

NDI CLINICAL ROTATION CHART REVIEW



ABBY WALKER

ADIME NOTES

TRIBORO NURSING AND REHABILITATION CENTER /

CREEDMOOR PSYCHIATRIC HOSPITAL

GLOSSARY OF UNFORMILAR TERMS

1. Bronchiectasis - is a disease in which there is permanent enlargement of parts of the airways of the lung
2. Hemiplegia - paralysis of one side of the body.
3. Paresthesia - Paresthesia refers to a burning or prickling sensation that is usually felt in the hands, arms, legs, or feet, but can also occur in other parts of the body.
4. Angiography - examination by X-ray of blood or lymph vessels, carried out after introduction of a radiopaque substance.
5. Cogentin - is used to treat symptoms of Parkinson's disease or involuntary movements due to the side effects of certain psychiatric drugs (antipsychotics such as chlorpromazine/haloperidol).
6. Fluphenazine - is an antipsychotic medication used to treat schizophrenia and psychotic symptoms such as hallucinations, delusions, and hostility.
7. Clozapine - is an antipsychotic medication that is used to treat severe schizophrenia symptoms in people who have not responded to other medications.
8. Lorezapam - is a prescription anti-anxiety drug used for the management of anxiety disorders and anxiety associated with depression; the treatment of insomnia, panic attacks, and seizures.
9. Enterococcus - is a large genus of lactic acid bacteria of the phylum Firmicutes. Enterococci are Gram-positive cocci that often occur in pairs (diplococci) or short chains, and are difficult to distinguish from streptococci on physical characteristics alone.
10. Cephalosporins - are bactericidal and have the same mode of action as other β -lactam antibiotics (such as penicillin), but are less susceptible to β -lactamases. Cephalosporins disrupt the synthesis of the peptidoglycan layer forming the bacterial cell wall.
11. Gemfibrozil - belongs to a group of drugs known as "fibrates." It works by decreasing the amount of fat produced by the liver. Lowering triglycerides in people with very high triglyceride blood levels may also decrease the risk of pancreas disease
12. Oropharyngeal - cancer is a disease in which cancer form in the tissues of the throat. The oropharynx is the middle part of the throat that includes the base of the tongue, the tonsils, the soft palate, and the walls of the pharynx.
13. Salicylates - are a group of chemicals derived from salicylic acid. They are found naturally in certain foods and synthetically produced for use in products like aspirin, toothpaste and food preservatives.

CLINICAL MODULES

1. GASTROINTESTINAL DISEASE
2. CARDIOVASCULAR, METABOLIC DZ, OBESITY
3. DIABETES
4. RENAL DISEASE
5. ONCOLOGY
6. INFECTIOUS DISEASE
7. NEUROLOGICAL DISORDER
8. DEMENTIA
9. BEHAVIORAL HEALTH
10. PEDIATRITION
11. MALNUTRITION

Things that hampers nutrition interventions.

Some Nutrition interventions progress are poor to moderate. Increasing protein/supplement intake usually helped wound healing, high calorie diet helped to retard weight loss. In the nursing home some residents tend to be non-adherence to diets and interventions due to lack of behavior change and lack nutritional knowledge, family members also lack nutritional knowledge they sometime bring foods that are not in accordance with therapeutic diets prescribed for residents.

At the hospital patients are less likely to not eat the food provided by the facility unless they are on the out – patient wards where they have access to go outside and purchase foods. However nutrition interventions are still affected by the psychotropic medications which tend to increase weight and alter laboratory results. The facilities don't provide regular physical activities for residents/ patients. Patients are able to move around the wards but significant weight loss was not observed .

Throughout the clinical rotation I have not seen significant changes/ improvement with nutrition interventions possible due to short time working with

patients/residents. However some patients were receptive to nutrition counseling and nutrition education.

Gastrointestinal Disorder

Dietary: Nutrition Assessment -

Resident: [REDACTED] Effective Date: 01/31/2018 Location: [REDACTED]
(20041)
Initial Admission: 01/02/2018 Admission: 01/31/2018 Date of Birth: [REDACTED]
Score: NA Category: NA Physician: [REDACTED]

1. Assessment Type

A. Date & Time

01/31/2018 00:00

B. Assessment Type

1. Admission 2. Annual 3. Significant Change

2. Diagnosis/ Allergies

A.

G81.02 FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE R07.0 PAIN IN THROAT L20.9 ATOPIC DERMATITIS, UNSPECIFIED I73.9 PERIPHERAL VASCULAR DISEASE, UNSPECIFIED I63.9 CEREBRAL INFARCTION, UNSPECIFIED E11.40 TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED H35.30 UNSPECIFIED MACULAR DEGENERATION I82.502 CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY B37.89 OTHER SITES OF CANDIDIASIS J44.1 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION B95.2 ENTEROCOCCUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE M62.81 MUSCLE WEAKNESS (GENERALIZED) B02.9 ZOSTER WITHOUT COMPLICATIONS T78.40XA ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER Z51.89 ENCOUNTER FOR OTHER SPECIFIED AFTERCARE M81.0 AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE I10 ESSENTIAL (PRIMARY) HYPERTENSION E11.29 TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION E78.5 HYPERLIPIDEMIA, UNSPECIFIED I67.9 CEREBROVASCULAR DISEASE, UNSPECIFIED G81.91 HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE J44.9 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED E78.2 MIXED HYPERLIPIDEMIA K21.9 GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS Z23 ENCOUNTER FOR IMMUNIZATION I11.0 HYPERTENSIVE HEART DISEASE WITH HEART FAILURE N39.9 DISORDER OF URINARY SYSTEM, UNSPECIFIED R63.0 ANOREXIA G89.29 OTHER CHRONIC PAIN R52 PAIN, UNSPECIFIED B95.5 UNSPECIFIED STREPTOCOCCUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE E87.5 HYPERKALEMIA R05 COUGH

B. Additional Diagnosis:

C. Allergies

Aspirin, Ibuprofen, Magnesium, Cephalosporins, NSAIDs, Penicillins, Salicylates

3. Medications/ Nutritional Impact:

Medications/ Nutritional Impact:

HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML Lantus SoloStar Solution Pen-injector 100 UNIT/ML Lisinopril Tablet 10 MG Atorvastatin Calcium Tablet 80 MG Clopidogrel Bisulfate Tablet 75 MG Ferrous Sulfate Tablet 325 (65 Fe) MG Vitamin D (Ergocalciferol) Capsule 50000 UNIT Spiriva HandiHaler Capsule 18 MCG

4. Diet Orders & Consistency

Diet Orders & Consistency

Consistent Carb diet, Pureed texture, Honey consistency thickened like liquids

5. Supplements/ Nourishments

Resident: [REDACTED]
(20041)

Supplements/ Nourishments

A. Supplements/ Nourishments

B. Provides:

6. Enteral Feedings

A. Enteral Feedings:

1. Yes 2. No

B. Formula:

C. Rate in cc/hr:

D. Start:

E. Dose:

F. Flush:

G. Pump Flush:

H. Provides: Kcal/Day

I. Protein: Gm/Day

J. TV:

K. Free Water:

7. Weight/Ht

A. Most Recent Weight

Weight: 127.0

Date: 01/29/2018 13:24

Scale:

B. Most Recent Height

Height: 62.0

Date: 06/12/2017 19:23

Method: Lying down

C. BMI:

23.2

D. D/UBWR

Dietary: Nutrition Assessment -

Resident: C [REDACTED]
(20041)

E. Weight x 1 Month:
134.7 Lbs

F. Weight x 3 Month:
131.2 Lbs

G. Weight x 6 Month:
130.5 Lbs

H. Is Significant Weight Change Noted:
 1. Yes 2. No

I. Explain

8. Diet Hx:

A. Information Obtained By:

1. Resident: 2. Family: 3. Staff: 4. Other:

B. Ethnic/Religious/Cultural Preferences

Guyana, eats everything

D. Appetite/Intake: Food

1. 76% + 2. 50-75% 3. < 50%

E. Overall Fluids:

1. 76% + 2. 50-75% 3. < 50%

F. Supplement/Nourishment:

1. 76% + 2. 50-75% 3. < 50%

G. Refusing Food:

1. Yes 2. No

H. Feeding Skills:

1. Self/Supervision: 2. Set Up: 3. Limited: 4. Extensive: 5. Spoon Fed

I. Assistive Device:

1. Yes 2. No

J. Type:

K. Chewing Problems:

1. Yes 2. No

L. Swallowing Problems:

1. Yes 2. No

9. Oral Condition:

x. Oral Condition:

- 0. No abnormal findings
- 1. Mouth pain:
- 2. Own Teeth
- 3. Missing Teeth

10. GI Factors: Actual/Potential

GI Factors: Actual/Potential

- 0. No abnormal findings

Dietary: Nutrition Assessment -

Resident: ~~XXXXXXXXXXXX~~
(20041)

- 1. Nausea
- 2. Vomitting
- 3. Diarrhea
- 4. Constipation

11. Skin Conditions:

A. Skin Conditions:

- 1. Intact
- 2. Edema
- 3. Rashes
- 4. Pressure Ulcers
- 5. Other Wounds:

B. Pressure Ulcers: Enter Stage
pressure on sacrum

C. Wounds: Enter Type

12. Labs:

A. Hgb Date Obtained:

01/25/2018 00:00

A1. Hgb

12.5

B. Hct Date Obtained

01/25/2018 00:00

B1. Hct

39

C. Na+ Date Obtained:

01/25/2018 00:00

C1. Na+

139

D. K+ Date Obtained:

01/25/2018 00:00

D1. K+

5.2

E. BUN Date Obtained:

01/25/2018 00:00

E1. BUN

20

F. Creat. Date Obtained:

01/25/2018 00:00

F1. Creat.

