documented in this encounter

Discharge Summaries

• Reagan B - 07/30/2026 12:56 PM PDT

Formatting of this note might be different from the original.

Discharge Summary

Yvonne K Franklin ("Yvonne") - DOB: 6/17/1979 (47 year old female)
Gender Identity: Female Pronouns: she/her/hers
PCP: Paras, Leilani D, MD
Code Status: Full Code

DATE OF ADMISSION: 7/27/2026
DATE OF DISCHARGE: 07/30/26
DISCHARGE TEAM & ATTENDING: Medicine O Gen Adults & Lenaeus, Michael Jeffrey*

ADMISSION DIAGNOSIS: Stage IV breast cancer with osseous metastases
DISCHARGE DIAGNOSIS: Stage IV breast cancer with osseous metastases

PROBLEMS ADDRESSED DURING THIS HOSPITALIZATION:
Principal Problem:
Breast cancer metastasized to bone, unspecified laterality (HCC)
Active Problems:
Acute bilateral thoracic back pain
Pathologic compression fracture of vertebra (HCC)
Metastatic malignant neoplasm (HCC)
Cancer, metastatic to bone (HCC)
Resolved Problems:
* No resolved hospital problems. *

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:
Upcoming appointments at UW Medicine:

Future Appointments

Date Time Provider Department Center

7/31/2026 3:00 PM Vaidya, Sandeep Satyendra, MBBS UWS IR UWMC SURGICA

Additional follow-up:
No follow-up provider specified.

PENDING RESULTS THAT REQUIRE FOLLOW-UP (as of this summary):
Pending Labs

No pending labs

DIAGNOSTIC STUDIES RECOMMENDED:
None

INCIDENTAL FINDINGS THAT REQUIRE FOLLOW-UP:

None

THERAPEUTIC RECOMMENDATIONS:
- Continue pain management regimen as outlined:
- MS Contin 30 mg every 12 hours
- Oxycodone 15 mg every 3 hours as needed

- Tylenol 975 mg every 8 hours
- Methocarbamol 750 mg every 6 hours as needed
- Cancer therapy as outlined below:
- Lupron 7.5 mg monthly injections
- Zometa 4mg infusions every 3-4 weeks
- Anastrozole 1 mg daily
- Recommend daily bowel regimen
- Follow up with outpatient breast oncology and FHCC pain clinic for further management (referrals pending).
- Follow up with interventional radiology for outpatient kyphoplasty procedure. Appointment scheduled 7/31.
- Follow up with primary care provider within 2 weeks of discharge.

ALLERGIES:
Propofol and Fentanyl

DISCHARGE MEDICATIONS:

Medication List

START taking these medications

acetaminophen 325 MG tablet
Commonly known as: Tylenol
Take 3 tablets by mouth every 8 hours.

anastrozole 1 MG tablet
Commonly known as: Arimidex
Take 1 tablet by mouth daily.

methocarbamol 750 MG tablet
Commonly known as: Robaxin
Take 1 tablet by mouth every 6 hours as needed for muscle spasms.

morphine ER 30 MG ER tablet
Commonly known as: MS Contin
Take 1 tablet by mouth every 12 hours.

ondansetron 8 MG tablet
Commonly known as: Zofran
Take 1 tablet by mouth every 8 hours.

senna 8.6 MG tablet
Commonly known as: Senokot
Take 2 tablets by mouth 2 times a day.

CHANGE how you take these medications
oxyCODONE 10 MG tablet
Take 1-1.5 tablets by mouth every 3 hours as needed for moderate pain.
What changed:
- medication strength
- how much to take
- when to take this

CONTINUE taking these medications

albuterol HFA 108 (90 Base) MCG/ACT inhaler
Commonly known as: Proventil HFA; Ventolin HFA

Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath/wheezing.

cholecalciferol 50 mcg (2,000 unit) capsule
Commonly known as: Vitamin D-3
Take 2 capsules by mouth daily.

naloxone 4 MG/0.1ML nasal spray
Commonly known as: Narcan
Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray in opposite nostril.

polyethylene glycol 3350 17 g packet
Commonly known as: Miralax
Take 1 packet by mouth daily. Dissolve in 4-8 ounce water.

prochlorperazine 10 MG tablet
Commonly known as: Compazine
Take 1 tablet by mouth every 6 hours as needed for nausea/vomiting.

propranolol 10 MG tablet
Commonly known as: Inderal
Take 1 tablet by mouth daily.

tretinoin 0.025 % cream
Commonly known as: Retin-A
Apply 1 application topically 3 times a week. Apply to face.

STOP taking these medications
ALPRAZolam 0.25 MG tablet
Commonly known as: Xanax

Where to Get Your Medications

These medications were sent to SAFEWAY PHARMACY #2734 2734 10020 NE 137TH KIRKLAND WA 425-821-0708 425-820-6442 98033 10020 NE 137TH, KIRKLAND WA 98033

