

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: 105 Admissions 100
Admission Screening Date: 07/19/2017

Patient's Name: [Redacted]
Case Number: 10290
State ID: 1719797 DIN:
DOB: 07/09/1969 Gender: Male

This Page is Not Considered Part of the Patient's Case Record.

Interview

Completed Date: 03/29/2018

Staff ID: Walker, Abby

Assessment Process

Re-Assessment

Drug and Food Interaction Lithium

Bactrim: Take with food and 8oz water. Insure adequate fluid intake to insure output of 1500-2000 ml/day. May need folate supplement. May cause Anorexia, monitor CBC.

Norvir & Lexiva: May cause difficulty breathing, sweating, thirst. Increase intake of fluids 1500-2000 mL/day

Risperdal: May increase appetite & weight. monitor wt regularly.

Fluconazole: Caution with diabetes - may cause hypoglycemia.

Fluconazole: Caution with renal function, diabetes. may cause dry mouth, nausea, abdominal pain, diarrhea. ← repeat

Physical Health Diagnoses

B20 - Human immunodeficiency virus [HIV] disease (07/19/2017)

B35.3 - Tinea pedis (07/19/2017)

B37.9 - Candidiasis, unspecified (07/19/2017)

Comments

Patient encourage to attend ward nutrition education class regularly to listen and participate in discussion on healthy living, weight reduction, immune system, heart diseases, stroke and diabetes.

Diet as Ordered

Regular

DR Karima K Marina Kamenschikova

Dietitian Comments

Diet is appropriate to maintain optimal health.

Current Supplements

2pm & 8pm snacks

Multivitamins mvl, vtd3

Diet History/Intake Issues/Meal Observations

Appetite is good pt PO intake is 76-100%. Patient dislike^s pork & ribs. No allergy to foods.

Chewing/Swallowing Issues

N/A

Cultural/Religious Preferences, Beliefs and Attitudes

N/A

Labs (This MHARS EMR Printout of laboratory values is a copy of original results sent to the facility/physician. Use for reference. Not intended to replace originals for inclusion in the patient record.)

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 485 Admissions 485
 Admission Screening Date: 9/11/2017

Patient's Name: [REDACTED]
 Case Number: [REDACTED]
 State ID: [REDACTED] DIN: [REDACTED]
 DOB: [REDACTED] Gender: [REDACTED]

This Page is Not Considered Part of the Patient's Case Record.

Interview

| Test Name | Fasting | Result | Normal | Critical | | Date Collected | Date Verified |
|--------------|---------|-----------|-----------|----------------|---|------------------------|------------------------|
| Glucose | | 114 mg/dL | 70-115 | <50 or >400 | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| Hgb A1c | | 5.1 %A1c | 4.0-6.0 | <2.1 | | 03/09/2018 10:50:00 AM | 03/09/2018 03:32:52 PM |
| Hemoglobin | | 13.8 g/dL | 14.0-18.0 | <8.1 or >20.0 | ⚠ | 03/09/2018 10:50:00 AM | 03/09/2018 03:06:46 PM |
| Hematocrit | | 41.1 % | 42.0-52.0 | <24.0 or >55.0 | ⚠ | 03/09/2018 10:50:00 AM | 03/09/2018 03:06:46 PM |
| Triglyceride | | 126 mg/dL | 0-199 | | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| LDL | | 123 mg/dL | 0-129 | <-1 | | 10/30/2017 07:00:00 AM | 10/30/2017 03:11:53 PM |
| HDL | | 29 mg/dL | 0-54 | >150 | | 10/30/2017 07:00:00 AM | 10/30/2017 03:11:53 PM |
| Cholesterol | | 145 mg/dL | 0-199 | | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| Sodium | | 139 mEq/L | 133-145 | <125 or >150 | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| Potassium | | 4.2 mEq/L | 3.3-5.1 | <3.0 or >6.0 | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |

Comments

Lab results on 3/9/2018 indicated abnormal lab values, low Hgb 13.8g/dL and Hct 41.1%. Will encourage pt to increase intake of fruits rich in vitamin C and iron rich foods such as green leafy vegetables and iron rich meats. > Treated w/daily MVI.

Medications

| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
|--|----------|------------|------------|---------|----------------------|
| AMMONIUM LACTATE 12% LOTION | 12% | LOTION | THIN LAYER | TOPICAL | DAILY PRN (PRN) |
| Start: 10/17/2017 Stop: 4/25/2018 Prescribed By: KUMAR,YOGESH K | | | | | |
| BENZTROPINE MESYLATE 1MG TAB | 1 MG | TAB | 1MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/2/2018 Stop: 4/19/2018 Prescribed By: GONZALES,MA LOURDES C | | | | | |
| CAMPHOR 0.5/MENTHOL 0.5% LOTION | | LOTION | THIN LAYER | TOPICAL | BEDTIME2000 |
| Start: 10/17/2017 Stop: 4/25/2018 Prescribed By: KUMAR,YOGESH K | | | | | |
| CHOLECALCIFEROL (D3) 400 UNIT GF TAB UD | 400 UNIT | TAB | 800UNIT | PO/ORAL | DAILY0800 |
| Start: 8/7/2017 Stop: 4/25/2018 Prescribed By: KUMAR,YOGESH K | | | | | |
| CLOTRIMAZOLE 1% TOP CREAM | 1% | CREAM,TO P | THIN LAYER | TOPICAL | DAILY0800 |
| Start: 10/5/2017 Stop: 4/25/2018 Prescribed By: KUMAR,YOGESH K | | | | | |
| EMTRICITABINE 200MG/TENOFOVIR 300MG TAB | | TAB | 1 TABLET | PO/ORAL | DAILY0800 |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 105 A
 Admission Screening Date: 03/29/2018

Patient's Name: [REDACTED]
 Case Number: [REDACTED]
 State ID: [REDACTED] DIN: [REDACTED]
 DOB: [REDACTED] Gender: [REDACTED]

This Page is Not Considered Part of the Patient's Case Record.