0.90

G. Glucose Date Obtained:

01/25/2018 00:00

Dietary: Nutrition Assessment -

Resident: ~~XXXXXXXXXXXX~~
(20041)

G1. Glucose

111

H. Ca+ Date Obtained:

01/25/2018 00:00

H1. Ca+

8.9

I. Total Protein Date Obtained:

01/25/2018 00:00

I1. Total Protein

6.6

J. Albumin Date Obtained:

01/25/2018 00:00

J1. Albumin

3.6

K. Other:

High - glucose 111

13. Estimated Needs:

A. Calories: Kcal/Day

1830-2135 based on 30-35kcal /kgabw

B. Protein: Gm/Day

61-73 g based on 1.0-1.2 g/kg

C. Fluids: CC/Day

1800ml based on 25ml/kg/day

14. Dehydration Risk Factors:

Dehydration Risk:

- 0. No abnormal findings
- 1. Dehydration Dx
- 2. Pressure Ulcer
- 3. Consumes 50% or less
- 4. UTI
- 5. Weight Loss
- 6. Diuretic Use
- 7. Diarrhea
- 8. ABT/ Infection
- 9. Thickened Liquids
- 10. Dementia
- 11. DM
- 12. Constipation/ Laxative Use
- 13. Fluid Restriction
- 14. Tube Feeding
- 15. Dysphagia

15. Goals: To be adequately nourished and hydrated as evidenced by (x3 mths)

Goals:

Dietary: Nutrition Assessment -

Resident: O [REDACTED]
(20041)

- 1. Tolerate Rx diet texture/consistency
- 2. PO intake \geq 75% food/fluids
- 3. Maintain weight
- 4. Gain weight
- 5. Lose weight
- 6. Free of s/s of dehydration, aspiration, hypo/hyperglycemia
- 7. Other

16. Assessment Summary

A. Summary

Resident is 88 y/o female with PMHx of Asthma/COPD, Pulmonary TB in 1940, Bronchiectasis, DM, CVA in 1992 with left hemiplegia, HTN, CHF. Resident is newly enroll in hospice program Continue with Consistent Carb diet, Pureed texture, Honey consistency thickened like liquids aspiration precaution for Nutrition. Resident current BMI is 23.2 and weight is 127 lbs, resident loss 3.5 lbs lbs over the pass 6 months. Resident currently has difficulty swallowing related to new stroke. 1/25/2018 Lab result indicate high blood glucose. currently on Lantus 8 units qhs, Ferrous sulfate 325 mg daily for Anemia and Ergocalciferol 50000 units weekly. Resident oral intake is poor < 50% of daily meals. Resident has pressure ulcer, will benefit from protein supplement prostat 30ml p.o. once a day. Also recommend ensure pudding 4oz p.o. two times a day. Goal is to provide adequate hydration and retard weight loss Will continue to monitor nutritional parameters and intervene as needed >

Signed By

Signed Date

Vibhuti Singh, Registered Dietitian Nutritionist [e-SIGNED]

01/31/2018

Type 2 Diabetes

Dietary: Nutritional Quarterly Assessment

Resident: [REDACTED] (2258)

Effective Date: [REDACTED]

Location: [REDACTED] B

Initial Admission: [REDACTED]

Admission: [REDACTED]

Date of Birth: [REDACTED]

Score: NA

Category: NA

Physician: [REDACTED]

1. Diet:

A. Diet Order & Consistency:

Healthy Heart Consistent Carbohydrate diet, Regular texture, thin consistency

B. Supplement/ Nourishment:

C. Provides:

2. Changes in Medications/ Nutritional Impact:

Changes in Medications/ Nutritional Impact:

Namenda Tablet 10 MG Aricept Tablet 10 MG SitaGLIPTin Phosphate Tablet 100 MG Lantus SoloStar Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Glucophage Tablet 1000 MG Calcium 600+D3 Tablet 600-400 MG-UNIT HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML Clopidogrel Bisulfate Tablet 75 MG Muro 128 Solution 5 %, Acetaminophen Tablet 325 MG, Enalapril Maleate Tablet 10 MG, Aspirin Tablet Chewable 81 MG One-Daily Multi Vitamins Tablet, Docusate Sodium Capsule 100 MG

3. Enteral Feedings:

A. Enteral Feedings:

1. Yes 2. No

B. Formula:

C. Rate in cc/hr:

D. Start:

E. Dose:

F. Flush:

G. Pump Flush:

H. Provides: Kcal/Day

I. Protein: Gm/Day

J. TV:

K. Free Water:

Dietary: Nutritional Quarterly Assessment

Resident: ~~XXXXXXXXXXXX~~
(2258)

L. Does Tube Feed Meet RDA's

1. Yes 2. No

4. Weight/ Height

A. Most Recent Weight

Weight: 202.0

Date: 01/08/2018 11:42

Scale: Chair

B. Most Recent Height

Height: 67.0

Date: 08/14/2015 09:48

Method: Lying down

C. BMI:

31.6

D. D/UBWR

E. Weight x 1 Month:

206.0 Lbs

F. Weight x 3 Month:

207.1 Lbs

G. Weight x 6 Month:

203.7 Lbs

5. Appetite/ Intake:

A. Appetite/Intake: Food

1. 76% + 2. 50-75% 3. < 50%

B. Overall Fluids:

1. 76% + 2. 50-75% 3. < 50%

C. Supplement/Nourishment:

1. 76% + 2. 50-75% 3. < 50%

D. Between Meal Fluids

1. 76% + 2. 50-75% 3. < 50%

E. Refusing Food:

1. Yes 2. No

F. Changes in Feeding Skills:

1. Yes 2. No

G. If Yes, Explain:

6. GI Factors: Actual/ Potential

GI Factors: Actual/ Potential

0. No abnormal findings
 1. Nausea
 2. Vomitting
 3. Diarrhea
 4. Constipation

7. Skin Conditions

Dietary: Nutritional Quarterly Assessment

Resident: ██████████
(2258)

A. Skin Conditions:

- 1. Intact
- 2. Edema
- 3. Rashes
- 4. Pressure Ulcers
- 5. Other Wounds:

B. Pressure Ulcers: Enter Stage

C. Wounds: Enter Type

8. Labs

A. Hgb Date Obtained:

01/19/2018 00:00

A1. Hgb

11.3

B. Hct Date Obtained:

01/19/2018 00:00

B1. Hct

34

C. Na+ Date Obtained:

01/19/2018 00:00

C1. Na+

143

D. K+ Date Obtained:

01/19/2018 00:00

D1. K+

4.9

E. BUN Date Obtained:

01/19/2018 00:00

E1. BUN

24

F. Creat. Date Obtained:

01/19/2018 00:00

F1. Creat.

0.90

G. Glucose Date Obtained:

01/19/2018 00:00

G1. Glucose

133

H. Ca+ Date Obtained:

01/19/2018 00:00

Dietary: Nutritional Quarterly Assessment

Resident: R [REDACTED]
(2258)

H1. Ca+

8.4

I. Total Protein Date Obtained:

01/19/2018 00:00

I1. Total Protein

6.3

J. Albumin Date Obtained:

01/19/2018 00:00

J1. Albumin

3.7

K. Other:

High- BUN24 H, 133 H Low- Hgb 11.3 L, hct 34 L, Ca+ 8.4 L

9. Assessment Summary:

A. Summary

Resident is 73 y/o male with pmh of DM, Alcohol abuser, OA, diabetic neuropathy, GERD, depression, Vitamin D deficiency, CVA with right face paresthesia, anemia, HTN, HLD, IDA, and constipation. Resident is on a Healthy Heart Consistent Carbohydrate diet, regular texture, thin consistency. Skin is intact. Current weight is 206 lbs, BMI of 31.6, indicating obesity. However over the past 6 months resident has a 2.93 lbs weight loss, weight loss is not significant but desirable. Resident continues to be educated in regards to weight loss. Resident has fair good p.o. intake, eating approximately 50-100% of most meals. Lab results from 1/19/2018 indicates High- BUN 24, glucose 133. Low- Hgb 11.3 , hct 34, Ca+ 8.4. Will continue to monitor weight goal to achieve a weight of 200lbs. Will continue to monitor nutritional parameters and intervene as needed.

Signed By

Signed Date

Vibhuti Singh, Registered Dietitian Nutritionist [e-SIGNED]

01/22/2018

Heart dz HTN

Dietary: Nutrition Assessment -

Resident: [REDACTED]
Initial Admission: [REDACTED]
Score: NA

Effective Date: 02/06/2018
Admission: [REDACTED]
Category: NA

Location: [REDACTED]
Date of Birth: [REDACTED]
Physician: Tu [REDACTED]

1. Assessment Type

A. Date & Time

02/06/2018 00:00

B. Assessment Type

1. Admission 2. Annual 3. Significant Change

2. Diagnosis/ Allergies

A.

B. Additional Diagnosis:

PMH of CAD, IDDM, neuropathy, HTN, S/P Lt TMA, s/p B/L LE angiography, CVA 2012.

