms concerning for severe colitis or infection. Patient hemodynamically stable and well-hydrated based on phone report.

PLAN / INTERVENTION:

1. **Reassurance:** Informed patient that mild diarrhea is common with Osimertinib.
2. **Management Advice:**
 - Recommend initiating Loperamide (Imodium) 4 mg PO now, followed by 2 mg PO after each subsequent loose stool, not to exceed 16 mg per 24 hours.
 - Advised to increase oral fluid intake (water, electrolyte solutions like Gatorade).
 - Recommend bland diet (BRAT - bananas, rice, applesauce, toast) temporarily, avoiding greasy/spicy foods, dairy, caffeine.
3. **Follow-up / Precautions:**
 - Instructed patient to continue Osimertinib at current dose unless diarrhea worsens significantly.
 - Instructed to call clinic back immediately if:
 - Diarrhea increases to >6 stools/day above baseline.
 - Diarrhea persists >48 hours despite Loperamide use.
 - Develops severe abdominal pain, fever, blood in stool, dizziness, or signs of dehydration.
 - If symptoms resolve, can stop Loperamide but keep on hand PRN.
 - Plan for RN to call patient back in 24-48 hours for check-in.
4. **Documentation:** Encounter documented in EMR. Dr. Reed notified via EMR message regarding patient call and plan.

PROVIDER: J. Smith, RN, OCN
