**Patient:** Richard Montgomery (DOB 1951-05-25)  
**Medical Record Number:** 583692  
**Date of Admission:** 2025-03-18  
**Date of Discharge:** 2025-03-23  
**Admitting Physician:** Dr. L. Harrington (Medical Oncology)  
**Consulting Physician:** Dr. A. Rodriguez (Cardiology), Dr. P. Sinha (Pain Management)

**Discharge Diagnosis: Metastatic Castration-Resistant Prostate Cancer with Pain Crisis**

**1. Detailed Diagnosis:**

Primary Diagnosis: Metastatic Castration-Resistant Prostate Cancer (mCRPC)  
Date of Initial Diagnosis: 2022-06-15 (localized disease), 2023-09-20 (metastatic disease)  
Gleason Score at Diagnosis: 4+5=9

Pathology: Adenocarcinoma of the prostate, pT3bN1M0, positive surgical margins, 3/12 positive lymph nodes

Initial PSA: 78 ng/mL (2022-05)

Initial imaging: No evidence of distant metastatic disease on bone scan and CT

**2. Current Treatment:**

Current Pain Crisis:

* Location: Severe pain in thoracic and lumbar spine, pelvis, and left hip
* Intensity: 9/10 on numeric rating scale at admission (baseline 4-5/10)
* Character: Constant, dull ache with superimposed sharp, movement-related pain
* Exacerbating factors: Movement, weight-bearing, coughing
* Alleviating factors: Partial relief with scheduled oral opioids at home
* Associated symptoms: Insomnia, decreased appetite, limited mobility

Pain Management During Admission:

* Opioid therapy:
  + Initial: Hydromorphone 1 mg IV every 2 hours PRN with patient-controlled analgesia (PCA)
  + Transitioned to: Morphine 10 mg IV every 4 hours scheduled with 5 mg every 2 hours PRN
  + Prior to discharge: Transitioned to oral extended-release morphine 60 mg PO q12h with immediate-release morphine 15 mg PO q4h PRN
* Adjuvant analgesics:
  + Gabapentin 300 mg PO TID, titrated to 450 mg PO TID
  + Dexamethasone 4 mg PO BID × 3 days, then tapered to 2 mg PO daily and then discontinued

Palliative Interventions:

* Radiation oncology consultation: Palliative radiation therapy to T10 and L3 vertebrae planned to start 2025-03-25

**3. History of Previous Treatment:**

Initial Prostate Cancer Treatments:

* Surgery: Radical prostatectomy with pelvic lymph node dissection (2022-07-20)
* Radiation: Adjuvant external beam radiation therapy (66 Gy) to prostate bed (2022-10 to 2022-11)
* Androgen Deprivation Therapy:
  + Leuprolide acetate 45 mg SubQ every 6 months (started 2022-09)

mCRPC therapy

* First-line mCRPC therapy:
  + Docetaxel 75 mg/m² IV every 3 weeks with prednisone 5 mg PO BID (6 cycles, 2023-10 to 2024-03)
  + Best response: Partial response with PSA reduction from 95 to 42 ng/mL
* Second-line mCRPC therapy:
  + Abiraterone acetate 1000 mg PO daily with prednisone 5 mg PO BID (started 2024-06)
  + Initial response: PSA decline from 78 to 52 ng/mL, followed by progressive rise
* Bone-targeted therapy:
  + Denosumab 120 mg SubQ every 4 weeks (started 2023-09)
* Previous palliative radiation:
  + Right iliac bone (30 Gy in 10 fractions, 2024-08)

Current Disease Status:

* PSA: 189 ng/mL (increased from 125 ng/mL one month ago)
* Testosterone: <20 ng/dL (maintained at castrate level)
* Bone scan (2025-02-15): Progressive disease with new and enlarged bone metastases in vertebrae (T8, T10, L2, L3, L4), ribs (multiple), pelvis, and bilateral femoral heads
* CT chest/abdomen/pelvis (2025-02-15): No visceral metastases, stable small bilateral pelvic lymphadenopathy
* MRI spine (2025-03-10): Pathologic compression fractures at T10 and L3 with epidural extension at L3 but no cord compression

**4. Secondary Illnesses (Comorbidities):**

* Coronary artery disease with recent STEMI with 3 DES (2025-01-22)
* Heart failure with reduced ejection fraction (LVEF 45%)
* Hypertension
* Hyperlipidemia
* Type 2 diabetes mellitus (diet-controlled, HbA1c 6.7%)
* Chronic kidney disease stage G3a (baseline eGFR 50-55 mL/min)
* Osteopenia (diagnosed on DEXA scan 2023)
* Obesity (BMI 31)
* GERD

**5. Physical Exam at Admission:**

General: 73-year-old male in acute distress due to pain.