| Interview | | | | | |
|---------------------------------------|--------------------------------------|------------------------|----------------------------|---------|--|
| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
| Start: 7/19/2017 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |
| FOSAMPRENAVIR CA 700MG TAB | 700 MG | TAB | 1400MG | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |
| HYDROCORTISONE 1% CREAM TOP | 1% | CREAM,TO P | THIN LAYER 1% | TOPICAL | TWICE_DAILY0800-2000 |
| Start: 2/8/2018 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |
| HYDROXYZINE PAMOATE 50MG CAP UD | 50 MG | CAP,ORAL | 50MG | PO/ORAL | BEDTIME PRN (PRN) |
| Start: 3/13/2018 Stop: 4/16/2018 | Prescribed By: GONZALES,MA LOURDES C | | | | |
| LITHIUM CITRATE 8MEQ/5ML (300MG) SOLN | | SOLN,ORAL | 2 CUPS (600MG[16MEQ]/10ML) | PO/ORAL | DAILY0800 |
| Start: 1/31/2018 Stop: 4/3/2018 | Prescribed By: GONZALES,MA LOURDES C | | | | |
| LITHIUM CITRATE 8MEQ/5ML (300MG) SOLN | | SOLN,ORAL | 1 CUP (300MG[8MEQ]/5ML) | PO/ORAL | BEDTIME2000 |
| Start: 2/9/2018 Stop: 4/2/2018 | Prescribed By: GONZALES,MA LOURDES C | | | | |
| NICOTINE POLACRILEX 2MG GUM UD | 2 MG | GUM,CHEWABLE | 2MG | PO/ORAL | FIVE_TIMES_DAILY0600-1100-1500-1900-2300 |
| Start: 1/2/2018 Stop: 4/19/2018 | Prescribed By: GONZALES,MA LOURDES C | | | | |
| OLANZAPINE 10MG ODT UD | 10 MG | TAB,RAPID DISINTEGRATE | 10MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/5/2018 Stop: 4/24/2018 | Prescribed By: GONZALES,MA LOURDES C | | | | |
| PRAVASTATIN NA 10MG TAB UD | 10 MG | TAB | 10MG | PO/ORAL | DAILY0800 |
| Start: 9/11/2017 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |
| RITONAVIR 100MG TAB | 100 MG | TAB | 100MG | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |
| SULFAMETHOXAZ 800/TRIMETH 160 TAB UD | | TAB | 1 TABLET | PO/ORAL | DAILY0800 |
| Start: 3/2/2018 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |
| THERAPEUTIC MULTIVITAMIN TAB UD | | CAP/TAB | 1 TABLET(S)/CAPSULE | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 | Prescribed By: KUMAR,YOGESH K | | | | |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: ██████████
Admission Screening Date: 03/13/2017

Patient's Name: ██████████
Case Number: 148888
State ID: ██████████ DIN: ██████████
DOB: ██████████ Gender: ██████████

This Page is Not Considered Part of the Patient's Case Record.

Health Information

Weight Type: Adjusted Body Weight Daily Fluid Needs: 2520 mL Daily Calories: 2300 kcal
Requirement: Adult Maintenance Daily Proteins: 100 grams
Daily Protein Needs: 67-84 grams Daily Fluids: 1700 mL

Nutrition Risk Factors

Weight Status (BMI): < 16 or >= 30 2 points
Food Intake: Consumes 76-100% of meals (good) 0 points
Fluid Intake: Consumes adequate fluids 0 points
Medications: 5-7 drugs/day (not including vitamins) 1 points
Lab Values: Nutritionally related labs which are elevated or depressed but stable 1 points
Skin Condition: Intact 0 points
Medical Condition Risk Factors
 Moderate (1 point each): None 0 points
 High (2 points each): Advanced AIDS 2 points

Patient's Current Conditions

Not applicable

Physical Functioning: Ambulatory, alert, able to feed self, no chewing or swallowing problems 0 points

Patient's Current Conditions

Not applicable

Psychiatric Disorders: Exhibits no behaviors which impair nutritional intake 0 points

Patient's Current Conditions

Not applicable

Totals

Total Points from ALL Nutrition Risk Factors: 6 points

Nutrition Intervention Level: Moderate Intervention

Nutrition Diagnosis

Diagnosis 1

Problem: Obese, class II NC-3.3.4

Etiology: Food and nutrition-related knowledge deficit
Not ready for diet/lifestyle change.

User: Walker, Abby

03/29/2018 11:16:22 AM

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: 95 A
Admission Screening Date: 07/10/2017

Patient's Name: P...
Case Number: 1...
State ID: 17... DIN:
DOB: 07/02/1966 Gender: Male

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Nutrition Diagnosis

Signs/Symptoms: Medications that impact appetite & weight.
BMI 38.4 Class II Obesity.

Intervention 1

Intervention: Nutrition Education-Application E-2

Description: Will encourage patient to attend nutrition education class regularly. Which will provide information on weight loss, exercise, high fibers, low calorie snacks, and healthy food alternatives such as low fat/cholesterol foods.

Goal: Patient will lose 1-2 lbs per wk x 90 days

Pt will avoid excess energy intake and walk 30 days 3 days/wk for 4-30 minutes for to promote 1-2 wt loss/wk x 90 days.

Diagnosis 2

Problem: Increased energy expenditure NI-1.1

Etiology: Infection

Signs/Symptoms: Condition associated with a diagnosis or treatment AIDS/HIV *(diagnosed since 1986)*

Intervention 1

Intervention: Nutrition Education-Application E-2

Description: Brief nutrition education on food preparation limitations, use of micronutrient supplements, potential interactions of food with antiretroviral medications, Food rich in vitamins B, A, E & D, Selenium and Zinc, Food and water safety

Goal: Patient CD3 & CD4 will be WNL x 90 days

Pt will consume 76-100% all meals and snacks x 90 days.

