

Memorial cancer center

Patient: Paul Huber (ID SYN155) **MRN:** 57831962 **DOB:** 10/18/1955

Admit: 03/30/2025 **d/c:** 04/14/2025

Clinical service: medical oncology

Attending: r. Martinez, md

Principal diagnosis: febrile neutropenia with septic shock secondary to docetaxel therapy

Comorbidities

- Metastatic NSCLC on 3rd line therapy (docetaxel)
- Steroid-induced hyperglycemia
- History of dvt (on apixaban)

Brief history: 69m diagnosed with stage iv nscl (adenocarcinoma) in 12/2021. Initial pd-l1 30%. Wild-type for all actionable mutations. Metastases to thoracic spine and retroperitoneal, hilar, and mediastinal lymph nodes. Received carbo/pem/pembro from 12/15/2021 until mid 01/2023 until progression, followed by clinical trial NCT012434534 and now gemcitabine Started docetaxel 75mg/m² on 03/15/2025. Presented on 03/30 with fever 103°f, hypotension, and neutropenia (anc 100).

Hospital course: patient initially required icu admission for vasopressor support. Blood cultures grew e. Coli (esbl+). Treated with meropenem and g-csf with clinical improvement. Complex course complicated by c. Difficile colitis (treated with oral vancomycin), acute kidney injury (resolved), and temporary hemodialysis access placed but not used. Transferred to floor on hospital day 7, completed antibiotics. Oncology recommended continuing on docetaxel with 25% dose reduction and prophylactic g-csf for future cycles.

Discharge medications:

1. Docetaxel 56mg/m² (25% reduction) - next cycle due 05/10/25
2. Pegfilgrastim 6mg sc x1 dose 24hrs post-chemotherapy
3. Apixaban 5mg po bid
4. Dexamethasone 4mg po bid x3 days around chemo only
5. Metformin 500mg po bid

Follow-up:

- Oncology: 04/21/2025
- Labs: cbc, cmp in 1 week
- Imaging: ct c/a/p in 2 cycles to assess response

Dc condition: stable, afebrile, anc 2.2. Ecog 2.

Dr. R. Martinez, md medical oncology