**Nutrition Care Process Documentation**

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**1st patient**

Patient is a 45 y.o. male. Admit Dx: NUMBNESS. Admitted on 9/13/2020, current LOS is 1 days. Patient's intake is adequate.  
  
Past Medical History:  
  
• CKD (chronic kidney disease) stage 3, GFR 30-59 ml/min (CMS/HCC)  
• Depression  
• Hypertension  
• Migraines  
• Sleep apnea  
  
Anthropometrics  
Weight: 132.5 kg (292 lb 1.8 oz)  
Admission Weight : 132.5 kg  
Weight Change: 0.00 kg (0.00 lbs)  
IBW/kg (Calculated) : 78 kg  
Height: 180.3 cm (5' 11")  
Weight in (lb) to have BMI = 25: 178.9  
BMI (Calculated): 40.8 No intake or output data in the 24 hours ending 09/14/20 1340  
  
Medications and Lab Review:  
Scheduled Meds:  
amLODIPine, 10 mg, oral, Daily  
atorvastatin, 40 mg, oral, Nightly  
enoxaparin, 40 mg, subcutaneous, Q12H SCH  
gabapentin, 300 mg, oral, Daily  
gabapentin, 600 mg, oral, Nightly  
hydrALAZINE, 50 mg, oral, BID  
labetaloL, 200 mg, oral, BID  
sertraline, 50 mg, oral, Daily  
topiramate, 50 mg, oral, BID  
   
PRN Meds:  
•  acetaminophen  
•  docusate sodium  
•  ondansetron  
Sodium  
Date Value Ref Range Status  
09/14/2020 136 135 - 145 mmol/L Final  
  
Potassium, pl  
Date Value Ref Range Status  
09/14/2020 3.6 3.3 - 4.9 mmol/L Final  
  
BUN  
Date Value Ref Range Status  
09/14/2020 19 8 - 25 mg/dL Final  
  
Creatinine  
Date Value Ref Range Status  
09/14/2020 1.37 (H) 0.80 - 1.30 mg/dL Final  
  
Calcium  
Date Value Ref Range Status  
09/14/2020 8.8 8.5 - 10.3 mg/dL Final  
  
HDL  
Date Value Ref Range Status  
09/14/2020 37 (L) >=40 mg/dL Final  
Comment:  
Interpretive Data  
Ages < or = 19 years  
  Acceptable:       >45 mg/dL  
  Borderline low:   40-45 mg/dL  
  Low:           <40 mg/dL  
Ages > or = 20 years  
  Desirable:        >or= 60 mg/dL  
  Low:           <40 mg/dL  
Literature References:  
1. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents. Pediatrics 2011;128:S213  
2. NCEP Expert Panel. Circulation 2004;110:227  
Current Interpretive Data was last revised on 08/21/2018.  
  
Lab Results  
Component Value Date  
HGBA1C 5.7 (H) 09/14/2020

Dietary Orders  
  
Start Ordered  
09/14/20 1019  
Adult Diet Regular  Diet effective now    
Question:  (MBMC) Diet type  Answer:  Regular  
09/14/20 1019  
  
Nutrition Needs Calculations:  
Calculated Energy Needs Using Equations  
Weight: 132.5 kg (292 lb 1.8 oz)  
Height: 180.3 cm (5' 11") Estimated Protein Needs  
Type of Weight Used for Estimated Protein : Current  
Protein Needs Based on g/kg: 0.8  
Total Protein Estimated Needs (gm): 106  
Kcal/kg  
Type of Weight Used for Estimated Kcals: Current  
Kcal/kg: 15  
Total Kcal/kg Estimated Needs : 1987.5  
  
Nutritional Needs and Diagnosis:  
Nutrition Diagnosis 1: Food and nutrition-related knowledge deficit Related to: Lack of education Evidenced by: Patient interview  
  
Impression: Pt was seen for consult. Hx of HTN, CKD sage 3, Paresthesia of lift upper and lower extremity. Was NOP in the morning. Pt was seen by speech therapy and tolerating food fine. Pt has good appetite but did not eat today due to NPO order. Pt stated having a good appetite prior admitting. Encouragement of eating healthy diet as prevention. On 9/14/20 BP 143/ 93, triglyceride:168 (H), HDL 37 (L). Heart healthy diet is ordered for him. Pt stated not following any medical diet at home and eat what he like. Need education on heart healthy diet prior D/C.    
  
Plan: Monitor diet tolerance, heart healthy diet education.    
  
Intervention and Monitoring:  
Goals: Patient/caregiver able to teach back understanding of role of diet in disease process prior to discharge  
Interventions: Encouragement, Modify diet  
Monitoring and Evaluation: Labs, Plan of care, PO intake

**2nd Patient**

Pt 84 y.o M

Hx of CAD, coronary artery bypass graft, ESRD on dialysis

Wt : 68Kg

Ht 180.3 cm

BMI: 21.1

IBW: 78 kg

Energy need: 1780 kcal

Protein need: 68

Pat medical history:

* Asthma
* coronary artery disease
* dialysis patient (CMS/HCC)
* Glaucoma
* Pleural effusion

Past surgical history:

* Coronary artery bypass craft
* Skin craft

Medication:

* Atorvastatin
* Pantoprazole
* Sodium chloride
* trazodone
* vit A, C, And E

Labs:

Sodium 135

Potassium 4.0

BUN 35 (H)

Creatinine 4.40 (H)

Albumin 1.5 (L)

Calcium 7.4 (L)

HDL 66 (H)

Nutritional diagnosis:

Increased nutrient needs (protein) related to physiologic issue evidenced by patient interview.

Pt was seen for low food intake. Pt has ESRD on dialysis. Pt tested negative for COVD-19 but has symptoms and was exposed to someone that tested positive. Talked to the Pt via the phone. Pt stated appetite has improved and he ate well today. Pt on dialysis and albumin 1.5 (L). Encouragement to increase protein intake. Pt has been told he need protein supplement but can’t tolerate milk. He agrees to try Ensure Clear during admission.

Plan: Ensure clear BID, Monitor supplement tolerance, labs, PO intake.

Goal: adequate nutrition to meet estimated needs by next assessment, tolerance of medical food supplement by next assessment.

Afnan Chikhani, Dietetic intern.