C. Allergies

No Known Allergies

3. Medications/ Nutritional Impact:

Medications/ Nutritional Impact:

Percocet Tablet 5-325 MG Clopidogrel Bisulfate Tablet 75 MG Aspirin Tablet Chewable 81 MG Docusate Sodium Capsule 100 MG HydroCHLOROthiazide Tablet 25 MG Gabapentin Capsule 300 MG Acetaminophen Tablet 325 MG

4. Diet Orders & Consistency

Diet Orders & Consistency

Heart Healthy diet, Regular texture, Thin consistency consistent carbohydrate

5. Supplements/ Nourishments

Supplements/ Nourishments

A. Supplements/ Nourishments

Prostat- one time a day 30 ML VIA P.O

B. Provides:

Prostat- Provides 100g kcal/ 15g protein

6. Enteral Feedings

A. Enteral Feedings:

1. Yes 2. No

B. Formula:

C. Rate in cc/hr:

D. Start:

Dietary: Nutrition Assessment -

Resident: ██████████ (4)

E. Dose:

F. Flush:

G. Pump Flush:

H. Provides: Kcal/Day

I. Protein: Gm/Day

J. TV:

K. Free Water:

7. Weight/Ht

A. Most Recent Weight

Weight: 172.5

Date: 02/03/2018 15:15

Scale: Chair

B. Most Recent Height

Height: 70.0

Date: 01/26/2018 19:55

Method: Lying down

C. BMI:

D. D/UBWR

E. Weight x 1 Month:

172.5 Lbs

F. Weight x 3 Month:

G. Weight x 6 Month:

H. Is Significant Weight Change Noted:

1. Yes

2. No

I. Explain

8. Diet Hx:

A. Information Obtained By:

1. Resident:

2. Family:

3. Staff:

4. Other:

B. Ethnic/Religious/Cultural Preferences

Dietary: Nutrition Assessment -

Resident: [REDACTED] (54)

D. Appetite/Intake: Food

1. 76% + 2. 50-75% 3. < 50%

E. Overall Fluids:

1. 76% + 2. 50-75% 3. < 50%

F. Supplement/Nourishment:

1. 76% + 2. 50-75% 3. < 50%

G. Refusing Food:

1. Yes 2. No

H. Feeding Skills:

1. Self/Supervision: 2. Set Up: 3. Limited: 4. Extensive: 5. Spoon Fed

I. Assistive Device:

1. Yes 2. No

J. Type:

K. Chewing Problems:

1. Yes 2. No

L. Swallowing Problems:

1. Yes 2. No

9. Oral Condition:

x. Oral Condition:

0. No abnormal findings
 1. Mouth pain:
 2. Own Teeth
 3. Missing Teeth

10. GI Factors: Actual/Potential

GI Factors: Actual/Potential

0. No abnormal findings
 1. Nausea
 2. Vomiting
 3. Diarrhea
 4. Constipation

11. Skin Conditions:

A. Skin Conditions:

1. Intact
 2. Edema
 3. Rashes
 4. Pressure Ulcers
 5. Other Wounds:

B. Pressure Ulcers: Enter Stage

C. Wounds: Enter Type

Left foot surgical incision

12. Labs:

A. Hgb Date Obtained:

Dietary: Nutrition Assessment -

Resident: [REDACTED]

01/29/2018 00:00

A1. Hgb

8.4

B. Hct Date Obtained

01/29/2018 00:00

B1. Hct

25

C. Na+ Date Obtained:

01/29/2018 00:00

C1. Na+

143

D. K+ Date Obtained:

01/29/2018 00:00

D1. K+

4.8

E. BUN Date Obtained:

01/29/2018 00:00

E1. BUN

32

F. Creat. Date Obtained:

01/29/2018 00:00

F1. Creat.

1.40

G. Glucose Date Obtained:

01/29/2018 00:00

G1. Glucose

104

H. Ca+ Date Obtained:

01/29/2018 00:00

H1. Ca+

7.9

I. Total Protein Date Obtained:

01/29/2018 00:00

I1. Total Protein

6.8

J. Albumin Date Obtained:

01/29/2018 00:00

J1. Albumin

3.1

K. Other:

low - Hgb 8.4, hct 25 VL , Albumin 3.1, Ca+ 7.9 High - BUN 32 , Creat 1.40

Resident: (54)

13. Estimated Needs:

A. Calories: Kcal/Day

1950-2340; based on 25-30kcal/kgabw

B. Protein: Gm/Day

62.4-78 g/day based on 0.8- 1g/kgabw

C. Fluids: CC/Day

1950ml, based on 25 ml/kgabw

14. Dehydration Risk Factors:

Dehydration Risk:

Direct from

- 0. No abnormal findings
- 1. Dehydration Dx
- 2. Pressure Ulcer
- 3. Consumes 50% or less
- 4. UTI
- 5. Weight Loss
- 6. Diuretic Use
- 7. Diarrhea
- 8. ABT/ Infection
- 9. Thickened Liquids
- 10. Dementia
- 11. DM
- 12. Constipation/ Laxative Use
- 13. Fluid Restriction
- 14. Tube Feeding
- 15. Dysphagia

15. Goals: To be adequately nourished and hydrated as evidenced by (x3 mths)

Direct from

Goals:

- 1. Tolerate Rx diet texture/consistency
- 2. PO intake >= 75% food/fluids
- 3. Maintain weight
- 4. Gain weight
- 5. Lose weight
- 6. Free of s/s of dehydration, aspiration, hypo/hyperglycemia
- 7. Other

16. Assessment Summary

A. Summary

Resident is a 69 y/o M with PMH of CAD, IDDM, neuropathy, HTN, S/P Lt TMA, s/p B/L LE angiography, CVA 2012. Resident is on a Heart Healthy diet, Regular texture, Thin consistency consistent carbohydrate and supplement prostat one time per day. Resident has a Left foot surgical incision that is doing well with treatment. Resident is on Docusate Sodium Capsule 100 MG for constipation. 1/29/2018 Lab report indicates abnormal results low - Hgb 8.4, hct 25 VL, Albumin 3.1, Ca+ 7.9 High - BUN 32, Creat 1.40. Will continue to monitor nutritional parameters and intervene as needed.

Signature

Date

Heart dz correction

Dietary: Nutrition Assessment -

Resident: D [redacted]
Initial Admission: [redacted]
Score: NA

Effective Date: [redacted]
Admission: [redacted]
Category: NA

Location: 5 [redacted]
Date of Birth: [redacted]
Physician: [redacted]

1. Assessment Type

A. Date & Time

02/06/2018 00:00

B. Assessment Type

- 1. Admission 2. Annual 3. Significant Change

2. Diagnosis/ Allergies

A.

Z47.81 ENCOUNTER FOR ORTHOPEDIC AFTERCARE FOLLOWING SURGICAL AMPUTATION S98.212S COMPLETE TRAUMATIC AMPUTATION OF TWO OR MORE LEFT LESSER TOES, SEQUELA M62.81 MUSCLE WEAKNESS (GENERALIZED) R26.2 DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED G58.9 MONONEUROPATHY, UNSPECIFIED L03.818 CELLULITIS OF OTHER SITES I25.10 ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS I10 ESSENTIAL (PRIMARY) HYPERTENSION E08.8 DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH UNSPECIFIED COMPLICATIONS I63.9 CEREBRAL INFARCTION, UNSPECIFIED

B. Additional Diagnosis:

PMH of CAD, IDDM, neuropathy, HTN, S/P Lt TMA, s/p B/L LE angiography, CVA 2012.

C. Allergies

No Known Allergies

3. Medications/ Nutritional Impact:

Medications/ Nutritional Impact:

Percocet Tablet 5-325 MG Clopidogrel Bisulfate Tablet 75 MG Aspirin Tablet Chewable 81 MG Docusate Sodium Capsule 100 MG HydroCHLOROthiazide Tablet 25 MG Gabapentin Capsule 300 MG Acetaminophen Tablet 325 MG

4. Diet Orders & Consistency

Diet Orders & Consistency

Heart Healthy/consistent carbohydrate diet, Regular texture, Thin consistency

5. Supplements/ Nourishments

Supplements/ Nourishments

A. Supplements/ Nourishments

Prostat- one time a day 30 ML VIA P.O

B. Provides:

Prostat- Provides 100g kcal/ 15g protein

6. Enteral Feedings

A. Enteral Feedings:

- 1. Yes 2. No

B. Formula:

Dietary: Nutrition Assessment -

Resident: ~~David, David (3334)~~

C. Rate in cc/hr:

D. Start:

E. Dose:

F. Flush:

G. Pump Flush:

H. Provides: Kcal/Day

I. Protein: Gm/Day

J. TV:

K. Free Water:

7. Weight/Ht

A. Most Recent Weight

Weight: 172.5

Date: 02/03/2018 15:15

Scale: Chair

B. Most Recent Height

Height: 70.0

Date: 01/26/2018 19:55

Method: Lying down

C. BMI:

24.7

D. D/UBWR

E. Weight x 1 Month:

172.5 Lbs

F. Weight x 3 Month:

G. Weight x 6 Month:

H. Is Signifigant Weight Change Noted:

1. Yes

2. No

I. Explain

Dietary: Nutrition Assessment -

Resident: [REDACTED] (54)