Summary

Summary of Nutrition Prescription (Recommended Diet Order)

Mr. Preudhomme 49 yrs old male with hx of HIV/AIDS . Current diet is Regular Diet 2100-2940 kcal, pt PO is very good 76-100%. BMI 38.4 IWR 133----163 lbs, pt had a significant weight increase on admission pt wt was 220 lbs 7/19/17, current wt is 243 3/10/2018 this classifies pt as being Obese (Class II Obesity). Due to HIV status, will not recommend weight reducing diet. Will encourage patient to reduce additional food intake, high in calories, fat and cholesterol. Increase foods rich in fiber, fruits and

User: Walker, Abby

03/29/2018 11:16:22 AM

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OMH PHI

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: ~~25 Admissions 105~~
Admission Screening Date: ~~07/19/2017~~

Patient's Name: ~~XXXXXXXXXX~~
Case Number: ~~110200~~
State ID: ~~710727~~ DIN:
DOB: ~~07/02/1966~~ Gender: ~~Male~~

This Page is Not Considered Part of the Patient's Case Record.

Summary

vegetables especially dark green leafy vegetables to help improve low Hgb 13.8g/dL and Hct 41.1%. and protein to increase satiety and prevent overeating. Also foods rich in vitamin B, A, E, & D, Selenium, Zinc to ^{increase} immune system fighting AIDS infection. Increase daily physical activities 4-5 times per week as tolerated. Encourage pt to practice food safety techniques, avoid raw / uncleaned foods to prevent food-borne illness and opportunistic infection, limit / avoid sweets and soft drinks. Current CD3 & CD4 lab are unavailable.

is there previous CD3/CD4 labs?

Patient will lose 1-2 lbs per week x 90 days
2. Pt CD3 & CD4 lab levels will be WNL x 90 days.

Monitoring Plan Based on Intervention Level

Moderate Intervention - Quarterly

Infectious dz
corrections
Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: 1 ~~154~~ 135
Admission Screening Date: ~~07/18/2017~~

Patient's Name: ~~XXXXXXXXXX~~
Case Number: ~~146296~~
State ID: ~~1749721~~ DIN: ~~*~~
DOB: ~~07/08/1988~~ Gender: ~~Male~~

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Interview

Completed Date: 03/29/2018

Staff ID: Walker, Abby

Assessment Process

Re-Assessment

Drug and Food Interaction

Bactrim: Take with food and 8oz water. Insure adequate fluid intake to insure output of 1500-2000 ml/day. May need folate supplement. May cause Anorexia, monitor CBC.

Norvir & Lexiva: May cause difficulty breathing, sweating, thirst. Increase intake of fluids 1500-2000 mL/day

Risperdal: May increase appetite & weight. monitor wt regularly.

Lithium: drink 2-3L fluid/day, consistent Na intake stabilizes drug levels, limit caffeine, may increase thirst and wt.

Fluconazole: Caution with renal function, diabetes. may cause dry mouth, nausea, abdominal pain, diarrhea.

Physical Health Diagnoses

B20 - Human immunodeficiency virus [HIV] disease (07/19/2017)

B35.3 - Tinea pedis (07/19/2017)

B37.9 - Candidiasis, unspecified (07/19/2017)

Comments

Not applicable

Diet as Ordered

Regular

DR Marina Kamenschikova

Dietitian Comments

Diet is appropriate to maintain optimal health.

Current Supplements

2pm & 8pm snacks

Multivitamins, Vitamin D3

Diet History/Intake Issues/Meal Observations

Appetite is good pt PO intake is 76-100%. Patient dislikes pork & ribs. No allergy to foods. Patient encourage to attend ward nutrition education class regularly to listen and participate in discussion on healthy living, weight reduction, immune system, heart diseases, stroke and diabetes.

Chewing/Swallowing Issues

N/A

Cultural/Religious Preferences, Beliefs and Attitudes

N/A

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 100
 Admission Screening Date: 07/19/2017

Patient's Name: [Redacted]
 Case Number: [Redacted]
 State ID: [Redacted] DIN: [Redacted]
 DOB: [Redacted] Gender: [Redacted]

This Page is Not Considered Part of the Patient's Case Record.

Interview

Labs (This MHARS EMR Printout of laboratory values is a copy of original results sent to the facility/physician. Use for reference. Not intended to replace originals for inclusion in the patient record.)

| Test Name | Fasting | Result | Normal | Critical | | Date Collected | Date Verified |
|--------------|---------|-----------|-----------|----------------|---|------------------------|------------------------|
| Glucose | | 114 mg/dL | 70-115 | <50 or >400 | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| Hgb A1c | | 5.1 %A1c | 4.0-6.0 | <2.1 | | 03/09/2018 10:50:00 AM | 03/09/2018 03:32:52 PM |
| Hemoglobin | | 13.8 g/dL | 14.0-18.0 | <8.1 or >20.0 | ▲ | 03/09/2018 10:50:00 AM | 03/09/2018 03:06:46 PM |
| Hematocrit | | 41.1 % | 42.0-52.0 | <24.0 or >55.0 | ▲ | 03/09/2018 10:50:00 AM | 03/09/2018 03:06:46 PM |
| Triglyceride | | 126 mg/dL | 0-199 | | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| LDL | | 123 mg/dL | 0-129 | <-1 | | 10/30/2017 07:00:00 AM | 10/30/2017 03:11:53 PM |
| HDL | | 29 mg/dL | 0-54 | >150 | | 10/30/2017 07:00:00 AM | 10/30/2017 03:11:53 PM |
| Cholesterol | | 145 mg/dL | 0-199 | | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| Sodium | | 139 mEq/L | 133-145 | <125 or >150 | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |
| Potassium | | 4.2 mEq/L | 3.3-5.1 | <3.0 or >6.0 | | 03/09/2018 10:50:01 AM | 03/09/2018 03:18:57 PM |

Comments

Lab results on 3/9/2018 indicated abnormal lab values, low Hgb 13.8g/dL and Hct 41.1% treated with daily MVI. Will encourage pt to increase intake of fruits rich in vitamin C and iron rich foods such as green leafy vegetables and iron rich meats.

