

DISCHARGE SUMMARY

DIAGNOSIS AT DISCHARGE

1. Healthcare-associated pneumonia in immunocompromised host
2. NSCLC stage IVA (wild-type) on second-line therapy with docetaxel after progression on chemoimmunotherapy

ONCOLOGIC HISTORY

- **Diagnosis Date:** June 10, 2021
- **Pathology:** Non-small cell lung cancer, adenocarcinoma
- **Molecular Status:** No actionable mutations detected (EGFR, ALK, ROS1, BRAF, KRAS, MET, RET, NTRK all wild-type)
- **PD-L1 Status:** TPS 35%, CPS 40, IC 10%
- **Initial Staging:** T3N2M1a (IVA) with bilateral lung nodules
- **July 2021 – December 2022:** Carboplatin/Pemetrexed/Pembrolizumab × 4 cycles, followed by Pemetrexed/Pembrolizumab maintenance
- **Current Treatment:** Docetaxel 75mg/m² q3weeks (cycle 3 administered 03/28/2023)

HOSPITAL COURSE

Patient presented with progressive dyspnea, productive cough with green sputum, fever (39.1°C), and hypoxemia (SpO₂ 88% on room air). Chest imaging showed right middle and lower lobe consolidation with small pleural effusion, distinct from known malignant disease.

Blood cultures grew *Pseudomonas aeruginosa*, also isolated from sputum. Patient was treated with IV piperacillin-tazobactam with gradual clinical improvement. Pneumonia was classified as healthcare-associated given recent chemotherapy administration and multiple clinic visits.

Respiratory virus panel and COVID-19 testing were negative. Bronchoscopy ruled out other pulmonary infections and confirmed stable malignant disease. Patient required supplemental oxygen (2L NC) initially, but was weaned to room air by day 6.

Restaging CT performed during admission showed stable disease on docetaxel with no new metastatic sites. Oncology recommended continuing current therapy as planned with cycle 4 scheduled for April 18, 2023, pending full recovery from infection.

DISCHARGE MEDICATIONS

1. Ciprofloxacin 750mg PO BID × 7 days

ID: SYN011 **DOB:** 1959-01-19 **Name:** Tobias Moletti **Admitted:** 2023-04-06 **Discharged:** 2023-04-07

2. Prednisone 20mg PO daily × 5 days (for post-obstructive pneumonia component)
3. Hydrocodone/acetaminophen 5/325mg PO q6h PRN pain or cough
4. Docetaxel 75mg/m² IV q3weeks (next cycle due 04/18/2023, pending clinical recovery)
5. Dexamethasone 8mg PO daily × 3 days before/after chemotherapy
6. Ondansetron 8mg PO TID PRN nausea
7. Pantoprazole 40mg PO daily

CONDITION AT DISCHARGE

Improved. Afebrile for >48 hours. Oxygen saturation 94% on room air. Significantly decreased cough and dyspnea. ECOG Performance Status 2 (baseline 1).

FOLLOW-UP PLAN

1. **Oncology:** Dr. Reynolds in 2 week (04/21/2023)
2. **Pulmonology:** Dr. Garcia in 3 weeks (04/28/2023)
3. **Laboratory:** CBC, CMP in 1 week
4. **Imaging:** Chest X-ray in 2 weeks to confirm resolution of pneumonia
5. **Chemotherapy:** Tentatively scheduled for 04/18/2023, pending clinical status

LABORATORY VALUES

Test	Admission (04/06)	Discharge (04/07)	Reference
WBC	14.8 × 10 ⁹ /L	9.3 × 10 ⁹ /L	4.0-11.0
ANC	12.2 × 10 ⁹ /L	6.8 × 10 ⁹ /L	1.8-7.7
Hgb	10.1 g/dL	10.4 g/dL	13.5-17.5
PLT	195 × 10 ⁹ /L	218 × 10 ⁹ /L	150-450
Cr	1.1 mg/dL	0.9 mg/dL	0.7-1.3
BUN	22 mg/dL	18 mg/dL	7-20
CRP	142 mg/L	36 mg/L	<5
Procalcitonin	2.4 ng/mL	0.6 ng/mL	<0.5

MICROBIOLOGY

Blood Cultures (04/06/2023): Pseudomonas aeruginosa, sensitive to piperacillin-tazobactam, cefepime, ciprofloxacin, meropenem

Sputum Culture (04/06/2023): Pseudomonas aeruginosa with identical sensitivity pattern

Respiratory Virus Panel: Negative for influenza A/B, RSV, COVID-19, and other respiratory pathogens

IMAGING

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Chest X-ray (04/06/2023): Right middle and lower lobe consolidation with small right pleural effusion.

CT Chest (04/07/2023): Consolidation in right middle and lower lobes consistent with pneumonia. Known malignant disease in left upper lobe (3.2cm, stable from prior imaging) and right upper lobe (2.1cm, stable). Small right pleural effusion.

Electronically signed: Dr. Reynolds Date: 04/07/2023

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