8. Diet Hx:

A. Information Obtained By:

1. Resident: 2. Family: 3. Staff: 4. Other:

B. Ethnic/Religious/Cultural Preferences

Black/African American/non-denominational

D. Appetite/Intake: Food

1. 76% + 2. 50-75% 3. < 50%

E. Overall Fluids:

1. 76% + 2. 50-75% 3. < 50%

F. Supplement/Nourishment:

1. 76% + 2. 50-75% 3. < 50%

G. Refusing Food:

1. Yes 2. No

H. Feeding Skills:

1. Self/Supervision: 2. Set Up: 3. Limited: 4. Extensive: 5. Spoon Fed

I. Assistive Device:

1. Yes 2. No

J. Type:

K. Chewing Problems:

1. Yes 2. No

L. Swallowing Problems:

1. Yes 2. No

9. Oral Condition:

x. Oral Condition:

0. No abnormal findings
 1. Mouth pain:
 2. Own Teeth
 3. Missing Teeth

10. GI Factors: Actual/Potential

GI Factors: Actual/Potential

0. No abnormal findings
 1. Nausea
 2. Vomiting
 3. Diarrhea
 4. Constipation

11. Skin Conditions:

A. Skin Conditions:

1. Intact
 2. Edema
 3. Rashes
 4. Pressure Ulcers
 5. Other Wounds:

Dietary: Nutrition Assessment -

Resident: ~~David David~~ (884)

B. Pressure Ulcers: Enter Stage

C. Wounds: Enter Type

Left foot surgical incision

12. Labs:

A. Hgb Date Obtained:

01/29/2018 00:00

A1. Hgb

8.4

B. Hct Date Obtained

01/29/2018 00:00

B1. Hct

25

C. Na+ Date Obtained:

01/29/2018 00:00

C1. Na+

143

D. K+ Date Obtained:

01/29/2018 00:00

D1. K+

4.8

E. BUN Date Obtained:

01/29/2018 00:00

E1. BUN

32

F. Creat. Date Obtained:

01/29/2018 00:00

F1. Creat.

1.40

G. Glucose Date Obtained:

01/29/2018 00:00

G1. Glucose

104

H. Ca+ Date Obtained:

01/29/2018 00:00

H1. Ca+

7.9

I. Total Protein Date Obtained:

01/29/2018 00:00

I1. Total Protein

Dietary: Nutrition Assessment -

Resident: B (54)

6.8

J. Albumin Date Obtained:

01/29/2018 00:00

J1. Albumin

3.1

K. Other:

low - Hgb 8.4, hct 25 VL , Albumin 3.1, Ca+ 7.9 High - BUN 32 , Creat 1.40

13. Estimated Needs:

A. Calories: Kcal/Day

1950-2340; based on 25-30kcal/kgabw

B. Protein: Gm/Day

62.4-78 g/day based on 0.8- 1g/kgabw

C. Fluids: CC/Day

1950ml, based on 25 ml/kgabw

14. Dehydration Risk Factors:

Dehydration Risk:

- 0. No abnormal findings
- 1. Dehydration Dx
- 2. Pressure Ulcer
- 3. Consumes 50% or less
- 4. UTI
- 5. Weight Loss
- 6. Diuretic Use
- 7. Diarrhea
- 8. ABT/ Infection
- 9. Thickened Liquids
- 10. Dementia
- 11. DM
- 12. Constipation/ Laxative Use
- 13. Fluid Restriction
- 14. Tube Feeding
- 15. Dysphagia

15. Goals: To be adequately nourished and hydrated as evidenced by (x3 mths)

Goals:

- 1. Tolerate Rx diet texture/consistency
- 2. PO intake >= 75% food/fluids
- 3. Maintain weight
- 4. Gain weight
- 5. Lose weight
- 6. Free of s/s of dehydration, aspiration, hypo/hyperglycemia
- 7. Other

16. Assessment Summary

A. Summary

Resident is a 69 y/o M with PMH of CAD, IDDM, neuropathy, HTN, S/P Lt TMA, s/p B/L LE angiography, CVA 2012. Resident is on a Heart Healthy/consistent carbohydrate diet, Regular texture, Thin consistency. P.O

Dietary: Nutrition Assessment -

Resident: D [REDACTED]

intake is fair to good consuming 50-76% of most meals. Current weight 172.5lbs, BMI 24.7 indicating resident is within a normal weight. Skin condition: Resident has a Left foot surgical incision that is doing well with treatment, Prostat has been ordered for additional protein. Lab report for 1/29/2018 indicates abnormal results low - Hgb 8.4, hct 25 VL, Albumin 3.1, Ca+ 7.9 High - BUN 32, Creat 1.40. Will continue to monitor lab work. As per care plan the resident will maintain adequate nutritional status as evidenced by maintaining weight within 170-180lbs. Will continue to monitor nutritional parameters and intervene as needed.

Signed By

Signed Date

Danarda Adames, Dietary Tech [e-SIGNED]

02/07/2018

Progress Note -Single Detail

5 Creedmoor PC

Patient Name: [REDACTED] State ID: [REDACTED]
 Case Number: [REDACTED] Gender: [REDACTED]
 DOB: [REDACTED]
 Admission Screening Date: 12/13/2017

Unit: 133 Admissions-133

Note Unit : [REDACTED]

Entered By: [REDACTED] Walker, Abby

Date: 03/13/2018

| Time | Description | Svc Unit | Duration | Note Code |
|---------|------------------------------|----------|----------|-------------------|
| 2:16 pm | Treatment - clinical support | 133 | 00:30 | Nutrition Service |

Notes: [REDACTED]

Height: 4.10.5" Weight: 3.3.2018 171lbs IWR (n/a for age >= 65) 85-105lbs
 BMI: 35.1 BP: 3.3.2018 110/70

Meal Observation/Intake Issues: Pt oral intake is good, consumes 76-100% of meals.

Diet Orders & Oral Supplements: Low Sodium/No Concentrated Sweets, No Hard Solids, Vitamin D3
Estimated Daily Needs: Calories: 1560-1950 kcal Protein: 62-86 grams
 Fluids: 2400 mL

Labs: 12.14.2017- Glucose 89 mg/dL, BUN 29 mg/dL (High), Cr 1.1 mg/dL, Sodium 142 mEq/L, Potassium 4.4 mEq/L, Cholesterol 188 mg/dL, Triglyceride 127 mg/dL, HDL 48mg/dL, LDL 115mg/dL, Hgb A1c 6.3% (High), Vitamin D 25 OH 26 ng/mL (Low).

Medications: Aspirin-take w/8 oz water or milk, after meals, food may lower rate of absorption, ensure adequate fluid intake/hydration, avoid/limit caffeine and natural products which affect coagulation (ie. garlic, ginger), increase foods high in Vit C and Folate w/high dose.

Cogentin- may take w/food to lower GI upset, potential side effect of constipation.

Fluphenazine- may take with food or 8oz milk or H2O to lower GI distress, limit caffeine, may increase appetite and wt, may lower B12 absorption.

Clozapine- caution with caffeine- caffeine limits drug metabolism, may cause constipation, increase appetite and wt, raise BG and Trig levels.

Colace- increase fiber and fluids to decrease constipation.

Lactulose- increase fiber and fluids to decrease constipation.

Lisinopril- ensure adequate fluid intake/hydration.

Zocor- low fat/low Chol d products that may interact with this drug include: raltegravir, sodium polystyrene sulfonate.iet needed, avoid grapefruit/related citrus.

Magnesium hydroxide- interact with raltegravir, sodium polystyrene sulfonate. Magnesium hydroxide can decrease the absorption of other drugs such as dasatinib, delavirdine, atazanavir, gabapentin, digoxin, mycophenolate, phosphate supplements. products that may interact with this drug include: raltegravir, sodium polystyrene sulfonate.products that may interact with this drug include: raltegravir, sodium polystyrene

User: Walker, Abby

03/13/2018 14:30:20

OMH PHI

Progress Note -Single Detail

5 Creedmoor PC

Patient Name: ██████████ **State ID:** ██████
Case Number: ██████████ **Gender:** ██████
DOB: ██████████
Admission Screening Date: ██████████

Unit: 133 Admissions-133

sulfonate.products that may interact with this drug include: raltegravir, sodium polystyrene sulfonate.

Senna- increase fiber and fluids to decrease constipation.

Nutrition Diagnosis # 1:

Problem: Obese, class II NC-3.3.4

Etiology (related to) Excess caloric intake, limited physical activity, food and nutrition related knowledge deficit.

Sign/Symptoms (as evidence by) BMI 35.1

Intervention #1 Meals and Snacks ND-1

Goal(s) Pt will lose 1-2lbs per week x90d

Monitoring & Evaluation:

Pt had a 6lb wt. decrease x 3 months. Will continue to monitor weekly wt. and assess pt adherence to calorie reducing diet, in order to achieve desirable wt. loss.

Intervention #2 Nutrition Education-Content E-1

Goal(s) Pt will lose 1-2lbs per week x90d

Monitoring & Evaluation

Nutrition education and counseling will be provided pertaining to weight loss and the health benefits.

CTP Goal #

2A Pt will have blood glucose levels between 70-105 for 60 days. BG (12.14.17) @ 89 is WNL. Encourage consistent carbs intake and limit intake of foods high in sugar and saturated fat to prevent rise in BG. Pt continues to attend nutrition group education sessions with limited participation. Translator present at most recent group session, pt still refused handout.

2B Pt will have BP reading within normal limit for 60 days. BP WNL, controlled with low sodium diet ACE inhibitors . Pt continues to attend nutrition group education sessions with limited participation. Translator present at most recent group session, pt still refused handout.

2C Pt will have 0 episodes of constipation for 60 days. No episodes of constipation, controlled with Colace and Lactulose. Pt continues to attend nutrition group education sessions with limited participation. Translator present at most recent group session, pt still refused handout.

Factors Facilitating or Hampering Progress: N/A.