Medications

| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
|---|----------|-------------|------------|---------|----------------------|
| AMMONIUM LACTATE 12% LOTION | 12% | LOTION | THIN LAYER | TOPICAL | DAILY PRN (PRN) |
| Start: 10/17/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| BENZTROPINE MESYLATE 1MG TAB | 1 MG | TAB | 1MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/2/2018 Stop: 4/19/2018 Prescribed By: GONZALES, MA LOURDES C | | | | | |
| CAMPHOR 0.5/MENTHOL 0.5% LOTION | | LOTION | THIN LAYER | TOPICAL | BEDTIME2000 |
| Start: 10/17/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| CHOLECALCIFEROL (D3) 400 UNIT GF TAB UD | 400 UNIT | TAB | 800UNIT | PO/ORAL | DAILY0800 |
| Start: 8/7/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| CLOTRIMAZOLE 1% TOP CREAM | 1% | CREAM, TO P | THIN LAYER | TOPICAL | DAILY0800 |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 105
 Admission Screening Date: 03/30/2018

Patient's Name: ██████████
 Case Number: ██████████
 State ID: ██████████ DIN: ██████████
 DOB: ██████████ Gender: Male

This Page is Not Considered Part of the Patient's Case Record.

| Interview | | | | | |
|--|----------|--------------------------------|-----------------------------------|---------|--|
| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
| Start: 10/5/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| EMTRICITABINE 200MG/TENOFOVIR 300MG TAB | | TAB | 1 TABLET | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| FOSAMPRENAVIR CA 700MG TAB | 700 MG | TAB | 1400MG | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| HYDROCORTISONE 1% CREAM TOP | 1% | CREAM, TO P | THIN LAYER 1% | TOPICAL | TWICE_DAILY0800-2000 |
| Start: 2/8/2018 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| HYDROXYZINE PAMOATE 50MG CAP UD | 50 MG | CAP, ORAL | 50MG | PO/ORAL | BEDTIME PRN (PRN) |
| Start: 3/13/2018 Stop: 4/16/2018 Prescribed By: GONZALES, MA LOURDES C | | | | | |
| LITHIUM CITRATE 8MEQ/5ML (300MG) SOLN | | SOLN, ORA L | 2 CUPS (600MG[16M EQ]/10ML) | PO/ORAL | DAILY0800 |
| Start: 1/31/2018 Stop: 4/3/2018 Prescribed By: GONZALES, MA LOURDES C | | | | | |
| LITHIUM CITRATE 8MEQ/5ML (300MG) SOLN | | SOLN, ORA L | 1 CUP (300MG[8ME Q]/5ML) | PO/ORAL | BEDTIME2000 |
| Start: 2/9/2018 Stop: 4/2/2018 Prescribed By: GONZALES, MA LOURDES C | | | | | |
| NICOTINE POLACRILEX 2MG GUM UD | 2 MG | GUM, CHE WABLE | 2MG | PO/ORAL | FIVE_TIMES_DAILY0600-110 0-1500-1900-2300 |
| Start: 1/2/2018 Stop: 4/19/2018 Prescribed By: GONZALES, MA LOURDES C | | | | | |
| OLANZAPINE 10MG ODT UD | 10 MG | TAB, RAPID DISINTEG RATE | 10MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/5/2018 Stop: 4/24/2018 Prescribed By: GONZALES, MA LOURDES C | | | | | |
| PRAVASTATIN NA 10MG TAB UD | 10 MG | TAB | 10MG | PO/ORAL | DAILY0800 |
| Start: 9/11/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| RITONAVIR 100MG TAB | 100 MG | TAB | 100MG | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |
| SULFAMETHOXAZ 800/TRIMETH 160 TAB UD | | TAB | 1 TABLET | PO/ORAL | DAILY0800 |
| Start: 3/2/2018 Stop: 4/25/2018 Prescribed By: KUMAR, YOGESH K | | | | | |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 15
 Admission Screening Date:

Patient's Name:
 Case Number:
 State ID: DIN:
 DOB: Gender:

This Page is Not Considered Part of the Patient's Case Record.

| Interview | | | | | |
|-----------------------------------|----------|-------------------------------|----------------------------|---------|----------------------|
| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
| THERAPEUTIC MULTIVITAMIN TAB UD | | CAP/TAB | 1 TABLET(S)/ CAPSULE | PO/ORAL | DAILY0800 |
| Start: 7/19/2017 Stop: 4/25/2018 | | Prescribed By: KUMAR,YOGESH K | | | |
| VITAMIN A & D OINT UD PACKET | | OINT, TOP | THIN LAYER | TOPICAL | TWICE_DAILY0800-2000 |
| Start: 10/17/2017 Stop: 4/25/2018 | | Prescribed By: KUMAR,YOGESH K | | | |

Allergies & Intolerances

- Nuts
- Egg
- None
- Fin fish
- Lactose intolerance
- Other
- Shellfish
- Milk allergy

Comments
 Not applicable

Health Information

Height/Weight

Height: 5 ft. 7.0 in. Weight: 245.0 lbs. / 111 kg. BMI: 38.4

Blood Pressure: 108 systolic / 67 diastolic

Usual Body Weight: lbs. / kg. Ideal Weight Range 133-163 pounds

Patient Not Able to Report

How Long Ago at Usual Weight:

Health Information Comments

BMI 38.4 which indicated Class II Obesity.

Calorie Needs

Weight Type: Adjusted Body Weight

Estimated Calorie Needs Method: Adult Energy Needs per Kilogram

Activity Factor:

Injury Factor:

Estimated Calorie Needs: 2100-2940 kcal

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 18 Admissions 35
 Admission Screening Date: [REDACTED]

Patient's Name: [REDACTED]
 Case Number: 140000
 State ID: 4740707 DIN:
 DOB: 07/02/1988 Gender: Male

This Page is Not Considered Part of the Patient's Case Record.

