**Patient**: Elena Moretti (DOB 1969-01-19)  
**MRN**: 527391  
**Admission**: 2025-03-18 | **Discharge**: 2025-03-23  
**Physicians**: Dr. L. Zhang (Medical Oncology), Dr. M. Patel (Gastroenterology), Dr. S. Kim (Nephrology)

**Discharge diagnosis: Clostridium difficile infection**

**1. Oncological Diagnosis**

* **Primary**: Gastric Adenocarcinoma, intestinal type (December 2024)
* **Biomarkers**: CLDN18.2 positive (3+ in >75% of tumor cells), HER2 negative, PD-L1 CPS: 5, MSS
* **Molecular**: KRAS/PIK3CA wild-type, FGFR2 amplification, TP53 mutation, DPD gene activity score 2
* **Stage**: cT3N2M1, Stage IV
* **Metastases**: Multiple hepatic lesions (largest 3.2 cm), peritoneal implants
* **Response**: Stable disease after 2 cycles (primary: 5.6 → 5.3 cm, hepatic: 7.1 → 6.8 cm)

**2. Current Presentation**

* Severe diarrhea, hypotension (92/58 mmHg), tachycardia after Cycle 3 Day 1 FOLFOX + zolbetuximab
* Acute kidney injury (Cr 1.9 mg/dL from baseline 0.9)
* Stool positive for C. difficile toxin B by PCR
* Blood cultures negative

**3. Treatment**

* **Current Treatment**:
  + 5-FU pump disconnected on admission
  + IV fluid resuscitation (4L first 24h)
  + Vancomycin 125 mg PO QID, escalated to 250 mg QID
  + Electrolyte repletion
* **Prior Treatment**:
  + Cycle 1-2 FOLFOX + Zolbetuximab (1/31/25, 2/21/25)
  + Cycle 3 Day 1 (3/16/25): Zolbetuximab 600 mg/m², Oxaliplatin 85 mg/m², Leucovorin 400 mg/m², 5-FU 400 mg/m² bolus + 2400 mg/m² continuous
* **Complications**:
  + Previous cycles: Grade 2 nausea/vomiting, Grade 1 neuropathy, Grade 1 infusion reaction

**4. Hospital Course**

* AKI improved with hydration (Cr 1.9 → 1.2 mg/dL)
* Diarrhea decreased from 7-8 to 2-3 stools/day
* Hemodynamically stable by discharge
* Afebrile for >48 hours
* Plan to continue treatment regimen after infection resolution

**5. Comorbidities**

* Hypertension (2018)
* Type 2 Diabetes (2019, HbA1c 7.2%)
* Hypothyroidism (2015)
* Mild COPD (former smoker, 25 pack-years, quit 2019)
* Osteoarthritis (bilateral knees)

**6. Discharge Medications**

* Vancomycin 250 mg PO QID × 11 more days (14-day course)
* Ondansetron 8 mg PO Q8H PRN
* Acetaminophen 650 mg PO Q6H PRN
* Pantoprazole 40 mg PO daily
* Amlodipine 5 mg PO daily
* Metformin 500 mg PO BID
* Levothyroxine 88 mcg PO daily
* Tiotropium 18 mcg inhalation daily
* Magnesium oxide 400 mg PO BID × 7 days
* Potassium chloride 20 mEq PO daily × 5 days

**7. Follow-up Plan**

* **Oncology**: Dr. L. Zhang in 1 week (3/30/25)
* **Labs**: CBC, CMP, Mg, Phosphate in 3-4 days (3/26-27/25), then at follow-up
* **Treatment**: Next cycle tentatively 4/7/25, pending C. diff resolution; consider dose reduction
* **Imaging**: CT after 2 additional cycles (mid-May 2025)
* **Supportive Care**:
  + Nutrition consult within 2 weeks
  + Palliative Care 4/3/25

**Patient Education**

* Report recurrent fever, worsening diarrhea, dehydration immediately
* Oral hydration goal: 2-3 liters daily
* Dietary guidelines for C. difficile management
* Hand hygiene and infection control measures

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

* WBC: 3.8 → 5.2 × 10^9/L
* ANC: 2.1 → 3.6 × 10^9/L
* Hemoglobin: 10.2 → 9.8 g/dL
* Platelets: 132 → 145 × 10^9/L
* Creatinine: 1.9 → 1.2 mg/dL
* BUN: 38 → 24 mg/dL
* Potassium: 3.6 → 3.8 mEq/L
* Magnesium: 1.4 → 1.8 mg/dL
* Phosphorus: 2.2 → 2.8 mg/dL
* CRP: 87 → 24 mg/L
* eGFR: 32 → 52 mL/min/1.73m²
* C. difficile Toxin B PCR: Positive

**Electronically Signed By**:  
Dr. L. Zhang (Medical Oncology) - 2025-03-23 14:15  
Dr. M. Patel (Gastroenterology) - 2025-03-23 13:30  
Dr. S. Kim (Nephrology) - 2025-03-23 12:45