

LOCAL TITLE: NUTRITION - CONSULT  
STANDARD TITLE: NUTRITION DIETETICS CONSULT  
DATE OF NOTE: MAY 10, 2012@10:57 ENTRY DATE: MAY 10, 2012@10:57:56  
AUTHOR: GERMANN,CHRISTINA M EXP COSIGNER: BEHREND,ANNIE MARIE  
URGENCY: STATUS: COMPLETED

NUTRITION CARE PROCESS NOTE

CONSULT FOR: Nutrition Education

Patient with new diagnosis heart failure (preserved EF), eats a very high salt diet (two "red beers"/day salted grapefruit, etc), needs education. Also has ostomy and short gut syndrome

Consult requested by:Med resident M Hayden

CLINICAL:(per H&P 5/7) "-- year old MALE with PMH of Crohn's disease, neurogenic bladder, anemia of unclear etiology, recent UTI treated with cipro who presented with subacute progressive dizziness, fatigue and LE edema who was found to have MDR UTI... Complicated recent course with 6 admissions to PVAMC since 1/1/2012, during each admission with evidence of increased anemia. Some intermittent noting of "pink" in ostomy bag, some h/o "black stools" as well as fecal occult positive testing as recently as 4/2012. He did have ileoscopy and EGD on 2/17/2012 without findings for GI source of blood loss."

-4/18/12: Renal ultrasound findings: Patient has acute kidney injury.

PMH:

1. Crohn's s/p bowel resections
2. Normocytic anemia
3. Gout
4. RA
5. Depression
6. Neurogenic bladder with chronic urinary catheter
7. PAF
8. CAD
9. CVD/TIA
10. EtOHism
11. ?Diastolic dysfunction

Active Nutrition Related Medications:

- Ascorbic acid tab 500mg po daily
- Calcium carbonate tab 650mg po bid wm
- Calcium carbonate tab 650mg po tid prn heartburn
- Ferrous sulfate tab 325mg po daily

NUTRITION ASSESSMENT

Anthropometrics:

Ht: -- in [---- cm] (02/16/2012 23:26)  
Wt: --- lb [--- kg] (05/10/2012 06:12)  
Wt hx (per CPRS):  
180.3 lb 5/7/12  
183 lb 5/5/12  
179.6 lb 5/3/12  
170 lb 4/10/12  
187 lb 3/19/12  
184-190 lb 2007-2010  
Ideal Wt: IBW = 172 lbs 78.2 kg %IBW = 102.1%  
BODY MASS INDEX 24.5 MAY 10, 2012@06:12

Dietary/Alimentation/Elimination:

Diet: 2 GM NA+, 1800 FLD

Nutrition-Focused Physical Findings:

Appearance: Awake and alert, standing  
Adaptive devices: none  
Chewing/Swallowing: denied difficulty  
Skin: (per nsg) Erythematous, excoriated BLE's - tx'ing w/ LE elevation and petrolatum ointment  
N/V: denied  
LBM:5/10 -> 250 ml ostomy output  
-"normal" per pt

Intakes: (blank is no data)

	Break	Lunch	Dinner
5/10	100%		
5/9	100%	75%	100%
5/8	90%	75%	100%
5/7			80%

Interview info: Vet was standing next to his bed when I entered the room. He was excited to have me there and to talk to me. He immediately asked if he could have more juice with his meals, as well as milk. I explained that he wasn't getting any more because of his fluid restriction, and he understood. He also asked if he could have salt substitute instead of salt with his meals, this is what he uses at home. He told me that his regular diet at home includes 3500-4000kcal/day d/t his ostomy and "not absorbing everything." He also likes yogurt, pudding, jello, strawberry boost and salads. He expressed that he doesn't eat a lot of meat at home, but he does like fish. He also alluded to drinking two "red beers" (beer mixed with V8 juice) per day. He told me he knows there is a lot of sodium in the juice, so he has been trying to use tomato juice instead. He also told me he might be allergic to beer and might try non-alcoholic beer because he enjoys the flavor.