Future Plans For: Care/Monitoring/Follow-up: Pt continues on choking precaution; no episodes of choking have occurred. Per SW note on 2/15/18, pt's family informed of choking precaution and provided with a list of foods permitted/not permitted. Will continue to monitor tolerance of diet.

Current Lab report indicates abnormal values high BUN will continue to encourage increased fluid intake, High Hgb A1c Pt continues No Concentrated Sweets diet to help manage elevated HgbA1C. and Low Vitamin D pt will continue Vitamin D supplement daily. Will encourage healthy eating habits: increase fruits, vegetables and whole grain foods daily. Pt will continue therapeutic diet until desired weight is achieve. Will

Progress Note -Single Detail

5 Creedmoor PC

| | | | |
|----------------------------------|----------------------|-----------|------------|
| Patient Name: | ████████████████████ | State ID: | ██████████ |
| Case Number: | ██████████ | Gender: | ██████████ |
| DOB: | ██████████ | | |
| Admission Screening Date: | ██████████ | | |

Unit: 133 Admissions-133

continue to monitor nutritional parameters and intervene as needed.

Patient's current intervention level (Low/Moderate/High): Moderate

Monitoring Plan Based on Intervention Level (low=every 6 months; Moderate = every 3 months, High = Weekly notes first 8 weeks when identified - monthly thereafter)

| | | |
|---------------------------|------------------------|------------------|
| Staff: █████ Walker, Abby | Title: Dietitian Techn | Date: 03/13/2018 |
|---------------------------|------------------------|------------------|

| | |
|--|-----------------------|
| Confirmed By: 50418 Walker, Abby | Date: 3/13/18 2:30 pm |
| Title: Dietitian Techn | |
| Electronically Signed By: Walker, Abby On 3/13/2018 2:30:07PM | |

Resident: [REDACTED]

1. Yes 2. No

4. Weight/ Height

A. Most Recent Weight

Weight: 214.5

Date: 01/04/2018 13:19

Scale:

B. Most Recent Height

Height:

71.0

Date: 05/09/2014 08:15

Method:

Lying down

C. BMI:

29.9

D. D/UBWR

E. Weight x 1 Month:

214.7

F. Weight x 3 Month:

221.0

G. Weight x 6 Month:

218.6

5. Appetite/ Intake:

A. Appetite/Intake: Food

1. 76% +

2. 50-75%

3. < 50%

B. Overall Fluids:

1. 76% +

2. 50-75%

3. < 50%

C. Supplement/Nourishment:

1. 76% +

2. 50-75%

3. < 50%

D. Between Meal Fluids

1. 76% +

2. 50-75%

3. < 50%

E. Refusing Food:

1. Yes

2. No

F. Changes in Feeding Skills:

1. Yes

2. No

G. If Yes, Explain:

6. GI Factors: Actual/ Potential

GI Factors: Actual/ Potential

0. No abnormal findings

1. Nausea

2. Vomiting

3. Diarrhea

4. Constipation

7. Skin Conditions

A. Skin Conditions:

1. Intact

Dietary: Nutritional Quarterly Assessment

Resident: (██████████ 49)

- 2. Edema
- 3. Rashes
- 4. Pressure Ulcers
- 5. Other Wounds:

B. Pressure Ulcers: Enter Stage

C. Wounds: Enter Type

8. Labs

A. Hgb Date Obtained:

01/08/2018 00:00

A1. Hgb

13.0

B. Hct Date Obtained:

01/08/2018 00:00

B1. Hct

40.0

C. Na+ Date Obtained:

01/08/2018 00:00

C1. Na+

141

D. K+ Date Obtained:

01/08/2018 00:00

D1. K+

5.1

E. BUN Date Obtained:

01/08/2018 00:00

E1. BUN

16

F. Creat. Date Obtained:

01/08/2018 00:00

F1. Creat.

0.80

G. Glucose Date Obtained:

01/08/2018 00:00

G1. Glucose

108

H. Ca+ Date Obtained:

01/08/2018 00:00

H1. Ca+

9.0

Dietary: Nutritional Quarterly Assessment

Resident: (b) (6)

I. Total Protein Date Obtained:

01/08/2018 00:00

I1. Total Protein

6.9

J. Albumin Date Obtained:

01/08/2018 00:00

J1. Albumin

4.4

K. Other:

High - glucose 108 H , Low - hct 40 L , Hgb 13.0 L

9. Assessment Summary:

A. Summary

Patient is 61 y/o male with medical dxes of DM, anemia, ETOH abuse and hepatitis. Diet order is appropriate for medical dxes of diabetes. Po intake is fair - good as indicated on dining report. Dm is being controlled thru diabetic medications. He goes downstairs and purchase food items from the canteen because he does not like the food here. Despite speaking with the patient and obtaining food preferences he remains not caring for the food here. He is aware of his dietary restrictions. Will continue to monitor and encourage diet adherence. Lab report on 01/8/2018 indicates low hct, low hgb and slightly elevated glucose 108 and HEMOGLOBIN A1c 5.7 on 12/20/17 is in normal range. Due to intact skin will recommend to discontinued prostat. Weight trend is constant over the past 6 months. will continue to monitor nutritional parameters and intervene as needed.

Signed By

Signed Date

Vibhuti Singh, Registered Dietitian Nutritionist [e-SIGNED]

01/16/2018

Renal

Emilio Center

Ushali Singh

Sign Off

Home Admin Clinical



Search

Dietary: Nutrition Assessment -

Resident: [REDACTED]

Description: RD: Nutrition Assessment -

Date: 1/30/2018 12:00

Section Status: Signed

Lock Date: [REDACTED]

Cancel

Dietary: Nutrition Assessment -

| | | |
|----|---------------------------------|--|
| 1. | Assessment Type | <p>A. Date & Time <input type="text" value="1/30/2018"/> <input type="text" value="00"/> <input type="text" value="00"/></p> <p>B. Assessment Type <input type="radio"/> 1. Admission <input checked="" type="radio"/> 2. Annual <input type="radio"/> 3. Significant Change</p> |
| 2. | Diagnosis/ Allergies | <p>A. <input type="text" value="E10.9 END STAGE RENAL DISEASE"/> <input type="text" value="E68.9 DEPENDENCE ON RENAL DIALYSIS"/> <input type="text" value="L89.614 PRESSURE ULCER OF RIGHT HEEL, STAGE 4"/></p> <p>B. Additional Diagnosis: <input type="text"/></p> <p>C. Allergies <input type="text" value="Aspirin, Penicillin, Shellfish-derived Products, Shell Fish"/></p> |
| 3. | Medications/ Nutritional Impact | <p>Medications/ Nutritional Impact: <input type="text" value="HYDALAZINE HCl Tablet 25 MG"/> <input type="text" value="Acetaminophen Tablet 325 MG"/> <input type="text" value="Lantus Solostar Solution Pen-injector 100 UNIT/ML"/> <input type="text" value="Ferrous Sulfate Tablet 325 (65 Fe) MG"/> <input type="text" value="Vitamin D3 Tablet 1000 UNIT"/> <input type="text" value="Lactulose Solution 10 GM/15ML"/> <input type="text" value="Amlodipine Besylate Tablet 10 MG"/> <input type="text" value="Renvela Tablet 600 M"/> <input type="text" value="Acetaminophen Tablet 500 MG"/></p> |
| 4. | Diet Orders & Consistency | <p>Diet Orders & Consistency <input type="text" value="Renal Consistent Carbohydrate diet, Regular texture, thin consistency"/></p> |
| 5. | Supplements/ Nourishments | <p>A. Supplements/ Nourishments <input type="text"/></p> |