Health Information

Calorie Needs Comments

Current diet proide 2100-2940 kcal. Patient is currently Obese (Class II) however due to health status and possible comobidity Kcal remain appropriate. Will encourage pt to increase physical activity 4-5 times per week to help with weight management.

Protein Needs

Weight Type: Adjusted Body Weight
 Requirement: Adult Maintenance
 Daily Protein Needs: 67-84 grams

Fluid Needs

Daily Fluid Needs: 2520 mL

Current Diet

Daily Calories: 2300 kcal
 Daily Proteins: 100 grams
 Daily Fluids: 1700 mL

Nutrition Risk Factors

- Weight Status (BMI): < 16 or >= 30 2 points
- Food Intake: Consumes 76-100% of meals (good) 0 points
- Fluid Intake: Consumes adequate fluids 0 points
- Medications: 5-7 drugs/day (not including vitamins) 1 points
- Lab Values: Nutritionally related labs which are elevated or depressed but stable 1 points
- Skin Condition: Intact 0 points
- Medical Condition Risk Factors
 - Moderate (1 point each): None 0 points
 - High (2 points each): Advanced AIDS 2 points

Patient's Current Conditions

Not applicable

Physical Functioning: Ambulatory, alert, able to feed self, no chewing or swallowing problems 0 points

Patient's Current Conditions

Not applicable

Psychiatric Disorders: Exhibits no behaviors which impair nutritional intake 0 points

Patient's Current Conditions

Not applicable

Totals

Total Points from ALL Nutrition Risk Factors: 6 points

Nutrition Intervention Level: Moderate Intervention

Nutrition Diagnosis

Nutrition Care Plan

Facility Name: 5 Creedmoor PC

Unit/Ward: 155

Admission Screening Date: 06/11/18

Patient's Name: P. [REDACTED]

Case Number: 440290

State ID: [REDACTED] DIN: [REDACTED]

DOB: 07/02/1960 Gender: Male

This Page is Not Considered Part of the Patient's Case Record.

Nutrition DiagnosisDiagnosis 1

Problem: Obese, class II NC-3.3.4

Etiology: Food and nutrition-related knowledge deficit
Not ready for diet/lifestyle change.Signs/Symptoms: Medications that impact appetite & weight.
BMI 38.4 Class II Obesity.Intervention 1

Intervention: Nutrition Education-Application E-2

Description: Will encourage patient to attend nutrition education class regularly. Which will provide information on weight loss, exercise, high fibers, low calorie snacks, and healthy food alternatives such as low fat/cholesterol foods. Pt will avoid excess energy intake and will walk 3 days per week for 30 minutes to promote 1-2 wt loss x 90 days

Goal: Patient will lose 1-2 lbs per wk x 90 days

Diagnosis 2

Problem: Increased energy expenditure NI-1.1

Etiology: Infection

Signs/Symptoms: Condition associated with a diagnosis or treatment AIDS/HIV
(diagnosed since 1986)Intervention 1

Intervention: Nutrition Education-Application E-2

Description: Brief nutrition education on food preparation limitations, use of micronutrient supplements, potential interactions of food with antiretroviral medications, Food rich in vitamins B, A, E & D, Selenium and Zinc, Food and water safety

Goal: Patient CD3 & CD4 will be WNL x 90 days. Pt will consume 76-100% all meals and snacks x 90 days.

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: ██████████
Admission Screening Date: 07/20/2018

Patient's Name: ██████████
Case Number: ██████████
State ID: ██████████ DIN: ██████████
DOB: ██████████ Gender: ██████████

This Page is Not Considered Part of the Patient's Case Record.

Summary

Summary of Nutrition Prescription (Recommended Diet Order)

Mr. Preudhomme 49 yrs old male with hx of HIV/AIDS . Current diet is Regular Diet 2100-2940 kcal. PO is very good 76-100%. BMI 38.4 IWR 133---163 lbs, pt had a significant weight increase on admission pt wt was 220 lbs 7/19/17, current wt is 243 3/10/2018 this classifies pt as being Obese (Class II Obesity). Due to HIV status, will not recommend weight reducing diet. Will encourage patient to reduce additional food intake, high in calories, fat and cholesterol. increase foods rich in fiber, fruits and vegetables especially dark green leafy vegetables to help improve low Hgb 13.8g/dL and Hct 41.1%. and protein to increase satiety and prevent overeating. Also foods rich in vitamin B, A, E , D, Selenium and Zinc to improve immune system fighting AIDS infection Increase daily physical activities 3-5 times per week for 30 minutes as tolerated. Encourage pt to practice food safety techniques, avoid raw / uncleaned foods to prevent food-borne illness and opportunistic infection, limit / avoid sweets and soft drinks. Current CD3 & CD4 lab are unavailable.
Patient will lose 1-2 lbs per week x 90 days
2. Pt CD3 & CD4 lab levels will be WNL x 90 days.

Monitoring Plan Based on Intervention Level

Moderate Intervention - Quarterly

Dementia

Dementia

Dietary: Nutritional Quarterly Assessment

Resident: [REDACTED] (2297)

Effective Date: [REDACTED]

Location: [REDACTED]

Initial Admission: [REDACTED]

Admission: [REDACTED]

Date of Birth: [REDACTED]

Score: NA

Category: NA

Physician: [REDACTED]

1. Diet:

A. Diet Order & Consistency:

Regular diet, Regular texture, thin consistency

B. Supplement/ Nourishment:

Ensure Pudding, one time a day 4 oz High Cal- three times a day 120ml

C. Provides:

Ensure Pudding, 170 kcal/ 4g protein High Cal-720 kcal/30g protein

2. Changes in Medications/ Nutritional Impact:

Changes in Medications/ Nutritional Impact:

Acetaminophen Tablet 325 MG Calcium-Vitamin D Tablet 600-400 MG-UNIT Folic Acid Tablet 1 MG
Cyanocobalamin Tablet 1000 MCG Ascorbic Acid Tablet 500 MG Ferrous Sulfate Tablet 325 (65 Fe) MG
Atorvastatin Calcium Tablet 10 MG DULoxetine HCl Capsule Delayed Release Particles 60 Memantine HCl
Tablet 10 M DiTIAZem HCl Tablet 30 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:

