

LOCAL TITLE: Addendum  
STANDARD TITLE: ADDENDUM  
DATE OF NOTE: FEB 09, 2012@13:39      ENTRY DATE: FEB 09, 2012@13:39:50  
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URGENCY:      STATUS: UNCOSIGNED

Follow-up to consult 2/8

Talked with pt and wife about sodium and education previously discussed. Both pt and wife seem motivated to change. We discussed high sodium foods, and alternatives they can add to their diet. They demonstrated knowledge by describing foods they can change or eliminate.

Pt and wife explained how the pt usually eats only two meals a day (breakfast/dinner) We discussed including 3-4 meals per day, and including a light HS snack. Pt reports liking peanut butter sandwiches as HS snack; discussed reading PB label to look for sodium and sugar content.

/es/ CHRISTINA M GERMANN

Signed: 02/14/2012 08:39

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--- Original Document ---

02/08/12 NUTRITION - CONSULT:  
NUTRITION CARE PROCESS NOTE

CONSULT FOR: Nutrition Education

"\_\_ patient who likely has massive salt intake here for CHF exacerbation."

Consult requested by: LEITZ,ANDREW J

CLINICAL: (per MD H&P 02/06) "\_\_ yo \_ with with h/o \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_ p/w 8 pound weight gain over the past few days (201 -> 209 lbs), associated with increased LEE, abdominal distention, and mild DOE. He notes that he does not adhere to a low salt diet, although he has been trying to eat healthier. He may have had some dietary indiscretions over the past few days. He is unable to lie flat in bed at baseline, which is worse now. He is able to ambulate around the house with exertional dyspnea, but is mainly limited by neuropathic pain/ Claudication. He notes occasional sharp chest pain lasting several seconds when he bends over, but is uncertain if he has exertional chest pain. This pain is reproducible with palpation of his chest wall. His right leg is larger than his left at baseline due to prior surgeries."

NUTRITION RELATED MEDICATIONS

- CALCIUM 500MG/VITAMIN D
- INSULIN, GLARGINE
- METFORMIN HCL 1000MG TWICE DAILY
- OMEPRAZOLE
- WARFARIN

NUTRITION ASSESSMENT

Anthropometrics:

Ht:69 in (175.3 cm)  
Wt: 196.1 lbs (89.1 kg) [ 02/08/2012 06:46]  
Wt hx: 214.29 lbs (02/06/2012)  
UBW: 185-195 lbs  
Ideal Wt: 160 lbs (72.7 kg)  
BMI:29.02

Dietary/Alimentation/Elimination:

Diet: CCHO, 2 gm Na+, 2000 FLD

Intakes: (blank is no data)

	Break	Lunch	Dinner
2/8	4		
2/7		ADMIT	4

Interview info: Pt was awake and cordial when approached in his room. Openly answered questions about diet history and food preferences. When asked about his diet history at home, he stated that "there has been a dramatic change in my diet over the past couple of weeks." Pt reports that he has cut back on gravy and potatoes, while increasing intake of whole grain foods such as bread, pasta and brown rice. Pt claims to use salt substitute instead of regular salt, as well as using less butter. Pt states he has changed to decaf coffee.

Pt reports that he does most of the cooking, recently his wife has been making his breakfast, which includes a bowl of dry cereal with low fat milk, sometimes scrambled eggs. Pt reports that he is trying to cut back on egg intake as well.

When asked about his intake while at the PVAMC he said the food "has been ok, considering it is hospital food." He reports to eat larger portions at home, and feels like he needs bigger portions here. When asked if he was receiving snacks, he said no, and that he would like sugar-free jello or pudding. He was also asked if he would like a half of a sandwich in between meals and he readily agreed.

Last BM: per NSG 2/07

Biochemical:

02/07/2012 05:30  
137 : 100 : 31 H /  
----- : ----- : ----- 102  
4.1 : 27 : 1.5 \

INR/PT 02/08/2012

PT. 22.3 H  
INR 2.06 H

HEMOGLOBIN A1C 6.6 H 02/03/2012 10:07

NUTRITION DIAGNOSIS

Self monitoring deficit r/t sodium and fluid intake as evidenced by weight/fluid loss since admit (18 lbs), and discrepancy between pt diet recall upon admit to MD and diet recall 2/8 to nutrition services.

Estimated nutritional needs:(est using actual BW)

Calories:1800-2200 kcal (20-25kcal/kg)  
Pro:90-110 g (1.0-1.2g/kg/day)

NUTRITION INTERVENTIONS

1. Diet - CCHO, 2 gm Na+, 2000 FLD
2. Snacks - Added diet choc pudding to am snack  
- Added 1/2 tuna sand to afternoon snack

3. Nutrition Education:

LEARNER: Veteran

EDUCATION NEEDS: Low sodium

LEARNING CONSIDERATIONS: None

READINESS TO LEARN: (Prochaska's Stage of Change)

Currently making evident dietary changes (per pt report 2/8 w/ dietetic intern); plans to continue. (Action)

TEACHING METHOD: Verbal discussion, Printed material: "Be Sensible with Sodium"

- Discussed ways to decrease sodium intake (<2400 mg/day)
  - reading nutrition labels & keeping food logs
  - proper portion sizes at meals

EFFECTIVENESS: Verbalizes understanding

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

NUTRITION RECOMMENDATIONS

- 1.No further rec at this time.

Nutrition status: mildly compromised

-R/t sodium restriction, CHF status

NUTRITION MONITORING/EVALUATION: routine

/es/ CHRISTINA M GERMANN

Signed: 02/08/2012 14:38