Prostat- one time a day (30ml/15gms of protein) by mouth

B. Provides:

Prostat 30 ml- kcal 100g /15 gms protein

6. Enteral Feedings

A. Enteral Feedings:

1. Yes 2. No

B. Formula:

C. Rate in cc/hr:

D. Start:

E. Dose:

F. Flush:

G. Pump Flush:

H. Provides: Kcal/Day

I. Protein: Gm/Day

J. TV:

K. Free Water:

7. Weight/Ht

A. Most Recent Weight

Weight: 306.6 (Lbs) Date: 1/27/2018 22:27

Scale: Dialysis

B. Most Recent Height

Height: 70.0 (Inches) Date: 11/13/2015 09:48

Method: Lying down

C. BMI:

44.0

D. D/UBWR

E. Weight x 1 Month:

288.0 lbs

F. Weight x 3 Month:

288.0 lbs

G. Weight x 6 Month:

275.7 lbs

H. Is Significant Weight Change Noted:

1. Yes 2. No

| | |
|---|--|
| | <p>I. Explain E II</p> <p>Pa</p> |
| <p>B. Diet Hx:</p> | <p>A. Information Obtained By: E II</p> <p><input checked="" type="radio"/> 1. Resident: <input type="radio"/> 2. Family: <input type="radio"/> 3. Staff: <input type="radio"/> 4. Other:</p> <p>B. Ethnic/Religious/Cultural Preferences II</p> <p>Black Hispanic/Non-Denominational/Hispanic - Soul Food.</p> <p>D. Appetite/Intake: Food II</p> <p><input type="radio"/> 1. 76% + <input checked="" type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50%</p> <p>E. Overall Fluids: II</p> <p><input type="radio"/> 1. 76% + <input checked="" type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50%</p> <p>F. Supplement/Nourishment: II</p> <p><input checked="" type="radio"/> 1. 76% + <input type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50%</p> <p>G. Refusing Food: II</p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> <p>H. Feeding Skills: II</p> <p><input checked="" type="radio"/> 1. Self/Supervision: <input type="radio"/> 2. Set Up: <input type="radio"/> 3. Limited: <input type="radio"/> 4. Extensive: <input type="radio"/> 5. Spoon Fed</p> <p>I. Assistive Device: II</p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> <p>J. Type: II</p> <p>.....</p> <p>K. Chewing Problems: II</p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> <p>L. Swallowing Problems: II</p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> |
| <p>9. Oral Condition:</p> | <p>x. Oral Condition: II</p> <p><input type="radio"/> 0. No abnormal findings</p> <p><input type="radio"/> 1. Mouth pain:</p> <p><input checked="" type="radio"/> 2. Own Teeth</p> <p><input type="radio"/> 3. Missing Teeth</p> |
| <p>10. GI Factors: Actual/Potential:</p> | <p>GI Factors: Actual/Potential II</p> <p><input type="radio"/> 0. No abnormal findings</p> <p><input type="radio"/> 1. Nausea</p> <p><input type="radio"/> 2. Vomiting</p> <p><input type="radio"/> 3. Diarrhea</p> <p><input checked="" type="radio"/> 4. Constipation</p> |
| <p>11. Skin Conditions:</p> | <p>A. Skin Conditions: II</p> <p><input type="radio"/> 1. Intact</p> <p><input type="radio"/> 2. Edema</p> <p><input type="radio"/> 3. Rashes</p> <p><input type="radio"/> 4. Pressure Ulcers</p> |

✓ 5. Other Wounds:

B. Pressure Ulcers: Enter Stage

C. Wounds: Enter Type

Resident has BLE wounds on lower 1/3 of leg medial aspect and R heel.

12

Labs:

A. Hgb Date Obtained:

12/8/2017 00 00

A1. Hgb

6.3

B. Hct Date Obtained

12/8/2017 00 00

B1. Hct

20

C. Na+ Date Obtained:

12/8/2017 00 00

C1. Na+

137

D. K+ Date Obtained:

12/8/2017 00 00

D1. K+

5.5

E. BUN Date Obtained:

12/8/2017 00 00

E1. BUN

50

F. Creat. Date Obtained:

12/8/2017 00 00

F1. Creat. E

0.6

G. Glucose Date Obtained:

12/8/2017 00 00

G1. Glucose

179

H. Ca+ Date Obtained:

12/8/2017 00 00

H1. Ca+

9.1

I. Total Protein Date Obtained:

11/29/2017 00 00

I1. Total Protein

7.1

J. Albumin Date Obtained:

11/29/2017 00 00

J1. Albumin

3.0

K. Other:

53 y/o M Dx K/C/O DM, ESRD on HD via LUE AVG, glaucoma, CHF, Obesity, HTN. Patient is receiving a renal consistent carbohydrate diet with fluid restriction of 1,000ml. Patient has a 12.3lbs weight gain within the past 6 months not significant or desirable. Patient is not interested in losing weight. Diet is order is appropriate for dm, htn and esrd. On-going problems with non-adherence to diet regimen. Family brings in food items for him this is an on-going problems with patient from his previous floor. Patient is quite aware of his diet restriction however he does not adhere. Will continue to encourage diet adherence to avoid complication with medical doses relating to dm, htn and esrd. Compliant to hemodialysis treatment three times a week. Patient is on supplement prosta one time a day (30ML/15gms of protein) by mouth to help aid in healing his wound. FLE wounds on lower leg of his right leg and P heel. Patient was counseled on heart healthy diet and encouraged to eat vegetables and fruits with low glycemic index as tolerated to help aid in controlling blood sugar regarding glucose levels. Recent lab report indicates elevated glucose. Other nutritional labs are out of range and he is receiving ferrous sulfate for his anemia. Receives diabetic medication (insulin) to help aid in controlling dm. He is aware. Will continue to monitor and intervene as necessary. Follow up to continue.

Dietary: Nutrition Assessment -

Cancel

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 Mississauga, Ontario L4W 0C4
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Triboro Center

Dietia Collins

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Home Admin Clinical



Search

Dietary: Nutrition Assessment -

Resident: ██████████ (██████)

Description: RD: Nutrition Assessment -

Date: 2/10/2018 10:40

Section Status: In Progress

Lock Date:

Dietary: Nutrition Assessment -

| | | |
|----|----------------------------------|---|
| 1. | Assessment Type | <p>A. Date & Time <input type="text" value="2/12/2018"/> <input type="text" value="00"/> <input type="text" value="00"/></p> <p>B. Assessment Type</p> <p><input type="radio"/> 1. Admission <input checked="" type="radio"/> 2. Annual <input type="radio"/> 3. Significant Change <input type="button" value="clear"/></p> |
| 2. | Diagnosis/ Allergies | <p>A.</p> <p>C06.9 MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED F41.9 ANXIETY DISORDER, UNSPECIFIED R26.89 OTHER ABNORMALITIES OF GAIT AND MOBILITY R13.12 DYSPHAGIA, OROPHARYNGEAL PHASE C76.0 MALIGNANT NEOPLASM OF HEAD, FACE AND NECK D64.9 ANEMIA, UNSPECIFIED <input type="button" value="clear"/></p> <p>B. Additional Diagnosis:</p> <p>C. Allergies <input type="button" value="add"/> <input type="button" value="refresh"/></p> <p>No Known Allergies</p> |
| 3. | Medications/ Nutritional Impact: | <p>Medications/ Nutritional Impact:</p> <p>idocaine HCl Liquid Peridex Solution 0.12 % Percocet Tablet 5-325 MG Thiamine HCl Tablet 100 MG Folic Acid Tablet 1 MG Multi-Delyn Liquid Ativan Tablet 1 MG Levothyroxine Sodium Tablet 25 MCG Flomax Capsule 0.4 MG Percocet Tablet 5-325 MG</p> |
| 4. | Diet Orders & Consistency | <p>Diet Orders & Consistency</p> <p>Regular diet, Pureed texture, Thin consistency BREAKFAST ONLY CONTINUE WITH TUBEFEEDING for NUTRITION</p> |
| 5. | Supplements/ Nourishments | <p>A. Supplements/ Nourishments</p> |

| | |
|----------------------------|---|
| | <p>Glucerna - one time a day 237 ml p.o. Ensure pudding 4oz- one time a day once a day by po</p> <p>B. Provides: <input type="checkbox"/></p> <p>Glucerna 237ml provides 220 kcal/ protein 10g Ensure pudding 4oz- 170 kcal/ 4g protein</p> |
| <p>6. Enteral Feedings</p> | <p>A. Enteral Feedings: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No clear</p> <p>B. Formula: <input type="checkbox"/></p> <p>Jevity 1.2</p> <p>C. Rate in cc/hr: <input type="checkbox"/></p> <p>94ml hr</p> <p>D. Start: <input type="checkbox"/></p> <p>5pm</p> <p>E. Dose: <input type="checkbox"/></p> <p>1,500ml</p> <p>F. Flush: <input type="checkbox"/></p> <p>250ml</p> <p>G. Pump Flush: <input type="checkbox"/></p> <p>750 ml</p> <p>H. Provides: Kcal/Day <input type="checkbox"/></p> <p>1,800</p> <p>I. Protein: Gm/Day <input type="checkbox"/></p> <p>83.3</p> <p>J. TV: <input type="checkbox"/></p> <p>K. Free Water: <input type="checkbox"/></p> <p>1211</p> |
| <p>7. Weight/Ht</p> | <p>A. Most Recent Weight new view all clear <input type="checkbox"/></p> <p>Weight: 122.1 (Lbs) Date: 2/5/2018 08:53</p> <p>Scale:</p> <p>B. Most Recent Height new view all clear <input type="checkbox"/></p> <p>Height: 65.0 (inches) Date: 11/3/2017 18:43</p> <p>Method: Standing</p> <p>C. BMI: <input type="checkbox"/></p> <p>23.1</p> <p>D. D/UBWR <input type="checkbox"/></p> <p>E. Weight x 1 Month: <input type="checkbox"/></p> <p>141.8 Lbs</p> <p>F. Weight x 3 Month: <input type="checkbox"/></p> <p>122.1 Lbs</p> <p>G. Weight x 6 Month: <input type="checkbox"/></p> <p>124.4 Lbs</p> <p>H. Is Significant Weight Change Noted: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No clear</p> <p>I. Explain <input type="checkbox"/></p> |

