

LOCAL TITLE: NUTRITION - CONSULT  
STANDARD TITLE: NUTRITION DIETETICS CONSULT  
DATE OF NOTE: MAY 04, 2012@12:30 ENTRY DATE: MAY 04, 2012@12:30:41  
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URGENCY: STATUS: COMPLETED

NUTRITION CARE PROCESS NOTE

CONSULT FOR: Nutrition Assessment and Therapy, Nutrition Education, Food Preferences -- y/o F with hx of gastric bypass, unsatisfied with the nutritional choices that have been provided for her. Please evaluate for nutritional preferences and assess her nutritional needs. Thank you.  
Consult requested by: medical Resident

CLINICAL: (per H&P 5/3) "-- y/o emotionally labile woman with PMH of CAD s/p BMS to RCA (80% ostial occlusion) placed on 2/23/2012, followed by balloon angioplasty on 4/25/12 after she was noted to have a 95% in-stent re-stenosis, CHF 2/2 ? nonischemic/idopathic CM w/EF of 35-40% (12/29/2011), generalized anxiety d/o, gastric bypass in 1973, HLD, and chronic diffuse musculoskeletal pain, who was directly admitted from her PCP's office today with symptoms concerning for unstable angina."  
->History of chronic anemia

Active Nutrition Related Medications:

-Ascorbic acid tab 500mg po bid wm  
-Cyclosporine emulsion,oph 1 drop ou bid  
-Ferrous sulfate tab 325mg po bid wm  
-Heparin 25,000 units/d5w inj,soln in heparin 25,000 units in d5w 500 ml titrate@1 per heparin drip protocol/ for acs/nstemi iv  
-Heparin inj,soln 1550 - 3100 units ivp prn 1550 - 3100 units as needed per heparin protocol.  
indication: acs/nstemi  
-Simethicone tab,chewable 80mg chew qid  
-Simvastatin tab 10mg po qeve  
-Vitamin d tab 2000unit po daily

NUTRITION ASSESSMENT

Anthropometrics:

Ht: -- in [--- cm] (02/23/2012 14:49)  
Wt: --- lb [--- kg] (05/03/2012 09:50)  
Wt hx (per CPRS):  
04/24 121.6 lb  
04/10 114.2 lb  
02/10 110.1 lb  
10/22/11 120 lb  
Ideal Wt: IBW = 135 lbs 61.4 kg  
%IBW = 84.4%  
BODY MASS INDEX 17.8

Dietary/Alimentation/Elimination:

Diet: CARDIAC

Nutrition-Focused Physical Findings:

Appearance:awake, oriented, pale  
Adaptive devices: none  
Chewing:none  
Swallowing:none  
Skin: None  
N/V: None  
LBM: unknown

Intakes: Poor

Interview info: Pt recently transferred to ICU after cath lab procedure, was laying awake, talking to providers upon entry into room. She was ready to tell me about her food preferences. She did not hesitate to tell me that she wants (and "can handle") some salt every meal, and she wants real coffee with creamer at B/N meals. She also wanted to request a peanut butter sandwich on white bread. When asked if she would like any other snack or supplement, she said having a Boost would be ok.

When asked about her appetite and intake, she said she "was doing fine up until recently. I can only eat so much when I am tired."

Biochemical:

LIVER FUNCTION PANEL 05/03/2012 15:00  
PROTEIN, TOTAL 6.6  
ALBUMIN 4.0  
BILIRUBIN, TO 0.2  
ALKALINE PHOS 38 L  
SGOT (AST) 16  
SGPT (ALT) 8 L

CHEM 7 PANEL 05/04/2012 05:30

GLUCOSE 91  
UREA NITROGEN 20  
CREATININE 0.6 L  
SODIUM 136  
POTASSIUM 4.0  
CHLORIDE 102  
CO2 26  
ANION GAP 12  
EGFR 98

MAGNESIUM 1.8 L 05/04/2012 05:30  
PHOSPHATE 4.2 01/23/2012 13:08  
CALCIUM 9.3 04/24/2012 21:37

Lipid Panel: 03/22/12 08:55

CHOLESTEROL 159  
HDL CHOLESTEROL 57  
LDL-CHOL CALC 88  
TRIGLYCERIDES 72

HGB 10.3 L 05/04/2012 05:30  
HCT 31.9 L 05/04/2012 05:30  
MCV 90.8 05/04/2012 05:30

FERRITIN 20 L 05/03/2012 15:54  
FOLATE >20.0 H 06/06/2011 13:28  
VITAMIN B-12 267 06/06/2011 13:28  
vitamin d, 25-o 31 03/21/2012 12:00

HEMOGLOBIN A1C 5.0 06/06/2011 13:28

NUTRITION DIAGNOSIS

Inadequate protein/energy intake related to poor appetite and fatigue as evidenced by %IBW, 6% wt loss in <2 weeks, and continued anemia.

Nutrition status: Moderately compromised

r/t current diet (cardiac), CHF/CAD, %IBW and unintentional wt loss of 6% in 10 days

Estimated nutritional needs:

Calories:~1350-1450 kcal (HB x 1.2-1.3)  
Protein: 62 g (1.0 g/kg)  
Fluid: ~1530 ml (30ml/kg)

NUTRITION GOALS

1. Weight maintenance/wt gain
2. PO intake of >80% of protein/energy needs

NUTRITION INTERVENTIONS

1. Food and/or Nutrition Delivery:

Diet - CARDIAC

-Added Boost and a salt packet\* to all meals, and coffee to B/N meals

\*Liberalizing Cardiac diet to optimize intakes. Pt is on cardiac diet

to restrict fat/cholesterol, has no history of elevated blood pressure/HTN

Snacks - Added a peanut butter sandwich to afternoon snack

NUTRITION RECOMMENDATIONS

1. Encourage PO intake

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

1. Monitoring for:

-Adequacy of nutrition received (or oral intake)

-Weight

-Laboratory/anthropometric changes  
-Bowel regularity

2. Nutrition Diagnosis: is currently unresolved.

/es/ CHRISTINA M GERMANN

Signed: 05/04/2012 16:30

/es/ MALISSA M WARREN, RD, CNSD  
Clinical Dietitian

Cosigned: 05/04/2012 17:11