1 Patient Information

Name:	Dorothy Anne Whitfield
DOB:	November 3, 1939
Age / Sex:	85 years / Female
Date of Service:	April 27, 2025
Provider:	Dr. Susan T. Brennan, MD, FAAHPM — Palliative Medicine
Hospice Agency:	Serenity Path Hospice — Phoenix, AZ
Level of Care (Routine Home / Continuous / Inpatient / Respite):	Routine Home Care

2 Primary Diagnosis

Stage IV Pancreatic Adenocarcinoma — metastatic to liver and peritoneum.

Initially diagnosed June 2023 at stage IIB — underwent Whipple procedure with adjuvant gemcitabine/nab-paclitaxel. Recurrence confirmed January 2025 with hepatic and peritoneal metastases on CT. Patient declined further chemotherapy after informed discussion — transitioned to hospice February 15, 2025. Currently 11th week of enrollment. PPS declined from 40% to 20% since last visit 2 weeks ago. Progressive disease trajectory — active dying phase.

3 Secondary Diagnoses / Comorbidities

1. Malignant ascites — last paracentesis March 28, 2025 (3L drained); re-accumulating on current exam
2. Cachexia and anorexia — significant muscle wasting over 3 months
3. Hypertension — antihypertensives discontinued at patient request 4 weeks ago (comfort-focused goals)
4. Type 2 diabetes — insulin monitoring discontinued per goals of care
5. Chronic pain syndrome — visceral and somatic components, malignancy-related

4 Clinical Status

Functional status (e.g., PPS score, ADL dependence):	PPS: 20% — primarily bed-bound. Requires assistance for all ADLs. Drowsy or confused most of the day. Full caregiver assistance needed for repositioning. Hospital bed in living room (delivered February 2025).
Recent decline (weight loss, weakness, decreased intake):	Weight 92 lbs (down from 108 lbs at enrollment — 16 lb loss over 10 weeks). Oral intake <100 mL liquids/day over past 5 days. Unable to tolerate solid food for 3 weeks. Cannot lift arms

	above waist. Skin tenting present. Urine output 200-300 mL/day (dark amber, concentrated).
Cognitive status (alert, confused, minimally responsive):	Intermittently confused — lucid periods lasting 10-30 minutes alternating with confusion and somnolence. During lucid periods: oriented to person and place, not consistently to date. Recognized physician and daughter by name at this visit. Brief meaningful communication possible. No distress during confused states.
Disease progression indicators:	Pronounced cachexia. Mottling bilateral knees and distal calves. Decreased urine output. Decreased oral intake. Increasing somnolence. Peripheral edema worsening. Consistent with active dying trajectory — prognosis estimated days to 2 weeks.

5 Pain & Symptom Assessment

Pain (location, severity, character, response to treatment):	Diffuse abdominal pain — epigastric and periumbilical. Currently 3/10 at rest (improved from 6/10 at last visit). Morphine CR 30mg PO q12h initiated at last visit; daughter administering reliably. Breakthrough morphine oral concentrate 5mg SL PRN q1h — 2-3 PRN doses used past 24 hours with good effect.
Dyspnea:	Mild dyspnea — 2/10 at rest. Worse with repositioning. Supplemental O2 declined by patient. Lorazepam 0.5mg SL PRN q4h — used once past 24 hours. Repositioning and bedside fan providing comfort.
Fatigue:	Profound — sleeping 18-20 hours/day. Family educated this is disease-related, not drug-induced.
Nausea:	Persistent mild nausea — 3/10. Ondansetron 4mg ODT q8h PRN — partial relief. Malignant ascites and delayed gastric emptying contributing.
Agitation:	No agitation or terminal restlessness at this visit. Lorazepam and haloperidol available in comfort kit if needed.
Secretions:	Mild oral secretion pooling — Grade 1 'death rattle.' Glycopyrrolate 0.2mg SQ PRN q4h prescribed and available. Family educated on repositioning and mouth care.
Other distressing symptoms:	Stage 1 pressure injury over sacrum — 1cm non-blanchable erythema, no open wound. Dry mouth — lips cracking. Artificial saliva spray and petroleum jelly to lips recommended.
Effectiveness of current symptom management:	Pain well-controlled at rest (3/10). Dyspnea adequately managed with PRN lorazepam and repositioning. Nausea partially controlled (50%

relief with ondansetron). Overall symptom burden moderate — comfort-focused management appropriate and goals-aligned.

6 Review of Systems

Constitutional (fatigue, weight loss):	Profound fatigue — sleeping 18-20 hrs/day. 16 lb weight loss over enrollment. Anorexia — <100 mL oral intake past 5 days.
Respiratory (dyspnea):	Mild dyspnea (2/10 at rest). Mild oral secretion pooling. No respiratory distress during visit. No Cheyne-Stokes respirations yet.
Gastrointestinal (intake, nausea):	Oral intake <100 mL/day — water and ice chips only. Nausea 3/10, partially controlled. No vomiting past 72 hours. Constipation — no BM in 6 days. Abdomen distended — ascites re-accumulating.
Neurological (confusion, decline):	Intermittent confusion alternating with brief lucid periods. Somnolence increasing. No seizures. No focal deficits during lucid periods.
Other systems as relevant:	Skin: Stage 1 PIP sacrum. Bilateral ankle and lower leg pitting edema 2+. Oral mucosa dry with lip cracking.

