

Discharge Note

PATIENT IDENTIFICATION:

Name: Gracy Martinez (MRN SYN194)

DOB: 1972-10-23

ADMISSION/DISCHARGE INFORMATION:

Admission Date: 2024-04-20

Discharge Date: 2024-04-25

Discharge Disposition: Home

Attending Physician: Dr. Anya Sharma, Medical Oncology

REASON FOR ADMISSION: Grade 2 Diarrhea and mild dehydration.

BACKGROUND & ONCOLOGIC HISTORY:

Ms. Martinez carries a diagnosis of Stage IV NSCLC, discovered in February 2023 after presentation with back pain leading to identification of a T8 pathologic fracture and a RUL primary lung nodule.

- **Histopathology (RUL Bx, 2023-02-15):** Invasive Adenocarcinoma, Lepidic Predominant pattern. IHC: TTF-1+, Napsin A+. Well-differentiated.
- **Molecular Findings:** EGFR Exon 21 L858R mutation detected. PD-L1 TPS = 80% (Ventana SP263). She received palliative RT to T8 and initiated first-line Osimertinib 80mg daily in March 2023. She has had an excellent, ongoing response systemically and symptomatically for over a year, with prior tolerance limited to mild dry skin.

HOSPITAL COURSE:

The patient presented to oncology urgent care with 3 days of watery diarrhea (5-6 episodes/day) and mild lightheadedness. Osimertinib was held. Admission evaluation revealed orthostasis and mild hypokalemia (K 3.4), consistent with mild dehydration secondary to diarrhea. Vital signs otherwise stable, afebrile. Abdomen was benign. Stool studies for infectious etiologies (C. diff, bacterial pathogens, O&P) were ordered and ultimately returned negative.

Management focused on supportive care:

- **Hydration:** IV Normal Saline (2L total) administered with resolution of orthostasis and normalization of vital signs.
- **Electrolytes:** Oral potassium supplementation provided.

Discharge Note

- **Diarrhea Control:** Loperamide initiated (4mg load, then 2mg PRN loose stool). Diarrhea frequency decreased rapidly to 1-2 formed stools/day by time of discharge.
- **Osimertinib Management:** Medication held for a total of 3 days. Given resolution of diarrhea and likely relationship to Osimertinib, plan is to restart medication upon discharge. Patient tolerated PO fluids and a bland diet. Discharged home once diarrhea controlled and hydration stable.

DISCHARGE DIAGNOSES:

- Diarrhea, Grade 2 Resolved (Likely Osimertinib-induced)
- Dehydration, Resolved
- Stage IV NSCLC Adenocarcinoma, EGFR L858R+, PD-L1 High (Ongoing response to Osimertinib)
- Hypothyroidism

DISCHARGE CONDITION: Stable, hydrated, diarrhea resolved. ECOG 0-1.

MEDICATIONS:

- Osimertinib 80mg PO daily (Restart 2024-04-25)
- Loperamide 2mg caps PRN loose stools (as directed, limited supply)
- Levothyroxine 100mcg PO daily
- Calcium/Vitamin D supplement daily

INSTRUCTIONS: Restart Osimertinib. Use Loperamide PRN only. Maintain hydration. Call clinic if diarrhea recurs severely or other concerning symptoms develop. Keep scheduled oncology follow-up.

Physician Signature:

Dr. Anya Sharma, MD