| | |
|---|---|
| | <p>Resident has a 10.0% weight increase over the pass 6 month which is desirable. / Significant</p> |
| <p>8. Diet Hx:</p> | <p>A. Information Obtained By: <input type="checkbox"/> 1. Resident: <input type="checkbox"/> 2. Family: <input type="checkbox"/> 3. Staff: <input checked="" type="checkbox"/> 4. Other:</p> <p>B. Ethnic/Religious/Cultural Preferences <input type="checkbox"/></p> <p>D. Appetite/Intake: Food <input type="checkbox"/></p> <p><input type="radio"/> 1. 76% + <input checked="" type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50% clear</p> <p>E. Overall Fluids: <input type="checkbox"/></p> <p><input type="radio"/> 1. 76% + <input checked="" type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50% clear</p> <p>F. Supplement/Nourishment: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. 76% + <input type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50% clear</p> <p>G. Refusing Food: <input type="checkbox"/></p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No clear</p> <p>H. Feeding Skills: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. Self/Supervision: <input type="radio"/> 2. Set Up: <input type="radio"/> 3. Limited: <input type="radio"/> 4. Extensive: <input type="radio"/> 5. Spoon Fed clear</p> <p>I. Assistive Device: <input type="checkbox"/></p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No clear</p> <p>J. Type: <input type="checkbox"/></p> <p>K. Chewing Problems: <input type="checkbox"/></p> <p><input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No clear</p> <p>L. Swallowing Problems: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No clear</p> |
| <p>9. Oral Condition:</p> | <p>x. Oral Condition: <input type="checkbox"/></p> <p><input type="checkbox"/> 0. No abnormal findings</p> <p><input type="checkbox"/> 1. Mouth pain:</p> <p><input type="checkbox"/> 2. Own Teeth</p> <p><input checked="" type="checkbox"/> 3. Missing Teeth</p> |
| <p>10. GI Factors: Actual/Potential</p> | <p>GI Factors: Actual/Potential <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> 0. No abnormal findings</p> <p><input type="checkbox"/> 1. Nausea</p> <p><input type="checkbox"/> 2. Vomitting</p> <p><input type="checkbox"/> 3. Diarrhea</p> <p><input type="checkbox"/> 4. Constipation</p> |
| <p>11. Skin Conditions:</p> | <p>A. Skin Conditions: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> 1. Intact</p> <p><input type="checkbox"/> 2. Edema</p> <p><input type="checkbox"/> 3. Rashes</p> <p><input type="checkbox"/> 4. Pressure Ulcers</p> <p><input type="checkbox"/> 5. Other Wounds:</p> <p>B. Pressure Ulcers: Enter Stage <input type="checkbox"/></p> |

Propose

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|-----------------------------|---|
| | <div style="border: 1px dashed black; height: 20px; width: 100%;"></div> <p>C. Wounds: Enter Type <input type="checkbox"/></p> <div style="border: 1px dashed black; height: 20px; width: 100%;"></div> |
| <p>12. Labs:</p> | <p>A. Hgb Date Obtained: <input type="checkbox"/></p> <p><input type="text" value="1/30/2018"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>A1. Hgb <input type="checkbox"/></p> <p><input type="text" value="12.3"/></p> <p>B. Hct Date Obtained: <input type="checkbox"/></p> <p><input type="text" value="1/30/2018"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>B1. Hct <input type="checkbox"/></p> <p><input type="text" value="40"/></p> <p>C. Na+ Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>C1. Na+ <input type="checkbox"/></p> <p><input type="text"/></p> <p>D. K+ Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>D1. K+ <input type="checkbox"/></p> <p><input type="text"/></p> <p>E. BUN Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>E1. BUN <input type="checkbox"/></p> <p><input type="text"/></p> <p>F. Creat. Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>F1. Creat. <input type="checkbox"/></p> <p><input type="text"/></p> <p>G. Glucose Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>G1. Glucose <input type="checkbox"/></p> <p><input type="text"/></p> <p>H. Ca+ Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>H1. Ca+ <input type="checkbox"/></p> <p><input type="text"/></p> <p>I. Total Protein Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>I1. Total Protein <input type="checkbox"/></p> <p><input type="text"/></p> <p>J. Albumin Date Obtained: <input type="checkbox"/></p> <p><input type="text"/> <input type="button" value="AMPM"/> <input type="button" value="00"/> <input type="button" value="00"/></p> <p>J1. Albumin <input type="checkbox"/></p> <p><input type="text"/></p> <p>K. Other: <input type="checkbox"/></p> <div style="border: 1px dashed black; padding: 2px;"> <p>Low- Hgb 12.3, hct 40</p> </div> |
| <p>13. Estimated Needs:</p> | <p>A. Calories: Kcal/Day <input type="checkbox"/></p> <p><input type="text" value="30-35 kcal/kg provides 1920-2240 kcal/kgabw"/></p> <p>B. Protein: Gm/Day <input type="checkbox"/></p> |

| | |
|---|---|
| | <p>76-83g based on 1.2-1.3g/kgabw</p> <p>C. Fluids: CC/Day <input type="checkbox"/></p> <p>1800-2000mL per day based on 30ml/kgabw</p> |
| <p>14. Dehydration Risk Factors:</p> | <p>Dehydration Risk: <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> 0. No abnormal findings <input type="checkbox"/> 1. Dehydration Dx <input type="checkbox"/> 2. Pressure Ulcer <input type="checkbox"/> 3. Consumes 50% or less <input type="checkbox"/> 4. UTI <input type="checkbox"/> 5. Weight Loss <input type="checkbox"/> 6. Diuretic Use <input type="checkbox"/> 7. Diarrhea <input type="checkbox"/> 8. ABT/ Infection <input type="checkbox"/> 9. Thickened Liquids <input type="checkbox"/> 10. Dementia <input type="checkbox"/> 11. DM <input type="checkbox"/> 12. Constipation/ Laxative Use <input type="checkbox"/> 13. Fluid Restriction <input checked="" type="checkbox"/> 14. Tube Feeding <input checked="" type="checkbox"/> 15. Dysphagia |
| <p>15. Goals: To be adequately nourished and hydrated as evidenced by (x3 mths)</p> | <p>Goals: <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Tolerate Rx diet texture/consistency <input checked="" type="checkbox"/> 2. PO intake >= 75% food/fluids <input checked="" type="checkbox"/> 3. Maintain weight <input type="checkbox"/> 4. Gain weight <input type="checkbox"/> 5. Lose weight <input checked="" type="checkbox"/> 6. Free of s/s of dehydration, aspiration, hypo/hyperglycemia <input type="checkbox"/> 7. Other |
| <p>16. Assessment Summary</p> | <p>A. Summary <input type="checkbox"/></p> <p>Resident is a 62 year old male with <u>ESRD on HD</u> (MDF), Hypothyroidism, Anemia, convulsions, HLD, parathyroid malignancy, Hypocalcemia. Resident is on a Regular diet, Pureed texture, Thin consistency BREAKFAST ONLY CONTINUE WITH TUBEFEEDING for NUTRITION. Resident is currently on Glucerna - one time a day 237 ml p.o. Ensure pudding 4oz- one time a day once a day by po. Resident currently consume 50-75% of meal and 100 % of supplements. Resident had a significant weight increase 10.0% weight increase over the pass 6 month which is desirable. Lab report on 1/30/2018 indicates abnormal lab values Low- Hgb 12.3 and hct 40 other lab values are not current and needed. Resident skin is intact, next Oncology Appointment is scheduled for 2/16/18.</p> |

HE IS NOT ON HEMODIALYSIS!

Need Menu Carefully

This is A Annual. Must Monitor weights for the past year.

Oncology Correction

Triboro Center

Dietia Collins

Sign Off

Home Admin Clinical



Search

Dietary: Nutrition Assessment -

Resident: ██████████ (8649)

Description: RD: Nutrition Assessment -

Date: 2/26/18 10:42

Section Status: In Progress

Lock Date:

Save & Sign Save Save & Exit Save & Sign & Lock & Exit Cancel Clear All

Dietary: Nutrition Assessment -

| | |
|-------------------------------------|--|
| 1. Assessment Type | <p>A. Date & Time <input type="text" value="2/12/2018"/> <input type="text" value="00"/> <input type="text" value="00"/></p> <p>B. Assessment Type <input type="radio"/> 1. Admission <input checked="" type="radio"/> 2. Annual <input type="radio"/> 3. Significant Change <input type="button" value="clear"/></p> |
| 2. Diagnosis/ Allergies | <p>A. <input type="text" value=""/></p> <p>E06.9 MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED F41.9 ANXIETY DISORDER, UNSPECIFIED R26.89 OTHER ABNORMALITIES OF GAIT AND MOBILITY K13.12 DYSPHAGIA, PHARYNGEAL PHASE C76.0 MALIGNANT NEOPLASM OF HEAD, FACE AND NECK D64.9 ANEMIA, UNSPECIFIED <input type="button" value="clear"/></p> <p>B. Additional Diagnosis: <input type="text" value=""/></p> <p>C. Allergies <input type="button" value="add"/> <input type="button" value="refresh"/> <input type="text" value=""/></p> <p>No Known Allergies</p> |
| 3. Medications/ Nutritional Impact: | <p>Medications/ Nutritional Impact: <input type="text" value=""/></p> <p>Lidocaine HCl Liquid Peridex Solution 0.12 % Percocet Tablet 5-325 MG Thiamine HCl Tablet 100 MG Folic Acid Tablet 1 MG Multi-Delyn Liquid Ativan Tablet 1 MG Levothyroxine Sodium Tablet 25 MCG Flomax Capsule 0.4 MG Percocet Tablet 5-325 MG</p> |
| 4. Diet Orders & Consistency | <p>Diet Orders & Consistency <input type="text" value=""/></p> <p>Regular diet, Pureed texture, Thin consistency BREAKFAST ONLY CONTINUE WITH TUBEFEEDING for NUTRITION</p> |
| 5. Supplements/ Nourishments | <p>A. Supplements/ Nourishments <input type="text" value=""/></p> |

