**Conduct Nutrition Focused Physical Exams**

**Afnan Chikhani**

**Fontbonne University**

**Summary**

During my medical rotation, I did few nutrition-focused physical examinations using the ASPEN clinical characteristics. This is the detail of one of the nutrition-focused physical examinations I provided to one of the patients in the hospital. I first looked up the Patient chart to see all the medical issues and nutritional concerns we have for the patient. The patient is seventy years old male with a medical history of chronic kidney disease, chronic venous stasis, deep vein thrombosis, hiatal hernia, hypertension, and interactable N/V. he has a normal BMI of 26.7.

I Introduced myself to the patient and family, then talked to the patient about the purpose of the session. I discussed the patient's routine activity, home eating habits, and concerns. Talked about the Patient diet they followed at home. I also asked the patient if he ever tried medical food supplement and what kind he preferred.

I explained the reason to provide an examination. Then I ask the patient for permission to examine them. I practiced the stander of care of washing and drying my hands thoroughly and wear gloves prevent disease transmission. I completed the Nutrition Focused Physical Exam. The patient had Acute Illness/Injury mild/ moderate. His Energy Intake is less than 75% energy intake compared to estimated energy needs in less than one month. The patient did not lose much body fat, but he did lose Muscle Mass. His muscle loss is aged related. During the Nutrition Focused Physical Exam, I assist in fat loss by helping different areas in the boy. First of all, I looked at the orbital region surrounding the eye, and I found a slightly bulged fat pad. I also assist the upper arm region by examining the triceps/biceps, there is some depth pinch but not ample. I help muscle loss Temple Region by examining the temporalis Muscle, and there was a slight depression. Clavicle Bone Region is deltoid; I also expanded the clavicle, and acromion bone region is acromion protrusion very prominent. Finally, I assist the dorsal Hand - Interosseous Muscle, and it was slightly depressing. Looking at the Quadriceps Muscle, I found the bones not prominent. I also tested the anterior thigh by examining the quadriceps muscles. I found well rounded, well-developed muscle. Finally, I expanded the posterior calf region by looking at the Gastrocnemius Muscle. I founded a well-developed bulb of muscle. The patient Meets ASPEN criteria for acute mild/ moderate malnutrition due to decreased food intake.

After providing the nutrition-focused physical examinations, I educated the patient about the importance of protein for retaining muscle and strength and wound healing. I assist his knowledge about diets and his interest in education. He was open to learning about healthy eating and ways to increase his protein intake. I educate him about the role of increasing protein in wound healing and by giving an example of a list of food that is high in protein. Educational material of high protein food and supplement recommendations will be attached to his discharged documentations. He agrees to drink a protein supplement, which is Ensure Enlive in strawberry flavor. The order of Ensure enlive three times a day was placed when diet advances since he was NPO.

**ADIME note**

Assessment

70 y.o male

Medial history

* chronic kidney disease
* Chronic venous stasis
* Deep vein thrombosis
* Hiatal hernia
* Hypertension
* Interactable N/V

Wt: 89 kg, Ht: 182.9 cm , IBW: 80 kg, BMI: 26.7

Total calories need: 2055 Cal

Protein need based on g/kg: 1.2

107.23 g of protein.

Weight reading:

07/27/20 89 kg (197 Ib)

06/23/20 109.3 kg (241 Ib)

05/29/20 109 kg (241 Ib)

05/20/20 95 kg (210 Ib)

08/13/18 95.3 kg (210 Ib)

Medication:

Labs values:

Nutritional Diagnosis:

Malnutrition-Moderate related to social behavioral /environment circumstances, lack of aces, lack of support, evidenced by patient interview, physical finding, reduced functional status., muscle loss.

**ASPEN Malnutrition Assessment:**

Nutrition Focused Physical Exam was completed on the 8/26/20 Pt met ASPEN criteria for acute severe malnutrition due to decreased food intake. Some physical wasting is present on the time of admission.

acute Illness/Injury mild/ moderate.   
Energy Intake: < or equal to 75% energy intake compared to estimated energy needs > (or equal to) 1 < month  
Body Fat: not meet   
Muscle Mass: muscle loss is aged related

Patient Meets Criteria for moderate malnutrition      
  **Nutrition Focused Physical Exam Notes:**  
Subcutaneous Fat Loss   
Orbital Region - Surrounding the Eye: slightly bulged fat pads.   
Upper Arm Region - Triceps/Biceps: Some depth pinch but not ample   
Muscle Loss  
Temple Region - Temporalis Muscle: Slight depression  
Clavicle Bone Region - Pectoralis Major, Deltoid, visible in male, some protrusion in female.

Clavicle and Acromion Bone Region - Deltoid Muscle: Acromion protrusion very prominent.   
Dorsal Hand - Interosseous Muscle: Slightly depressed  
Patellar Region - Quadricep Muscle: Bones not prominent   
Anterior Thigh Region - Quadricep Muscles: well rounded, well developed

Posterior Calf Region - Gastrocnemius Muscle: Well-developed bulb of muscle

**Intervention:**

Screened for poor Po intake and wounds. Admitted with N/V the past 2-3 days. Has been seen by this service on previous admission with encouragement of adequate protein intake 2/2 wounds. Pt reported decreased PO intake r/t limited ability to get up of hid chair to get food. mild/moderate Muscle wasting observed. Pt meets the ASPEN criteria for moderate malnutrition based on muscle wasting and intake. Wounds noted to be healing, but MD note suggests there is some skin breakdown. Pt on NPO for EKG, will receive supplement when diet advances. Discussed need for adequate protein and calories. Also discussed use of supplement at home for easy access to nutrition- recommendation included in d/c instructions. Risk if medium, Follow up in seven days.

**Plan:**

Ensure Enlive (strawberry) TID when diet advances, monitor intake, Labs, diet advancement, supplement tolerance, encourage intake.

**Monitoring and Evaluation:**

Medical food supplement, encouragement.

Oral intake to meet 75% estimated nutritional needs by next assessment, tolerance of medical

Food supplement by the next assessment.

Appetite, diet advancement, Labs, plan of care, Po intake, supplement tolerance.

Afnan Chikhani: Dietetic Intern.

**Reflection**

The nutrition focusses physical exam need practice for someone to get used t doing it. Assessing a healthy looking patient with no muscle or fast waist and looking healthy can be clear to determine when doing the ASPEN assessment. Server malnutrition is easy to diagnose in most patient because the muscle and fast waist is obvious in the face and upper body, even without doing a full ASPEN assessment. The tricky when doing a Nutritional focused physical exam is when a patient falls between the choices of Mild and moderate malnutrition. It can be harder to assess because it is slightly different between the two. Somebody part can be mild malnutrition categories, and other parts can fall in the moderate categories. In the beginning, it was hard to know the difference between the slightly mild or moderate muscle snd fast west. It is harder with older people due to the loss of skin. After doing many ASPEN tests, I become more comfortable doing this ASPEN assessment test.

The protein need was determined by multiplying the body weight by 1.2. This patient needed more protein because of the wound and the malnutrition. Patients need higher calories to gain some weight and strength back. It is harder to increase calories and protein intake with nausea and vomiting. We order a high protein supplement, and the patient agrees to drink it. I have seen many patients who dislike the medical nutrition supplement test, which make increasing protein is harder in some patient who needs it. In this case, I would keep trying a different kind of and test until I found the one the Patient likes. Some of the supplements that I offer to the patient other the Ensure and Boost are protein pudding, protein jello, and pro stat smoothie. Protein supplement is one way to improve calories and protein intake to help wound healing and malnutrition.