L. Does Tube Feed Meet RDA's

Dietary: Nutritional Quarterly Assessment

Resident: [REDACTED]
(2297)

1. Yes 2. No

4. Weight/ Height

A. Most Recent Weight

Weight: 107.2

Date: 01/06/2018 13:33

Scale: Chair

B. Most Recent Height

Height: 65.0

Date: 09/19/2017 14:32

Method: Lying down

C. BMI:

17.8

D. D/UBWR

E. Weight x 1 Month:

114.5

F. Weight x 3 Month:

102.7

G. Weight x 6 Month:

124

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:

Dietary: Nutritional Quarterly Assessment

Resident: ~~XXXXXXXXXX~~
(2297)

- 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:

11/09/2017 00:00

A1. Hgb

8.5

B. Hct Date Obtained:

11/09/2017 00:00

B1. Hct

29

C. Na+ Date Obtained:

10/10/2017 00:00

C1. Na+

136

D. K+ Date Obtained:

10/10/2017 00:00

D1. K+

5.3

E. BUN Date Obtained:

10/10/2017 00:00

E1. BUN

22

F. Creat. Date Obtained:

11/09/2017 00:00

F1. Creat.

0.80

G. Glucose Date Obtained:

10/10/2017 00:00

G1. Glucose

82

H. Ca+ Date Obtained:

10/10/2017 00:00

H1. Ca+

Dietary: Nutritional Quarterly Assessment

Resident: [REDACTED]
(2297)

8.4

I. Total Protein Date Obtained:

I1. Total Protein

J. Albumin Date Obtained:

J1. Albumin

K. Other:

High- Low - hgb 8.5L , hct 29 VL

9. Assessment Summary:

A. Summary

72 yr old Female w/ PMHx of Senile Dementia, HTN, Osteoarthritis, GERD, carpal tunnel syndrome and alcohol abuse, Afib, Acute Kidney Injury, Septic Shock, Newly Diagnosed Non small cell carcinoma of Lung. Patient has a 16.8 lbs weight loss over the past 6 months. Weight loss is significant and not desirable. This could possibly be related to Newly Diagnosed Non small cell carcinoma of Lung. Next Chemo schedule for 1/16/2018. Patient food intake is moderate and supplement intake is good. Lab results on 11/9/2017 showed abnormal values hgb 8.5L , hct 29 VL. Overall current labs are needed. As per care plan resident has weight goal to retard from further weight loss. Will continue to monitor nutritional parameters and intervene as needed.

Signed By

Signed Date

Vibhuti Singh, Registered Dietitian Nutritionist [e-SIGNED]

01/16/2018

Enteral Feeding

Dietary: Nutrition Assessment -

Resident: [REDACTED] (31) :
Initial Admission: [REDACTED]
Score: NA

Effective Date: 01/17/2018
Admission: [REDACTED]
Category: NA

Location: 10 [REDACTED] B
Date of Birth: 04/01/1950
Physician: [REDACTED]

1. Assessment Type

A. Date & Time

01/17/2018 00:00

B. Assessment Type

1. Admission 2. Annual 3. Significant Change

2. Diagnosis/ Allergies

A.

B. Additional Diagnosis:

Acute respiratory failure COPD, HTN, DM, hemorrhage of anus and rectum. Hx of ETOH abuse.

C. Allergies

No Known Allergies

3. Medications/ Nutritional Impact:

Medications/ Nutritional Impact:

Basaglar KwikPen Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Omeprazole Capsule Delayed Release 20 MG Cyanocobalamin Tablet 1000 MCG Ergocalciferol Solution 8000 UNIT/ML Metoprolol Tartrate Tablet 25 MG Folic Acid Tablet 1 MG Lisinopril Tablet 40 MG Thiamine HCl Tablet 100 MG

4. Diet Orders & Consistency

Diet Orders & Consistency

Enteral feeding

5. Supplements/ Nourishments

Supplements/ Nourishments

A. Supplements/ Nourishments

Prostat- one time a day 30ml via peg

B. Provides:

Prostat- 100Kcal/15g Ptoein

6. Enteral Feedings

A. Enteral Feedings:

1. Yes 2. No

B. Formula:

Glucerna 1.2

C. Rate in cc/hr:

62 ml/hr

D. Start:

5pm

Dietary: Nutrition Assessment -

Resident: ~~XXXXXX~~ (31)

E. Dose:

1000ml

F. Flush:

250 ml water q shift

G. Pump Flush:

750ml

H. Provides: Kcal/Day

1200kcal

I. Protein: Gm/Day

60g

J. TV:

1750ml

K. Free Water:

805

7. Weight/Ht

A. Most Recent Weight

Weight: 105.3

Date: 01/15/2018 12:15

Scale: Bed

B. Most Recent Height

Height: 63.0

Date: 01/10/2018 01:51

Method: Lying down

C. BMI:

18.7

D. D/UBWR

E. Weight x 1 Month:

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

Hispanic/Latino

Dietary: Nutrition Assessment -

Resident: [REDACTED]

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

stage 2 coccyx

C. Wounds: Enter Type

12. Labs:

A. Hgb Date Obtained:

Dietary: Nutrition Assessment -

Resident: (b) (6)

01/10/2018 00:00

A1. Hgb

9.9

B. Hct Date Obtained

01/10/2018 00:00

B1. Hct

31

C. Na+ Date Obtained:

01/10/2018 00:00

C1. Na+

143

D. K+ Date Obtained:

01/10/2018 00:00

D1. K+

3.7

E. BUN Date Obtained:

01/10/2018 00:00

E1. BUN

15

F. Creat. Date Obtained:

01/10/2018 00:00

F1. Creat.