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| | <p>Glucerna - one time a day 237 ml p.o. Ensure pudding 4oz- one time a day once a day by po</p> <p>B. Provides: <input type="checkbox"/></p> <p>Glucerna 237ml provides 220 kcal/ protein 10g Ensure pudding 4oz- 170 kcal/ 4g protein</p> |
| <p>6. Enteral Feedings</p> | <p>A. Enteral Feedings: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>B. Formula: <input type="checkbox"/></p> <p>Jevity 1.2</p> <p>C. Rate in cc/hr: <input type="checkbox"/></p> <p>60ml/hr</p> <p>D. Start: <input type="checkbox"/></p> <p>6pm</p> <p>E. Dose: <input type="checkbox"/></p> <p>1,500ml</p> <p>F. Flush: <input type="checkbox"/></p> <p>250ml</p> <p>G. Pump Flush: <input type="checkbox"/></p> <p>750 ml</p> <p>H. Provides: Kcal/Day <input type="checkbox"/></p> <p>1,800</p> <p>I. Protein: Gm/Day <input type="checkbox"/></p> <p>63.3</p> <p>J. TV: <input type="checkbox"/></p> <p>K. Free Water: <input type="checkbox"/></p> <p>1211</p> |
| <p>7. Weight/Ht</p> | <p>A. Most Recent Weight <input type="checkbox"/></p> <p>Weight: <u>139.1</u> (Lbs) Date: <u>2/5/2018 08:53</u> Scale:</p> <p>B. Most Recent Height <input type="checkbox"/></p> <p>Height: <u>65.0</u> (Inches) Date: <u>11/3/2017 18:43</u> Method: <u>Standing</u></p> <p>C. BMI: <input type="checkbox"/></p> <p>23.1</p> <p>D. D/UBWR <input type="checkbox"/></p> <p>E. Weight x 1 Month: <input type="checkbox"/></p> <p>141.8 Lbs</p> <p>F. Weight x 3 Month: <input type="checkbox"/></p> <p>122.1 Lbs</p> <p>G. Weight x 6 Month: <input type="checkbox"/></p> <p>124.4 Lbs</p> <p>H. Is Significant Weight Change Noted: <input type="checkbox"/></p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>I. Explain E <input type="checkbox"/></p> |

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|---|--|
| | <p>Resident has a 14.7lbs (11.0%) weight increase over the pass 6 month which is desirable.</p> |
| <p>8. Diet Hx:</p> | <p>A. Information Obtained By: <input type="checkbox"/> 1. Resident: <input type="checkbox"/> 2. Family: <input type="checkbox"/> 3. Staff: <input checked="" type="checkbox"/> 4. Other:</p> <p>B. Ethnic/Religious/Cultural Preferences <input type="checkbox"/> Hispanic/Catholic/Hispanic Cuisine</p> <p>D. Appetite/Intake: Food <input type="checkbox"/> <input type="radio"/> 1. 76% + <input checked="" type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50%</p> <p>E. Overall Fluids: <input type="checkbox"/> <input type="radio"/> 1. 76% + <input checked="" type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50%</p> <p>F. Supplement/Nourishment: <input type="checkbox"/> <input checked="" type="radio"/> 1. 76% + <input type="radio"/> 2. 50-75% <input type="radio"/> 3. < 50%</p> <p>G. Refusing Food: <input type="checkbox"/> <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> <p>H. Feeding Skills: <input type="checkbox"/> <input checked="" type="radio"/> 1. Self/Supervision: <input type="radio"/> 2. Set Up: <input type="radio"/> 3. Limited: <input type="radio"/> 4. Extensive: <input type="radio"/> 5. Spoon Fed</p> <p>I. Assistive Device: <input type="checkbox"/> <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> <p>J. Type: <input type="checkbox"/></p> <p>K. Chewing Problems: <input type="checkbox"/> <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No</p> <p>L. Swallowing Problems: <input type="checkbox"/> <input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No</p> |
| <p>9. Oral Condition:</p> | <p>x. Oral Condition: <input type="checkbox"/> <input type="checkbox"/> 0. No abnormal findings <input type="checkbox"/> 1. Mouth pain: <input type="checkbox"/> 2. Own Teeth <input checked="" type="checkbox"/> 3. Missing Teeth</p> |
| <p>10. GI Factors: Actual/Potential</p> | <p>GI Factors: Actual/Potential <input type="checkbox"/> <input checked="" type="checkbox"/> 0. No abnormal findings <input type="checkbox"/> 1. Nausea <input type="checkbox"/> 2. Vomitting <input type="checkbox"/> 3. Diarrhea <input type="checkbox"/> 4. Constipation</p> |
| <p>11. Skin Conditions:</p> | <p>A. Skin Conditions: <input type="checkbox"/> <input checked="" type="checkbox"/> 1. Intact <input type="checkbox"/> 2. Edema <input type="checkbox"/> 3. Rashes <input type="checkbox"/> 4. Pressure Ulcers. <input type="checkbox"/> 5. Other Wounds:</p> <p>B. Pressure Ulcers: Enter Stage <input type="checkbox"/></p> |

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| | | <p>C. Wounds: Enter Type <input type="text"/></p> |
| 12. | Labs: | <p>A. Hgb Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1/30/2018 00 <input type="text"/> 00 <input type="text"/></p> <p>A1. Hgb <input type="text"/></p> <p>13.3</p> <p>B. Hct Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1/30/2018 00 <input type="text"/> 00 <input type="text"/></p> <p>B1. Hct <input type="text"/></p> <p>40</p> <p>C. Na+ Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>C1. Na+ <input type="text"/></p> <p>D. K+ Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>D1. K+ <input type="text"/></p> <p>E. BUN Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>E1. BUN <input type="text"/></p> <p>F. Creat. Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>F1. Creat. <input type="text"/></p> <p>G. Glucose Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>G1. Glucose <input type="text"/></p> <p>H. Ca+ Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>H1. Ca+ <input type="text"/></p> <p>I. Total Protein Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>I1. Total Protein <input type="text"/></p> <p>J. Albumin Date Obtained: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>J1. Albumin <input type="text"/></p> <p>K. Other: <input type="text"/> <input type="text"/></p> <p>Low- Hgb 13.3, hct 40</p> |
| 13. | Estimated Needs: | <p>A. Calories: Kcal/Day <input type="text"/> <input type="text"/></p> <p>30-35 kcal/kg provides 1800-2000 kcal/kgbw</p> <p>B. Protein: Gm/Day <input type="text"/></p> |

| | | |
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| | | <p>76-88g based on 1.2-1.3g/kgabw</p> <p>C. Fluids: CC/Day <input type="checkbox"/></p> <p>1800-2000mL per day based on 30ml/kgabw</p> |
| 14. | Dehydration Risk Factors: | <p>Dehydration Risk: <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> 0. Abnormal findings <input type="checkbox"/> 1. Dehydration Dx <input type="checkbox"/> 2. Pressure Ulcer <input type="checkbox"/> 3. Consumes 50% or less <input type="checkbox"/> 4. <input type="checkbox"/> <input type="checkbox"/> 5. Weight Loss <input type="checkbox"/> 6. Diuretic Use <input type="checkbox"/> 7. Diarrhea <input type="checkbox"/> 8. ABT/ Infection <input type="checkbox"/> 9. Thickened Liquids <input type="checkbox"/> 10. Dementia <input type="checkbox"/> 11. DM <input type="checkbox"/> 12. Constipation/ Laxative Use <input type="checkbox"/> 13. Fluid Restriction <input checked="" type="checkbox"/> 14. Tube Feeding <input checked="" type="checkbox"/> 15. Dysphagia |
| 15. | Goals: To be adequately nourished and hydrated as evidenced by (x3 mths) | <p>Goals: <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Tolerate Rx diet texture/consistency <input checked="" type="checkbox"/> 2. PO intake >= 75% food/fluids <input checked="" type="checkbox"/> 3. Maintain weight <input type="checkbox"/> 4. Gain weight <input type="checkbox"/> 5. Lose weight <input checked="" type="checkbox"/> 6. Free of s/s of dehydration, aspiration, hypo/hyperglycemia <input type="checkbox"/> 7. Other |
| 16. | Assessment Summary | <p>A. Summary <input type="checkbox"/></p> <p>Patient is a 60 year old male with medical dxes of malignant neoplasm of head, face and neck, anxiety disorder and anemia. In the past year his has weight fluctuate between 119lbs -141lbs with significant weight changes. In the past six months he has a weight gain of 14.7lbs(11.9%) and in the past three months he has a weight gain 17lbs (13.9%) both desirable/significant. Receiving guaifenesin liquid for cough and levafquin for pneumonia. Folic acid and multiple vitamin liquid for anemia. Patient has a medical dxes of malignant neoplasm and at times he has experience pain, coughing, swallowing during eating. He was followed up by SLP and her recommendations were honored. Puree diet with thin consistency at breakfast only. Tubefeeding is his primary source of nutrition. He was tolerating puree consistency well at breakfast but this past weekend (2/10-2/11) he demonstrated poor po intake/coughing. This dietitian has recommended a swallowing evaluation on 2/12/18. Receiving oral supplements Glucerna - one time a day 237 ml p.o. Ensure pudding 4oz- one time a day once a day by po. He consume 100% of supplements.</p> <p>Lab report on 1/30/2018 indicates Low- Hgb 12.3 and hct 40. Patient skin is intact, next Dermatology Appointment is scheduled for 2/15/18. Will continue to monitor, follow up with MD and SLP.</p> |

Dietary: Nutrition Assessment -

Cancel

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Triboro Center
1160 Teller Avenue
Bronx, NY 10456
Phone: (718) 293-1500 | Fax: (718) 588-3024
PCC Facility ID: DOJ

PointClickCare
5570 Explorer Drive
Mississauga, Ontario L4W 0C4
Help Desk: (877) 722-2431 | (905) 817-6167
Toll Free: (800) 277-5889 |
Phone: (905) 858-8885 |
Fax: (905) 858-2248

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