Note about James Bond - Hospice Admission Intake Summary

Evergreen Hospice Services - Admission Evaluation

Date of Admission: February 20, 2023 **Date of Death:** February 25, 2023
Primary Hospice Diagnosis: Metastatic Lung Adenocarcinoma (Terminal Stage) ICD-10: C34.91 (Malig neo lung, unspecified part, w mets) + G93.9 (Encephalopathy, unspecified - presumed secondary)
Certifying Physicians: Dr. K. Tanaka (Oncology), Dr. L. Martin (Hospice Med Director)
Referring Physician: Dr. K. Tanaka
Initial Certification Period: 02/20/23 - 05/20/23

HISTORY OF TERMINAL ILLNESS: Mr. Bond was diagnosed with Stage IV Lung Adenocarcinoma (WT, PD-L1 85%) in April 2020 after presenting with seizures. Initial staging showed RUL primary, extensive liver metastases, and multiple brain metastases. He received SRS to brain mets followed by 1L Pembrolizumab (started May 2020). He had a good initial response but progressed systemically (liver) in Aug 2021. He subsequently received 2L Carboplatin/Paclitaxel (Sept 2021 - Feb 2022) with stable disease but significant toxicity (neuropathy, fatigue). Refused further chemo. Managed supportively until developing progressive neurological decline (worsening confusion, gait instability, lethargy) and worsening systemic symptoms (cachexia, anorexia, fatigue) over past 1-2 months, consistent with end-stage disease (likely progressive CNS mets + hepatic dysfunction). Recent imaging not performed, deemed unlikely to alter palliative focus. ECOG 4. Patient and family desire comfort-focused care at home. Meets hospice criteria (terminal dx, declining PS, progression through std therapies).

PERTINENT COMORBIDITIES: CAD s/p PCI (2010), HTN, HLD.

CURRENT SYMPTOMS & ASSESSMENT (Hospice RN):

- **Pain:** Denies specific pain currently but appears uncomfortable, restless at times. Receiving Acetaminophen regularly per family. Plan to add low-dose PRN opioid (Morphine Elixir) for presumed discomfort.
- **Neuro:** Confused, oriented only to self intermittently. Significant lethargy, sleeps most of day. Mild intermittent agitation noted by family. History of seizures (on Levetiracetam).
- **Resp:** No acute distress currently. Mild tachypnea RR 22-24. O2 94% RA. Occasional moist cough.
- **GI/Nutrition:** Anorexic, minimal PO intake (sips fluids, bites of food). Cachectic. Constipation reported (last BM 4 days ago).
- **Skin:** Thin, dry, intact currently. High risk for breakdown.
- **Psych/Social:** Lives with wife (primary caregiver, appears capable but anxious). Expressed goals = comfort, dignity, remain home. DNR confirmed.

INITIAL PLAN OF CARE (Summary):

1. **Symptom Management:**

    - Neuro/Agitation: Continue Levetiracetam. Start scheduled Haloperidol 0.5mg PO BID + 0.5-1mg PO/SL q2h PRN. Lorazepam 0.5mg SL q4h PRN severe agitation.
    - Pain/Discomfort: Start Morphine Elixir 5mg PO/SL q2h PRN.
    - Dyspnea: Morphine PRN as above. O2 via concentrator ordered PRN <90% or symptomatic relief. Scopolamine patch PRN secretions.
    - Bowel: Start Senna-S 1 tab BID + Miralax 1 cap BID. Bisacodyl supp PRN no BM >48h.
    - Nausea: Prochlorperazine 10mg PO q6h PRN.
    - Skin: Provide barrier creams, low air loss mattress ordered.
2. **Med Reconciliation:** Simplify non-essentials. Stop statin. Continue essential cardiac meds for now (ASA, Plavix, BP med - monitor BP).
3. **Care Team:** RN Case Manager 2x/wk & PRN. HHA 5x/wk. SW/Chaplain/Volunteer consults placed.
4. **DME:** Hospital bed, O2 concentrator, bedside commode ordered.
5. **Education:** Provided initial education to wife on meds, symptom management, 24/7 contact info.

EPICRISIS

Patient died peacefully on February 25, 2023

Patient: Bond, James Albert **MRN:** SYN103 **DOB:** 07/13/1951