0.50

G. Glucose Date Obtained:

01/10/2018 00:00

G1. Glucose

104

H. Ca+ Date Obtained:

01/10/2018 00:00

H1. Ca+

8.5

I. Total Protein Date Obtained:

01/10/2018 00:00

I1. Total Protein

6.7

J. Albumin Date Obtained:

01/10/2018 00:00

J1. Albumin

3.5

K. Other:

Low- Hgb 9.9 L, hct 31 L, Ca+ 8.5 L

Resident: ~~██████████~~

13. Estimated Needs:

- A. Calories: Kcal/Day
1200-1500 kcal based on 25-30 kcal/kg/day
- B. Protein: Gm/Day
60- 70 gms ,1.2 -1.4 gms /kgabw
- C. Fluids: CC/Day
1550 - 1800 ml ,based on 35 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

47 y/o female with Dx: Altered Mental Status, Non-traumatic intracranial hemorrhage, Acute respiratory failure COPD, HTN,DM,Hx of ETOH. Currently residents is on enteral feeding due to dysphagia. Formula is Glucerna 1.2 at rate 62 ml/hr ,flush tube with 250 ml water q shift.Total Formula Volume 24 hours (1000)ml. Total Calories for continuous nocturnal (1200)kcal. Formula is Based on 25 kcals/kgabw. Resident weight is 105.2 lbs, BMI 18.7. Resident has a stage 2 coccyx, resident is on supplement prostat 30 ml once a day. Current lab indicates abnormal results low Hgb 9.9,hct 31,Ca+ 8.5. Residents is on Ergocalciferol Solution 8000 UNIT/ML via PEG-Tube one time a day for Vitamin D. Recommend to increase kcals from 1200 to 1500kcal ,based on 25-30 kcals to promote weight gain. Suggest change in formula from glucerna 1.2 1000ml to glucerna 1.5 1000ml,that provides 1500kcal / 82 .5 gms protein. Will consider to discontinue prostat once wound is healed. Will Promote weight gain of 2-4 lbs x 1 month until weight of 115 lbs is achieved.

Dietary: Nutrition Assessment -

Resident: [REDACTED] (1)

| Signed By | Signed Date |
|---|-------------|
| Vibhuti Singh, Registered Dietitian Nutritionist [e-SIGNED] | 01/17/2018 |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 100 Dietetic Behavioral Skills 122
 Admission Screening Date: 03/17/2018

Patient's Name: T. [REDACTED]
 Case Number: 149537
 State ID: 1004027 DIN:
 DOB: 01/12/1985 Gender: Female

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Interview

Completed Date: 03/29/2018

Staff ID: Walker, Abby

Assessment Process

Re-Assessment

Drug and Food Interaction

Acetaminophen-caffeine decreases rate of absorption and effect of drug

Lithium -consistent NA and increased fluids.

Lorezapam-limit caffeine to less than 400-500mg day. Caution with grapefruit related citrus fruits. May cause anorexia, and wt loss or increase appetite and wt. may also increase thirst.

Remeron/clozapine-may increase appetite and wt.

Senna/colace/ Bisacodyl/Lactulose- increase fiber and fluids to prevent constipation

Physical Health Diagnoses

R63.6 - Underweight (10/29/2015)

Comments

Underweight for age, secondary to poor appetite. Pt. continue to consume less than 25 % of all meals from tray set up, Vegan diet (~2200 kcal, 96g pro). However, Pt. consumes 100% of supplement 6cans 2 cal HN daily (2850 cal; 120g pro) to promote health, wt gain and supplement poor intake.

Diet as Ordered

Vegan *w/ choking precaution*
 Dr Hossain

Dietitian CommentsCurrent Supplements

2 cal HN x 6 cans (2850 cal; 120g pro) to supplement current intake and promote wt. gain. Gatorade and Ginger Ale BID for hydration.

Calcium/vitamin D

Potassium Chloride

MVI

Diet History/Intake Issues/Meal Observations

Pt. continues with poor appetite, intake less than 25% for all. Pt. has to be supervised for an hour after supplement to prevent self induced vomiting.

Chewing/Swallowing Issues

None, however, pt. refuses to wear dentures hence choking precaution ordered.

Cultural/Religious Preferences, Beliefs and Attitudes

Dislikes cheesy pastas

Likes Veggie burgers, green beans and beets. Likes Gatorade

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 100-B...
 Admission Screening Date: 04/01/2018

Patient's Name: T...
 Case Number: H...
 State ID: ... DIN:
 DOB: ... Gender: ...

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Interview

Labs (This MHARS EMR Printout of laboratory values is a copy of original results sent to the facility/physician. Use for reference. Not intended to replace originals for inclusion in the patient record.)

| Test Name | Fasting | Result | Normal | Critical | Date Collected | Date Verified |
|--------------|---------|-----------|-----------|----------------|------------------------|------------------------|
| Glucose | | 89 mg/dL | 70-115 | <50 or >400 | 03/22/2018 07:35:00 AM | 03/22/2018 02:04:17 PM |
| Hgb A1c | | 5.6 %A1c | 4.0-6.0 | <2.1 | 02/12/2018 07:15:00 AM | 02/14/2018 09:27:53 AM |
| Hemoglobin | | 14.4 g/dL | 12.0-16.0 | <8.1 or >20.0 | 03/05/2018 07:05:02 AM | 03/05/2018 03:35:18 PM |
| Hematocrit | | 41.6 % | 37.0-47.0 | <24.0 or >55.0 | 03/05/2018 07:05:02 AM | 03/05/2018 03:35:18 PM |
| Triglyceride | | 421 mg/dL | 0-199 | | 02/12/2018 07:15:01 AM | 02/12/2018 02:40:40 PM |
| LDL | | 151 mg/dL | 0-129 | <-1 | 02/12/2018 07:15:00 AM | 02/12/2018 02:40:40 PM |
| HDL | | 49 mg/dL | 0-64 | >150 | 02/12/2018 07:15:00 AM | 02/12/2018 02:40:40 PM |
| Cholesterol | | 284 mg/dL | 0-199 | | 02/12/2018 07:15:01 AM | 02/12/2018 02:40:40 PM |
| Sodium | | 138 mEq/L | 133-145 | <125 or >150 | 03/22/2018 07:35:00 AM | 03/22/2018 02:04:17 PM |
| Potassium | | 3.7 mEq/L | 3.3-5.1 | <3.0 or >6.0 | 03/22/2018 07:35:00 AM | 03/22/2018 02:04:17 PM |

