

LOCAL TITLE: NUTRITION - FOLLOW-UP
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: FEB 21, 2012@13:44 ENTRY DATE: FEB 21, 2012@13:45:10
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URGENCY: STATUS: COMPLETED

NUTRITION CARE PROCESS NOTE

CLINICAL: -- y.o. ---- with ds of obstructing rectal cancer
POD#7 S/P rectal mass excision, POD #4 S/P Diverting loop colostomy, sigmoid
colon, stable. Pt engaged in self care, learning to care for ostomy.

PMH: T2DM, HTN, alcohol dependence, CHF

NUTRITION RELATED MEDICATIONS

- Docusate cap,oral 100mg po bid
- Heparin sq inj,soln 5000unt/0.5ml sq q12h pharmacy:
start 1st dose at standard administration time
pod#1
- Insulin aspart inj supplemental sc wmb&bedtime 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. medium dose (bmi 25-29.9
or tdd 40-80 units/day)
- Ondansetron inj,soln 4mg/2ml ivp q6h prn for nausea
- Promethazine tab 12.5-25mg po q6h prn indication:
for nausea/vomiting.
- Ranitidine tab 150mg po qpm
- Warfarin tab 5mg po qpm

NUTRITION ASSESSMENT

Anthropometrics:

Ht: -- in [---- cm] (02/11/2011 10:43)
Wt: 201 lbs [91.4 kg] (2/17/2012)
Wt hx: 198.7 lb [90.3 kg] (02/15/2012 09:43)
-20 lbs /2 mo (per GM5)
-30 lbs /6 mo (per GM5)
229 lbs (2/2011 -CPRS)
226 lbs (4/2009 -CPRS)

Ideal Wt: IBW = 160 lbs 72.7 kg %IBW = 125.6
BODY MASS INDEX 29.74 (2/17/2012)

Dietary/Alimentation/Elimination:

Diet: Consist CHO

Intakes: (blank is no data)

	Break	Lunch	Dinner
2/21	100%	75%	
2/20	100%	-	50%
2/19	sips	100%	100%

Interview info: Pt was sleeping when I entered the room, woke up as I was reviewing his bedside chart. The pt was friendly and happy to answer my questions. When asked about the food he has been receiving he stated that "it has all been great!" When asked about how the food has been setting in his stomach, he reported that it has been fine. "I eat everything and feel full when I am done." When asked if he would like snacks between meals, he stated that the food he has been receiving has been enough.

When asked what education, if any, he has received regarding his ostomy, he reported no education and that he would like some. I provided a hand out "Diet after Ileostomy" and talked to him about foods to avoid and some foods to include, as well as staying hydrated.

Last BM: 2/20 per nsg

Biochemical: (2/21/2012)

SODIUM 136
POTASSIUM 3.5
CHLORIDE 103
CO2 24
UREA NITROGEN 6 L
CREATININE 0.8
GLUCOSE 139 H

RBC 3.02 L
WBC 8.5
HGB 9.6 L
HCT 28.8 L
MCV 95.5

ALBUMIN 2.5 L 02/14/2012
PREALBU 4.8 L 02/14/2012

HEMOGLOBIN A1C 11.7 H 02/11/2012

CBGs:	5-6am	11am-noon	4-5pm	9-10pm	midnight
2/21	168	266			
2/20	133	210	160		206
2/19	119	162	141	204	

PREVIOUS NUTRITION DIAGNOSIS

Increased protein/energy needs r/t compromised nutrition status & need for optimization prior to surgery as evidenced by 20 lb weight loss /2 mo (9% initial BW) & altered nutrition related laboratory values (alb 2.5, prealb 4.8).

Estimated nutritional needs:

Calories: ~2300-2650 kcal/day (HB x 1.3-1.5; ~25-30 kcal/kg)
Protein: ~120-155 g/day (1.3-1.7 g/kg/day)
Fluid: ~2300-2650 mls/day (1 ml/kcal)

PREVIOUS NUTRITION GOALS

1. PO intake of >80% estimated needs (>1850 kcals & >96g pro/day) primarily via nutrition supplements (mighty shake, boost etc)
--> achieved if pt consumes 5 out of 6 (8oz) suppl (2 mighty shk =1,8oz)
2. Improve biochemical protein status- Prealb >10
3. Achieve bowel regularity with PO intake

NUTRITION INTERVENTIONS

1. Diet - added strawberry yogurt to all meals

2. Nutrition Education -

LEARNER: Veteran

EDUCATION NEEDS: Ostomy diet

LEARNING CONSIDERATIONS: None

READINESS TO LEARN: (Prochaska's Stage of Change)
Acknowledges need to make dietary changes; plans to do so in the future. (Preparation)

TEACHING METHOD: Verbal discussion, Printed material

EFFECTIVENESS: Verbalizes understanding

OUTCOME KNOWLEDGE ASSESSMENT: Appears to understand basic information and has necessary skills for self-management

FOLLOW-UP PLANS: F/U before D/C

NUTRITION RECOMMENDATIONS

1. Continue CCHO diet
2. Suggest prealb lab in next draw

Nutrition status: moderately compromised

NUTRITION MONITORING/EVALUATION: routine

/es/ CHRISTINA M GERMANN

Signed: 02/22/2012 11:51

/es/ Terri Hoos, M.S., R.D.
Dietitian

Cosigned: 02/22/2012 11:58