Hours: 9am-9pm M-F, Sat 9-6:45 Phone: 425-821-0708

anastrozole 1 MG tablet

methocarbamol 750 MG tablet

ondansetron 8 MG tablet

senna 8.6 MG tablet

You can get these medications from any pharmacyBring a paper prescription for each of these medications

morphine ER 30 MG ER tablet

oxyCODONE 10 MG tablet

BRIEF ADMISSION HISTORY:
As below

HOSPITAL COURSE:
Brief Admission History:
Per the admission note by Dr. Adrian Lazarevic-Fogelquist dated 7/28/2026:
"Undergoing outpatient workup for presumed metastatic breast cancer (breast/LN biopsy results 7/27 confirm breast cancer, pending bone biopsy results). The night preceding admission developed acute worsening of neck

and back pain to the point of being awoken from sleep and unable to bend or perform standard ADLs 2/2 severe, 10/10 pain unresponsive to home oxycodone 5-10mg. Pain is in the R neck and bilateral paraspinal regions, primarily in the upper/thoracic spine, worse with movement and associated with a feeling of "heaviness" in her head as if she cannot hold her head up due to pain/weakness in her neck.
She was seen in Radiation Oncology on 7/27 for CT sim for XRT planning and then presented to ACE clinic for severe pain and was recommended to proceed to the ED for neurosurgical evaluation given severity of neck pain and known C spine metastases.
No fevers, chills, new neurologic symptoms of focal weakness, numbness, tingling, loss of bowel/bladder control.
ED course:
Afebrile, VS notable for tachycardia and transient hypertension. Labs with mild hypokalemia and leukocytosis, otherwise unremarkable. CT spine demonstrated multiple osseous metastases with multiple associated pathologic fractures in the cervical and thoracic spine and extra-osseous extension of lesions in the C-spine (e.g. C4, C6) with associated foraminal narrowing. CTA head and neck without e/o arterial dissection or occlusion.

Admitted to medicine for pain control and possible expedited XRT."

Hospital Course:

Yvonne K Franklin is a 47-year-old female with newly diagnosed metastatic breast cancer, ER+/PR+/HER2-, who was admitted to UWMC on 7/27 for intractable cancer-related neck/back pain in setting of known osseous metastases as well as possible expedited initiation of XRT. She was previously undergoing outpatient planning for XRT with CT sim completed on 7/27. Neurosurgery was consulted in the ED, determined to be non-operative.

She was continued on home oxycodone 5-10mg every 4 hours as needed together with scheduled Tylenol 975 mg, prn IV hydromorphone, and prn methocarbamol with good pain control. On 7/28, morphine 30mg BID was initiated along with continued prn medications. On 7/29, oxycodone was increased to 15mg every 3 hours as needed with improved pain relief. She was also given scheduled anti-emetics to help with opioid-associated nausea.

MRI C-T-L on 7/28 notable for anterior epidural tumor extension at T5 and T8 levels. Diffuse osseous metastasis multiple cervical, thoracic and lumbar vertebral bodies. Pathologic fractures involving T4, T5 and T8 vertebral bodies with mild height loss at T5 (40%).

Radiation oncology was consulted 7/28 with plan for expedited XRT as inpatient. XRT was administered on 7/29.

IR was consulted 7/28, planning for vertebroplasty/kyphoplasty following radiation treatment in outpatient setting. Follow-up consultation is scheduled for 7/31.

Medical oncology consulted 7/28 and saw pt on 7/29 to discuss hormone therapy initiation. Pt was started on lupron 7.5 mg monthly injections (first dose administered 7/29), anastrozole 1 mg daily, and Zometa 4mg every 3-4 wk infusions (first dose administered 7/30).

Over course of hospitalization, her pain was better controlled. She was discharged in stable condition on 7/30. She will follow up with oncology in the outpatient setting for ongoing cancer therapy and opioid management.

Key Diagnostic Studies:

7/22 biopsy ER+/PR+/HER2 neg

Procedures/Dates:

None

Tube/Line/Drain Care Orders / Instructions:

None

Consults:

Neurosurgery
IR
Rad Onc

Oncology Consults

Key Follow-up Needed, including Incidental Findings:
Follow up with FHCC breast oncology (referral placed) and FHCC pain clinic for opioid management
Follow up with IR for kyphoplasty as outpatient

DISPOSITION:
01 HOME/SELF CARE [01]

CONDITION: fair

CONSULTS COMPLETED:
IP CONSULT TO RADIATION ONCOLOGY
IP CONSULT TO NEUROSURGERY
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO ONCOLOGY

OPERATIONS/PROCEDURES:
No surgeries this admission

Additional procedures:
None

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:
MRI C-T-L 7/28/26:
1. No cord compression. Anterior epidural tumor extension at T5 and T8 levels
Diffuse osseous metastasis multiple cervical, thoracic and lumbar vertebral bodies. Pathologic fractures involving T4, T5 and T8 vertebral bodies with mild height loss at T5 (40%).

A) Right iliac crest, biopsy 7/24/26:
- Metastatic carcinoma.

A) Left breast, 1:00 7 cm FN, core biopsy 7/22/26:
- Invasive lobular carcinoma. See Synoptic Checklist.

B) Lymph node, right axilla, core biopsy 7/22/26:
- Metastatic carcinoma, See Comment.

COMMENT:
B) Neoplastic cells are morphologically similar to the findings in part A, compatible with metastasis from breast primary.

Biomarker reporting: ER positive, PR positive, HER2 negative. Negative E-cadherin supports lobular phenotype.

Discharge Orders

General supply request: Walker standard

Details for supply request: Walker standard

Referral to Oncology- FHCC Breast Oncology

Standing Status: Future

Referral Priority: Routine Referral Type: Oncology

Number of Visits Requested: 1

Referral to Pain Relief Clinic

Standing Status: Future