END-OF-LIFE CARE DOCUMENTATION

GENERAL INFORMATION
Patient: Thomas Webster (ID: SYN013)
Age: 74 (DOB: 10/30/1950)
Admission: 03/27/2025
Discharge to hospice: 04/13/2025
Primary team: Palliative Care
Attending: Dr. Lawrence Miller

CLINICAL SNAPSHOT
Mr. Webster is a 74-year-old gentleman with metastatic KRAS G12D-positive NSCLC diagnosed in April 2022. He had received multiple lines of therapy including:
- Carboplatin/Pemetrexed/Pembrolizumab (PDL1 TPS 30%)
- Docetaxel
- Experimental KRAS inhibitor
- Novel immunotherapy combination (discontinued due to severe immune-related hepatitis)

The patient has multiple metastatic sites including lungs, bone, and liver with recent pathologic fracture of T8 vertebra. He presents with declining performance status, immune-related hepatitis, malignant pleural effusion, and progressive disease.

DETAILED CANCER HISTORY
Diagnosis: April 7, 2022
- Right lower lobe primary (5.2 cm)
- Metastatic to: Lungs (bilateral nodules), bone (T8, T12, right 4th rib), liver
- Histology: Adenocarcinoma, KRAS G12D mutation
- PDL1: TPS 30% (1-49% range), CPS 40%, IC 5%
- Smoking: 45 pack-years (quit 2010)

Treatment history:
- 1st line: Carbo/Pem/Pembro (05/01/2022-01/05/2023)
- 2nd line: Docetaxel (01/20/2023-05/10/2023)
- 3rd line: KRAS G12D inhibitor trial (05/25/2023-10/15/2023)
- 4th line: Hospice/BSC (10/20/2023-02/10/2025)
- 5th line: Immunotherapy combination trial (02/28/2025-03/15/2025)

HOSPITAL ADMISSION SUMMARY
Mr. Webster was admitted with grade 3-4 immune-related hepatitis following his first dose of experimental immunotherapy. Presentation included:
- Altered mental status
- Hepatic encephalopathy
- ALT 520, AST 488, total bilirubin 4.2
- Worsening right pleural effusion
- Pathologic fracture of T8 vertebra

Despite high-dose steroids and addition of mycophenolate mofetil, liver function initially worsened before slowly improving. During hospitalization, patient required thoracentesis for symptomatic pleural effusion with subsequent chest tube placement due to rapid reaccumulation.

GOALS OF CARE DISCUSSION
After thorough discussions with the patient and family regarding prognosis and treatment options, Mr. Webster expressed desire for comfort-focused care. The decision was made to transition to hospice services.

TRANSITION TO HOSPICE
Patient was transferred to inpatient hospice unit on 04/08/2025 with the following comfort measures:
- Morphine extended-release 30mg q12h
- Morphine immediate-release 15mg q4h PRN
- Lorazepam 0.5mg q4h PRN
- Haloperidol 0.5mg q8h PRN
- Glycopyrrolate for secretions
- Dexamethasone 4mg BID (tapering for hepatitis)

After stabilization, patient was discharged to home hospice on 04/13/2025.

DISCHARGE STATUS
Condition: Poor, but stable for home hospice
Symptom management: Pain and dyspnea adequately controlled
Mental status: Alert, oriented to person and place
Mobility: Bed-bound, requiring total assistance
Estimated prognosis: Less than 1 month

LABORATORY VALUES (DISCHARGE)
- WBC: 10.8 K/μL
- Hgb: 8.2 g/dL
- Plt: 92 K/μL
- ALT: 162 U/L (improved from peak of 780)
- AST: 152 U/L (improved from peak of 652)
- T. Bili: 3.2 mg/dL (improved from peak of 6.8)

FOLLOW-UP ARRANGEMENTS
- Hospice nurse to visit within 24 hours
- Hospice physician to evaluate within one week

FINAL RECOMMENDATIONS
Family educated on medication administration, signs of imminent death, and when to contact hospice team. Patient was discharged with oxygen, hospital bed, and all necessary durable medical equipment. Medications provided by hospice service.

DOCUMENTATION COMPLETED BY:
Jane Thompson, MD
Palliative Care Fellow
April 13, 2025

NOTE: Patient died peacefully on April 14, 2025