Patient B started her cancer journey in 2005. Having completed numbers courses of cheomotherapy and radiotherapy her Follicular Lymphoma of left kidney and surrounding area was still evident at last scan (26/7/22) had shown some progression. Since then Patient B has commenced a trail of reduced dose of chemotherapy with view to conclude Feb/Mar. However due to progressive deterioration, fatigue the decision has been made to stop treatment and not pursue further imaging. The focus is now on symptom management and best supportive care.

Patient B is very aware of her conditional changes and has clearly stated that her preferred place of care preferred place of death is her own home. The family are supporting her with her wishes and are facilitating downstairs living.

Patients B condition is deteriorating into the final stages of her life measurable in very few months/weeks. Patient B was able to manage own ADLs and prepare own meals approx. 2-3 weeks ago. Patient B can no longer ascend/descend stairs and is having downstairs living. Profiling bed discussed as currently in double bed as Patient B is struggling with transfers in/out of bed. To be delivered tomorrow. Patient B is mobile very short distances with frame due to fatigue/ weakness and it is anticipated that she will require assistance of on1 in next few days/weeks. Patient B was able to walk to the local shop 2-3 weeks ago. Patient B is no longer tolerating diet except odd mouthfuls of soft/smooth foods such as yoghurts and soups. Note oral thrush and advice given. Patient B is sleeping/resting for long periods of time in riser recliner. Patient B is experiencing abdo pain that is currently managed by self – administrating prescribed oral opioid. Requesting assistance of BD care calls to assist with personal care and monitoring general condition along with D/N service and SPCT.