Vitals: Temperature 37.0°C, Heart Rate 92 bpm, Respiratory Rate 20/min, Blood Pressure 146/88 mmHg, Oxygen Saturation 94% on room air, Weight 95 kg, Height 175 cm, BMI 31 kg/m².

HEENT: Normocephalic, atraumatic. No conjunctival pallor. Mucous membranes moist. Neck: Supple, no lymphadenopathy, no JVD.

Cardiovascular: Regular rate and rhythm, normal S1/S2, S4 present, no murmurs, rubs, or gallops. Well-healed midline sternotomy scar.

Respiratory: Clear to auscultation bilaterally, no wheezes, rales, or rhonchi.

Abdomen: Soft, non-tender, non-distended. Normal bowel sounds. No hepatosplenomegaly.

Extremities: Trace bilateral lower extremity edema. Tenderness to palpation over left hip. Limited range of motion of lumbar spine and left hip due to pain.

Neurological: Alert and oriented ×3. Cranial nerves II-XII intact. Motor strength 5/5 in upper extremities, 4/5 in right lower extremity, 3/5 in left lower extremity due to pain. Sensory intact. Deep tendon reflexes 2+ throughout. No focal deficits.

Skin: Warm, dry, intact. No rashes.

Psychiatric: Affect appropriate but constricted due to pain. No evidence of acute depression or anxiety.

ECG Findings:

* Admission: Normal sinus rhythm, rate 85 bpm, old anteroseptal Q waves, no acute ST or T wave changes
* Day 2 (with chest pain): Normal sinus rhythm, rate 92 bpm, unchanged from admission

**6. Epicrisis (Hospital Course Summary):**

Mr. Montgomery is a 73-year-old male with metastatic castration-resistant prostate cancer and recent STEMI (8 weeks prior) who presented with severe, acute-on-chronic pain crisis primarily involving the thoracic and lumbar spine, pelvis, and left hip. Review of recent imaging showed progression of bone metastases with pathologic compression fractures at T10 and L3.

On admission, the patient was initiated on IV hydromorphone with PCA for acute pain control. Pain management consultation was obtained, and a multimodal approach was implemented including scheduled IV opioids, gabapentin, and a short course of dexamethasone. With this regimen, the patient's pain score improved from 9/10 to 4/10 over the first 48 hours of hospitalization.

Cardiology was consulted given the patient's recent STEMI. They cleared the patient for palliative radiation therapy. Troponin levels obtained at admission were normal, and an ECG showed no acute changes. A brief episode of chest pain on hospital day 2 was evaluated with serial troponins and ECGs, all of which were negative for acute coronary syndrome.

Radiation oncology evaluated the patient and recommended palliative radiation therapy to T10 and L3 vertebrae, scheduled to begin as an outpatient on 2025-03-25. An interdisciplinary pain management approach was established to bridge the patient until radiation effects could be realized.

The patient's opioid regimen was successfully transitioned from IV to oral preparations prior to discharge, with adequate pain control (pain scores 3-4/10) on extended-release morphine with as-needed immediate-release morphine. Functional status improved with pain control, and the patient was able to work with physical therapy for appropriate exercises and mobility techniques.

A comprehensive discharge plan was developed with coordination among oncology, cardiology, radiation oncology, and pain management. The patient and family received education on pain management, medication administration, and signs requiring urgent medical attention. Follow-up appointments were arranged with all relevant specialties.