7 Physical Examination

General appearance (frail, cachectic, distress level):	Profoundly cachectic and frail 85-year-old female in hospital bed at home. Comfortable at rest — no facial grimacing. Eyes closed at start of visit, opened with verbal stimulus. Temporal wasting prominent. Jaundice — scleral icterus and skin jaundice (hepatic metastases). No overt distress.
Cardiovascular:	HR 96 bpm, irregular. Peripheral pulses 1+ bilateral radials. Bilateral ankle and lower extremity pitting edema 2+. Mottling bilateral knees and distal calves.
Respiratory:	RR 18 breaths/minute. Unlabored at rest. Decreased breath sounds bilateral bases. Mild oral secretion pooling audible with close auscultation. No acute distress.
Abdomen:	Distended — ascites. Dull in flanks (shifting dullness positive). Non-tender to gentle palpation. Bowel sounds present but hypoactive.
Neurological:	Intermittently responsive. During 15-minute lucid period: oriented to person and place, recognized daughter and Dr. Brennan. Grip strength markedly reduced 1/5 bilaterally. No focal motor deficits.
Skin (pressure injuries, integrity):	Stage 1 PIP sacrum — 1cm non-blanchable erythema, intact skin. Bilateral heels intact — foam boots in place. Jaundice evident. Lips dry and cracked. No other open wounds.

8 Psychosocial & Spiritual Status

Patient mood and coping:

During lucid window: expressed peacefulness — 'I've had a good life. I'm not afraid.' Consistent wish to remain at home and die at home — documented in advance directive.

Family / caregiver support:

Daughter Margaret (age 58) — primary caregiver, full-time present. Son Robert (age 55) — arrived from out of state yesterday, staying until death and 1 week after. Granddaughter Emily (age 28) — overnight shift assistance. Hospice aide visits 5 days/week, 2 hours/visit for personal care.

Caregiver burden or stress:

Daughter Margaret visibly fatigued and tearful: 'I want to make sure she's comfortable — I'm scared I won't manage if things get worse.' Reassurance provided. Comfort kit reviewed comprehensively. Social work visit scheduled within 2 days.

Spiritual needs, beliefs, or cultural factors impacting care:

Devout Baptist Christian. Daughter reports patient has expressed readiness to 'go home to be with the Lord.' Chaplain visited last week — prayer and communion provided. Continued chaplain visits requested. Family requests patient's body treated with dignity at time of death. Mortuary arrangements made.

9 Care Provided

1. Comprehensive symptom assessment — pain, dyspnea, nausea, secretions, skin integrity reviewed.
2. Morphine CR 30mg q12h continued. Breakthrough morphine concentrate 5mg SL q1h PRN continued.
3. MEDICATION ADJUSTMENT: Lorazepam increased from 0.25mg to 0.5mg SL PRN q4h — caregiver educated.
4. Glycopyrrolate 0.2mg SQ q4h PRN added to comfort kit — caregiver educated on administration.
5. Ondansetron 4mg ODT q8h PRN continued.
6. Wound care education: sacral Stage 1 PIP — repositioning q2h, foam dressing applied. Daughter demonstrated understanding.
7. Family counseling 45 minutes: active dying signs explained (mottling, decreased output, decreased intake, increasing somnolence), what to expect in dying process. Comfort kit comprehensively reviewed with daughter and son.
8. 24/7 hospice nurse line reinforced.

10 Assessment

Mrs. Whitfield is an 85-year-old female with metastatic pancreatic adenocarcinoma in active dying phase. PPS 20%, profound functional decline, oral intake <100 mL/day, increasing somnolence, bilateral lower extremity mottling, decreased urine output, recurrent ascites.

Estimated prognosis: Days to 2 weeks.

Symptom control: Pain well-managed (3/10 rest). Dyspnea mild and partially controlled. Nausea partially controlled. Terminal secretions Grade 1 — glycopyrrolate now available PRN.

Hospice eligibility confirmed: Continued terminal decline consistent with hospice criteria. Enrollment appropriate.

11 Plan

1. PAIN: Continue morphine CR 30mg q12h. Morphine concentrate 5mg SL q1h PRN. If unable to swallow, transition to subcutaneous morphine — order written and available.
2. DYSPNEA/ANXIETY: Lorazepam 0.5mg SL PRN q4h (increased). Fan at bedside. Repositioning.
3. SECRETIONS: Glycopyrrolate 0.2mg SQ PRN q4h — added. Family educated.
4. NAUSEA: Ondansetron 4mg ODT PRN q8h. Haloperidol 0.5mg SL q6h PRN added as alternative antiemetic.
5. SKIN: Foam dressing to sacral Stage 1 PIP. Repositioning q2h minimum. Heel boots maintained.
6. CONSTIPATION: Glycerin suppository PRN every 3 days — comfort only.
7. DISCONTINUE: All non-comfort medications. No labs or vital sign monitoring.
8. CAREGIVER SUPPORT: Social work within 48 hours. Chaplain this week. Bereavement counselor introduction arranged.

12 Goals of Care

Comfort-focused care goals: Exclusively comfort-focused — no life-prolonging interventions. No hospital transfers unless intractable symptoms cannot be managed at home. Patient's expressed wish: die peacefully at home with family present.

Advance directives / code status: POLST (December 2024): DNR/DNI. No CPR, mechanical ventilation, or artificial nutrition. Medical POA: daughter Margaret Whitfield. Directive on file with hospice and medical record.

End-of-life planning: Dignity Memorial Phoenix selected. Arrangements pre-planned and paid. Family instructed to call hospice 24/7 line (not 911) when death occurs. Hospice nurse to pronounce at home.

13 Follow-Up

Next visit: RN home visit April 29, 2025 (48 hours) — or sooner if called for symptom concerns.

Monitoring plan: Phone check-in by hospice nurse every 24 hours. Social work within 48 hours. Chaplain within 5 days. Comfort kit fully stocked today.

Provider Name: Dr. Susan T. Brennan, MD, FAAHPM

Credentials: MD, FAAHPM — Palliative Medicine and Hospice

Date: April 27, 2025

Time: 10:30 AM MST