

LOCAL TITLE: NUTRITION - CONSULT  
STANDARD TITLE: NUTRITION DIETETICS CONSULT  
DATE OF NOTE: MAR 16, 2012@13:22 ENTRY DATE: MAR 16, 2012@13:23:06  
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URGENCY: STATUS: COMPLETED

NUTRITION CARE PROCESS NOTE

CONSULT FOR: Nutrition High Risk Consult from Inpt-Nursing-Admit Assessment, Nutrition Assessment and Therapy, Tube Feeding -Patient admitted with sepsis, s/p amputation and intubation.

Consult requested by: [REDACTED]

CLINICAL: -- yo male s/p ----- amputation 3-14-12; ED admit for septic shock. Currently hemodynamically stable.

PMH:CAD s/p CABG, metal aortic valve replacement on coumadin, PVD s/p amputation of 4 lateral toes of ----- foot, IDDM, pA fib, chronic ulcer of lateral malleolus of right leg overlying metalwork done several years ago for a traumatic fibula fracture.

NUTRITION RELATED MEDICATIONS

- Amiodarone tab 400mg po bid
- Bisacodyl supp,rtl 10mg pr daily prn indication: for constipation.
- Dextrose 50% inj,soln 1 (50ml) syringe ivp prn indication: for treatment of hypoglycemia per hypoglycemia protocol.
- Docusate liquid,oral 100mg/10ml po bid
- Glucagon inj 1mg/lvial sc prn indication: for treatment of hypoglycemia per hypoglycemia protocol.
- Glucose gel,oral contents of 1 tube po prn indication: for treatment of hypoglycemia per hypoglycemia protocol.
- Insulin nph (human) inj 9 units sc q12h
- Insulin regular (human) inj supplemental sc q6h for pre-meal/bedtime hyperglycemia. give mealtime suppl scale dose at cbg check time even if pt does not eat, or npo dose if npo. low dose (bmi <25 or tdd <40 units/day)
- Insulin regular (human) inj 2 units sc q6h q6h dosing while patient on tube feeds. can give with nph
- Senna tab 1-2 tabs ng bid prn give if no bm over 2 days prior to admission.

NUTRITION ASSESSMENT

Anthropometrics:

Ht: -- in [---- cm] (3/13/2012 02:56)  
Wt: ---- lb [---- kg] (3/15/2012 02:00)  
Wt hx:238 lb (3/12/2012)  
238 lb (1/5/2012)  
238.5 lb (12/27/2011)  
236 (10/28/2011)  
Ideal Wt: 172lb (78.2 kg)  
%IBW: 141.6%  
Usual BW: 230-240 lbs (past 2 yrs)  
BMI: 33.9  
Dosing Wt:172 lb (78.2kg)  
Skin: open wound (- AKA)  
Temp: 101.3 F

Dietary/Alimentation/Elimination:

Diet: NPO

TF: JEVITY 1.2CAL FULL 10 ML/QH

Flushes:30ml every 4 hours (180ml free water/24hrs)

Tube placed 3/15/2012

Intakes: 80 ml (3/16/2012)

Last BM: 3/16

Biochemical:

MAGNESIUM 2.3 03/13/2012 19:36

PHOSPHATE 2.9 03/13/2012 19:36

CALCIUM 7.4 L 03/13/2012 19:36

No PREALBUMIN in the last 1Y

ALBUMIN 2.9 L 03/16/2012 01:55

Lipid Panel: 03/30/10 10:26

CHOLESTEROL 160

HDL CHOLESTEROL 29 L

LDL-CHOL CALC 63

TRIGLYCERIDES 340 H

No CHOLESTEROL in the last 1Y

HEMOGLOBIN A1C 10.7 H 01/05/2012 14:03

Last 2 CBGs:

03/16/12 202 H

03/16/12 200 H

Last Chem 7 and CBC:

03/16/2012 01:55

03/16/2012 01:55

137 : 106 : 40 H / \11.9 L /

----- : ----- : ----- 130 H 20.0 H ----- 127 L

3.8 : 31 : 1.6 H \ /36.8 L \

NUTRITION DIAGNOSIS

Poor nutrition quality of life, related to sepsis and AKA as evidenced by poor diabetes control (elevated CBGs and HbA1c), poor albumin, and NPO status.

Estimated nutritional needs:(est with IBW)

Calories:~2020 kcal (Mifflin St Jeor X 1.25)

Pro: 156g (2.0 g/kg)

Fluid: ~2050ml (30ml/kg)

NUTRITION GOALS

1. Receive >90% TF
2. Maintain CBGs <180

NUTRITION INTERVENTIONS

1. Tube Feeding Order: PIVOT 1.5 @ 60ML/HR X 24HR starting at 30ml qh, increase by 10ml q4h until reach goal rate  
Free water flush of 160ml q4h (provides 960ml free H2O)  
-This TF would provide: 2160 kcal, 135g pro, total 2053ml free water
2. Ordered prealbumin lab

NUTRITION RECOMMENDATIONS:

1. Add 2 dan active probiotic qd

Nutrition status: Severely compromised

NUTRITION MONITORING/EVALUATION: routine

/es/ MALISSA M WARREN, RD, CNSD

Clinical Dietitian

Signed: 03/16/2012 16:41

for CHRISTINA M GERMANN

/es/ MALISSA M WARREN, RD, CNSD  
Clinical Dietitian  
Cosigned: 03/16/2012 16:41