When asked about physical activity he said he used to be very active, but not so much anymore.

Biochemical:

LIVER FUNCTION PANEL 05/08/2012 05:30  
PROTEIN, TOTAL 7.0  
ALBUMIN 3.2 L  
BILIRUBIN, TO 0.9  
ALKALINE PHOS 67  
SGOT (AST) 28  
SGPT (ALT) 17

CHEM 7 PANEL 05/10/2012 05:30  
GLUCOSE 87  
UREA NITROGEN 41 H  
CREATININE 1.3  
SODIUM 134  
POTASSIUM 3.8  
CHLORIDE 96  
CO2 27  
ANION GAP 15  
EGFR 54 L

MAGNESIUM 1.7 L 05/10/2012 05:30  
PHOSPHATE 3.6 04/12/2012 05:30  
CALCIUM 9.3 05/07/2012 10:53

Lipid Panel: 04/15/11  
CHOLESTEROL 142  
HDL CHOLESTEROL 68  
LDL-CHOL CALC 56  
TRIGLYCERIDES 91

HGB 8.0 L 05/10/2012 05:30  
HCT 23.3 L 05/10/2012 05:30  
MCV 88.8 05/10/2012 05:30

FERRITIN 153 05/08/2012 05:30  
TIBC 442 03/19/2012 10:07  
IRON 53 03/19/2012 10:07  
FOLATE 18.9 H 03/19/2012 10:07  
VITAMIN B-12 405 03/19/2012 10:07  
vitamin d, 25-o < 4 L 12/14/2011 05:30

NUTRITION DIAGNOSIS

Undesirable food choices related to heart failure and lack of diet education as evidenced by patient report and p/w volume overload

Nutrition status: Mildly compromised

Estimated nutritional needs (Dosing Weight =Current wt):  
Calories: ~2000-2400 kcal (25-30 kcal/kg)  
Protein: 96-120 g (1.2-1.5 g/kg)

Fluid: ~2000 ml (1 ml/kcal and fluid restriction)

NUTRITION GOALS

1. Fluid balance
2. Improved nutrition status
  - albumin >3.5 (may resolve when euvoemia achieved)
  - vit d > 20
3. Ostomy output/bowel regularity
4. Improved outpatient adherence to low sodium dietary guidelines

NUTRITION INTERVENTIONS

1. Food and/or Nutrition Delivery:

Diet - 2 GM NA+, 1800 FLD  
-Added Boost supplement to N/E meals  
-Added salt substitute to all meals  
(noted low->normal K+ levels since admit)  
Snacks - Added yogurt to afternoon snack

4. Nutrition Education -  
LEARNER: Veteran

EDUCATION NEEDS: Low sodium

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)

-Expressed knowledge in need to lower sodium and ways to do that, such as using tomato juice instead of V8 in his "Red Beers"

TEACHING METHOD: Verbal discussion, Printed material

-"Sodium and Heart Failure", "Fiber and Cholesterol Control", and "Therapeutic Lifestyle Changes to Lower Cholesterol"

EFFECTIVENESS: Verbalizes understanding

OUTCOME KNOWLEDGE ASSESSMENT: Appears to have some understanding of basic information, needs reinforcement

NUTRITION RECOMMENDATIONS

1. Consider re-evaluating vit D status & providing further repletion if indicated
  - last checked 12/2011 & followed by 4 wks of repletion (50,000 U, 2x/wk)

NUTRITION MONITORING/EVALUATION: RD/intern will continue to provide routine f/u

1. Monitoring for:

-Adequacy of nutrition received & oral intake  
-Laboratory/anthropometric changes  
-Bowel regularity  
-Understanding of education material introduced r/t low sodium diet

/es/ CHRISTINA M GERMANN

Signed: 05/10/2012 14:54

/es/ ANNIE MARIE BEHREND

Annie Behrend, MS RD

Cosigned: 05/10/2012 14:57