**Patient**: Samuel Wilson (DOB 1963-03-03)  
**MRN**: 583617  
**Admission**: 2025-03-18 | **Discharge**: 2025-03-25  
**Physicians**: Dr. K. Murray (Medical Oncology), Dr. P. Gupta (Infectious Disease), Dr. V. Rodriguez (Gastroenterology)

**Discharge diagnosis: Neutropenic fever in Colon cancer**

**1. Oncological Diagnosis**

* **Primary**: Sigmoid Colon Adenocarcinoma with Liver and Peritoneal Metastases (Diagnosed 10/2024)
* **Histology**: Moderately differentiated adenocarcinoma
* **Molecular**: KRAS G12D, TP53 R175H, PIK3CA E545K; BRAF wild-type; MSS; HER2 negative, DPD: normal activity
* **Staging**: cT4aN2aM1c (Stage IVC) - Multiple bilobar liver metastases, peritoneal implants
* **Prior Treatment**:
  + Diverting loop colostomy for partial obstruction (12/2024)
  + 5 cycles FOLFIRI + bevacizumab (initiated 12/2024)
  + Irinotecan dose reduced to 150 mg/m² after Cycle 3 (Grade 2 diarrhea)
  + Partial response after 4 cycles: 30% reduction in liver metastases, CEA decreased from 245 to 86 ng/mL

**2. Current Presentation**

* Day 10 of Cycle 5: Fever (39.2°C), hypotension (92/58 mmHg), tachycardia, fatigue
* **Laboratories**:
  + Severe neutropenia (ANC 0.08 × 10^9/L)
  + Thrombocytopenia (platelets 58 × 10^9/L)
  + Elevated inflammatory markers (CRP 198 mg/L, procalcitonin 3.8 ng/mL)
* **Imaging**: CT abdomen/pelvis: Stable metastatic disease, moderate colitis in descending and sigmoid colon
* **Microbiology**: Blood cultures (peripheral and port) positive for E. coli (piperacillin-tazobactam and ciprofloxacin sensitive)

**3. Hospital Course**

* Initial: Piperacillin-tazobactam, fluid resuscitation, filgrastim 5 mcg/kg SC daily
* Persistent fever for 48 hours; CT chest showed atypical RLL infiltrate
* Escalated to meropenem + azithromycin + vancomycin
* Neutrophil recovery: Day 4 (ANC 0.54 × 10^9/L), afebrile by day 4
* Repeat blood cultures (day 3, day 5): No growth
* C. difficile testing negative
* Infectious disease: 14-day antibiotic course recommended

**4. Comorbidities**

* Type 2 Diabetes Mellitus (HbA1c 7.4%)
* Hypertension
* Hyperlipidemia
* Colostomy (since 12/2024)

**5. Discharge Medications**

* Ciprofloxacin 500 mg PO BID for 7 days (to complete 14-day course)
* Metformin 500 mg PO BID
* Lisinopril 10 mg PO daily
* Atorvastatin 20 mg PO daily
* Allopurinol 100 mg PO daily
* Loperamide 2 mg PO PRN loose stool (max 8/day)
* Ondansetron 8 mg PO Q8H PRN nausea
* Acetaminophen 650 mg PO Q6H PRN pain/fever

**6. Follow-up Plan**

* **Oncology**: Dr. K. Murray in 1 week (4/1/2025)
* **Labs**: CBC with differential and CMP in 3 days
* **Chemotherapy**: FOLFIRI+bevacizumab (further 20% dose reduction) scheduled for 4/8/2025
  + Add prophylactic pegfilgrastim 24h after completion of cytotoxic chemotherapy in all future cycles
* **Infectious Disease**: Dr. P. Gupta in 2 weeks
* **Patient Education**:
  + Monitor colostomy output
  + Report fever, chills, worsening abdominal pain
  + Watch for port site infection signs
  + Monitor for bleeding

**7. Laboratory Data (Admission → Nadir/Peak → Discharge)**

* WBC: 0.6 → 0.5 → 3.2 × 10^9/L
* ANC: 0.08 → 0.05 → 1.8 × 10^9/L
* Hemoglobin: 9.8 → 8.5 → 9.2 g/dL
* Platelets: 58 → 42 → 86 × 10^9/L
* CRP: 198 → 245 → 42 mg/L
* Procalcitonin: 3.8 → 4.2 → 0.6 ng/mL
* Blood Culture: Positive E. coli → No growth
* CEA: - → - → 82 ng/mL

**Electronically Signed By**:  
Dr. K. Murray (Medical Oncology) - 2025-03-25 16:45  
Dr. P. Gupta (Infectious Disease) - 2025-03-25 15:30