**7. Medication at Discharge:**

* Abiraterone acetate 1000 mg PO daily (take on empty stomach)
* Prednisone 5 mg PO BID
* Leuprolide acetate 45 mg SubQ every 6 months (next dose due 2025-07-10)
* Denosumab 120 mg SubQ every 4 weeks (next dose due 2025-04-02)
* Calcium 1200 mg PO daily
* Vitamin D3 2000 IU PO daily
* Morphine sulfate extended-release 60 mg PO every 12 hours
* Morphine sulfate immediate-release 15 mg PO every 4 hours PRN breakthrough pain
* Gabapentin 450 mg PO three times daily
* Senna-docusate 8.6-50 mg PO twice daily
* Aspirin 81 mg PO daily
* Atorvastatin 80 mg PO daily
* Metoprolol succinate 50 mg PO daily
* Lisinopril 10 mg PO daily
* Spironolactone 25 mg PO daily
* Pantoprazole 40 mg PO daily

**8. Further Procedure / Follow-up:**

Medical Oncology Follow-up:

* Appointment with Dr. L. Harrington in 1 week (2025-03-31)
* Discussion of potential next-line therapy given disease progression on abiraterone
* Consideration of radium-223, or clinical trial options

Radiation Oncology:

* Appointment with Dr. K. Freeman on 2025-03-25
* Planned palliative radiation therapy to T10 and L3 vertebrae (8 Gy × 1 fraction to each site)

Cardiology Follow-up:

* Appointment with Dr. A. Rodriguez in 4 weeks (2025-04-20)
* Echocardiogram scheduled prior to appointment
* Continued participation in cardiac rehabilitation program

Pain Management:

* Appointment with Dr. P. Sinha in 2 weeks (2025-04-06)
* Reassessment of pain control and potential modifications to regimen
* Consideration of interventional approaches if pain remains poorly controlled

Laboratory Monitoring:

* CBC, CMP, PSA, and testosterone level in 2 weeks prior to oncology appointment
* Troponin and BNP if any cardiac symptoms

Imaging:

* MRI spine after completion of radiation therapy to assess response
* Bone scan in 3 months to evaluate disease status

Patient Education:

* Instructions provided regarding:
  + Pain medication administration, side effects, and precautions
  + Red flags requiring emergency evaluation (severe pain unresponsive to medication, neurological symptoms, chest pain)
  + Activity restrictions and progressive mobilization
  + Medication interactions and proper scheduling
  + Signs/symptoms of spinal cord compression requiring immediate attention

**9. Lab Values (Excerpt):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **Admission (2025-03-18)** | **Discharge (2025-03-23)** | **Units** | **Reference Range** |
| WBC | 7.5 | 8.2 | ×10^9/L | 4.0-11.0 |
| Hemoglobin | 10.2 | 10.0 | g/dL | 13.5-17.5 |
| Platelets | 245 | 260 | ×10^9/L | 150-400 |
| Sodium | 138 | 140 | mmol/L | 135-145 |
| Potassium | 4.2 | 4.3 | mmol/L | 3.5-5.0 |
| Chloride | 102 | 104 | mmol/L | 98-107 |
| Bicarbonate | 24 | 25 | mmol/L | 22-29 |
| BUN | 28 | 24 | mg/dL | 7-20 |
| Creatinine | 1.4 | 1.3 | mg/dL | 0.7-1.2 |
| eGFR | 51 | 54 | mL/min/1.73m² | >60 |
| Calcium | 9.6 | 9.4 | mg/dL | 8.6-10.2 |
| Phosphorus | 3.8 | 3.7 | mg/dL | 2.5-4.5 |
| Magnesium | 1.9 | 2.0 | mg/dL | 1.8-2.4 |
| ALT | 32 | 30 | U/L | 10-55 |
| AST | 38 | 35 | U/L | 10-40 |
| Alkaline Phosphatase | 285 | 270 | U/L | 35-105 |
| Total Bilirubin | 0.8 | 0.7 | mg/dL | 0.1-1.2 |
| Albumin | 3.4 | 3.5 | g/dL | 3.5-5.0 |
| PSA | 189 | 192 | ng/mL | <4.0 |
| Testosterone | <20 | - | ng/dL | 250-1100 |
| Troponin I (initial) | <0.01 | - | ng/mL | <0.04 |
| Troponin I (day 2) | <0.01 | - | ng/mL | <0.04 |
| BNP | 210 | - | pg/mL | <100 |
| HbA1c | 6.7 | - | % | <5.7 |

Electronically Signed By:  
Dr. L. Harrington (Medical Oncology)  
Date/Time: 2025-03-23 15:30

Dr. A. Rodriguez (Cardiology)  
Date/Time: 2025-03-23 14:15

Dr. P. Sinha (Pain Management)  
Date/Time: 2025-03-23 13:45