**Patient**: Felix Braun (DOB 1996-09-21)  
**MRN**: 243789  
**Admission**: 2025-03-15 | **Discharge**: 2025-03-28  
**Physicians**: Dr. M. Weber (Hematology/Oncology)

**Discharge diagnosis: B-ALL receiving blinatumomab**

**1. Oncological Diagnosis**

* **Primary**: B-cell Precursor ALL (Diagnosed 2024-11-10)
* **Histology**: Hypercellular marrow (90%) with 85% lymphoblasts
* **Immunophenotype**: CD19+, CD20+, CD10+, CD34+, TdT+, CD22+, CD79a+, CD45 dim, CD38+, HLA-DR+
* **Cytogenetics**: Normal karyotype; negative for BCR-ABL1, KMT2A, ETV6-RUNX1, TCF3-PBX1
* **Molecular**: IKZF1 deletion (poor prognostic marker)
* **Risk Classification**: GMALL High Risk (WBC at diagnosis 56 × 10^9/L)
* **MRD Status**:
  + Post-Induction: 0.5%
  + Post-Consolidation I: 0.2%
  + Pre-Blinatumomab: 0.15%
* **CNS Status**: Negative (CNS-1)

**2. Treatment History**

* **GMALL Protocol** (2024-11-15 to 2025-03-10):
  + Completed Prephase, Induction I & II, Consolidation I
  + CR achieved after Induction II with persistent MRD
  + Plan: Blinatumomab followed by allo-HSCT from HLA-identical sister

**3. Current Treatment**

* **Blinatumomab**:
  + Days 1-7: 9 μg/day (completed)
  + Days 8-28: 28 μg/day (day 14 at discharge)
  + Via portable infusion pump
  + Premedication: Dexamethasone 20 mg IV before initiation/dose escalation
* **Intrathecal chemotherapy:**
  + LP (cell count: 1/µl) with IT cytarabine, methotrexate and dexamethasone on day 1
* **Complications**:
  + Mild rigors and low-grade fever (38.2°C) at initiation, resolved within 12 hours
  + Grade 1 neurotoxicity after dose escalation, resolved with dexamethasone 4 mg IV q6h × 48h

**4. Comorbidities**

* Reactive Depression (2025-01-15)
* Asthma (mild, intermittent)
* Vitamin D Deficiency
* Chronic Insomnia

**5. Discharge Medications**

* Blinatumomab 28 μg/day continuous IV infusion (next bag change: 2025-03-30)
* Acyclovir 400 mg PO BID
* Fluconazole 200 mg PO daily
* Trimethoprim-sulfamethoxazole 800/160 mg PO M/W/F
* Acetaminophen 1000 mg PO Q6H PRN
* Ondansetron 8 mg PO Q8H PRN
* Escitalopram 10 mg PO daily
* Salbutamol inhaler 2 puffs Q6H PRN
* Vitamin D3 2000 IU PO daily

**6. Follow-up Plan**

* **Oncology**: Dr. M. Weber on 2025-03-31 (day 17), then twice weekly
* **Labs**: CBC, CMP, LDH, uric acid twice weekly (Mon/Thu)
* **MRD Assessment**: End of cycle (~2025-04-12)
* **Home Health Nursing**:
  + Daily for first week, then 3× weekly
  + Central line care, bag changes, assessment
* **Treatment Plan**:
  + Complete current 28-day blinatumomab cycle
  + If MRD negative: proceed to allogeneic HSCT
  + If MRD positive: Inotuzumab ozogamicin, then allogeneic HSCT
* **Supportive Care**:
  + Psychology follow-up: 2025-04-02
  + Dietitian consultation: 2025-04-02
  + Social work support for HSCT preparation

**Warning Signs Requiring Immediate Contact**

* Fever >38.0°C
* Shaking chills/rigors
* Neurological symptoms (confusion, disorientation, tremors, speech disorders)
* Severe headache
* Bleeding/unusual bruising
* Infusion pump alarms or disconnection

**7. Lab Values (Admission → Discharge)**

* WBC: 4.2 → 3.8 × 10^9/L
* ANC: 2.8 → 2.4 × 10^9/L
* Lymphocytes: 1.1 → 0.9 × 10^9/L
* Hemoglobin: 11.5 → 11.2 g/dL
* Platelets: 156 → 142 × 10^9/L
* LDH: 210 → 195 U/L
* CRP: 2.8 → 1.5 mg/L

**Electronically Signed By**:  
Dr. M. Weber (Hematology/Oncology) - 2025-03-28 15:30