**Lung Cancer – Post-Chemotherapy Functional Decline**

**EQ-5D Scores**

* **On Admission:** (Mobility: 4, Self-Care: 3, Usual Activities: 2, Pain/Discomfort: 2, Anxiety/Depression: 1)
* **Before Discharge:** (Mobility: 4, Self-Care: 2, Usual Activities: 4, Pain/Discomfort: 4, Anxiety/Depression: 3)

**Issues & Progress**

1. **Advanced Lung Cancer with Functional Decline Post-Chemotherapy**
   * Admitted for worsening fatigue, deconditioning, and exertional dyspnea following multiple rounds of chemotherapy.
   * Disease stable on imaging, but significant deterioration in functional status observed.
   * Persistent exertional breathlessness limiting physical activity, though slightly improved with supportive measures.
2. **Cancer-Related Fatigue and Reduced Exercise Tolerance**
   * Marked physical deconditioning at presentation, requiring assistance with basic mobility.
   * Before discharge, improved ability to ambulate short distances within the ward but still experiences exertional dyspnea.
   * Referred for physiotherapy to optimize endurance and maintain muscle strength.
3. **Impaired Capacity for Daily Living and Household Activities**
   * On admission, unable to perform most household and instrumental tasks due to profound fatigue.
   * Gradual improvement in self-care before discharge, but still dependent on assistance for meal preparation and housework.
   * Supportive care measures and energy conservation strategies discussed to optimize function.
4. **Psychological Distress Associated with Disease Burden**
   * Persistent emotional distress related to functional decline and uncertainty about prognosis.
   * Moderate concerns regarding disease progression, treatment side effects, and impact on quality of life.
   * Referred inpatient psychologist, with outpatient follow-up planned for continued monitoring of coping and emotional well-being.