Comments

02/12/2018 indicated abnormal lipid panel possibly secondary to altered lipid metabolism or h/o poor appetite. (High-Triglyceride 421 mg/dL, LDL 151 mg/dL, Cholesterol 284 mg/dL)

Medications

| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
|---|----------|-------------------------|----------|---------|---------------------------|
| ACETAMINOPHEN 325MG TAB UD | 325 MG | TAB | 650MG | PO/ORAL | EVERY_SIX_HOURS PRN (PRN) |
| Start: 9/19/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| ALOH/MGOH/SIMTH 200-200-20MG/5ML 30ML UD | | LIQUID | 30ML | PO/ORAL | 3_TIMES_DAILY PRN (PRN) |
| Start: 4/5/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| BISACODYL 5MG EC TAB UD | 5 MG | TAB,EC | 5MG | PO/ORAL | DAILY0800 |
| Start: 8/30/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| CALCIUM 600MG/VITAMIN D 400 UNIT TAB UD | | TAB | 1 TABLET | PO/ORAL | DAILY0800 |
| Start: 9/19/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| CLOZAPINE 100MG DISINT TAB UD | 100 MG | TAB,RAPID DISINTEG RATE | 300MG | PO/ORAL | BEDTIME2000 |
| Start: 3/7/2018 Stop: 4/4/2018 Prescribed By: KHAN,MUNIBUR | | | | | |

User: Olvina, Cindy S

03/30/2018 11:37:27 AM

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: ~~122 Dialectic Behavior Skills 122~~
 Admission Screening Date: ~~4/6/2018~~

Patient's Name: ~~Patricia Franko~~
 Case Number: ~~110557~~
 State ID: ~~1001027~~ DIN:
 DOB: ~~01/12/1951~~ Gender: ~~Female~~

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| Interview | | | | | |
|---|----------|-----------|---------------------|---------|-------------------------|
| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
| DOCUSATE NA 100MG CAP UD Start: 3/9/2017 Stop: 4/16/2018 | 100 MG | CAP,ORAL | 200MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Prescribed By: HOSSAIN,ZAKIA | | | | | |
| LACTULOSE 20GM/30ML ORAL SOLN UD CUP Start: 8/30/2017 Stop: 4/16/2018 | | SOLN,ORAL | 30ML | PO/ORAL | EVERY_12_HOURS0800-2000 |
| Prescribed By: HOSSAIN,ZAKIA | | | | | |
| LITHIUM CARBONATE 300MG CAP UD Start: 12/29/2017 Stop: 4/11/2018 | 300 MG | CAP,ORAL | 300MG | PO/ORAL | DAILY0800 |
| Prescribed By: KHAN,MUNIBUR | | | | | |
| LORAZEPAM 1MG TAB UD Start: 3/15/2018 Stop: 4/3/2018 | 1 MG | TAB | 1MG | PO/ORAL | BEDTIME2000 |
| Prescribed By: KHAN,MUNIBUR | | | | | |
| MIRTAZAPINE 15MG TAB UD Start: 12/29/2017 Stop: 4/11/2018 | 15 MG | TAB | 15MG | PO/ORAL | BEDTIME2000 |
| Prescribed By: KHAN,MUNIBUR | | | | | |
| POTASSIUM CL 10MEQ (EQ-KLORCON) SA TB UD Start: 3/8/2018 Stop: 4/16/2018 | 10 MEQ | TAB,SA | 20MEQ | PO/ORAL | EVERY_12_HOURS0800-2000 |
| Prescribed By: HOSSAIN,ZAKIA | | | | | |
| SENNOSIDES 8.6MG TAB UD Start: 3/9/2017 Stop: 4/16/2018 | 8.6 MG | TAB | 17.2MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Prescribed By: HOSSAIN,ZAKIA | | | | | |
| THERAPEUTIC MULTIVITAMIN TAB UD Start: 8/3/2017 Stop: 4/16/2018 | | CAP/TAB | 1 TABLET(S)/CAPSULE | ORAL | DAILY0800 |
| Prescribed By: HOSSAIN,ZAKIA | | | | | |

Allergies & Intolerances

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Nuts | <input checked="" type="checkbox"/> Egg | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Fin fish | <input checked="" type="checkbox"/> Lactose intolerance | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Shellfish | <input checked="" type="checkbox"/> Milk allergy | |

Did she develop recently?

Comments
Not applicable

Please uncheck. These are not allergies.

Health Information

Height/Weight

Height: 5 ft. 3.0 in.

Weight: 120.0 lbs. / 55 kg.

BMI: 21.3

Blood Pressure: 108 systolic / 80 diastolic

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: ~~100-B-10000 Behavior Unit~~
Admission Screening Date: ~~03/13/2018~~

Patient's Name: ~~T. [REDACTED]~~
Case Number: ~~[REDACTED]~~
State ID: ~~[REDACTED]~~ DIN:
DOB: ~~01/18/1951~~ Gender: ~~Female~~

This Page is Not Considered Part of the Patient's Case Record.

Health Information

Usual Body Weight: 82.0 lbs. / 37 kg.

How Long Ago at Usual Weight:

Health Information Comments

Current WT 120 lbs (3/14/18). Pt. has non significant 4lbs wt increase x 1 yr. Pt BMI is 21.3 kg/m², improvement is noticed. However, desirable BMI for advanced age 65+ is 23-30 kg/m².

Calorie Needs

Weight Type: Actual Weight

Estimated Calorie Needs Method: Adult Energy Needs per Kilogram

Activity Factor:

Injury Factor:

Estimated Calorie Needs: 1375-1925 kcal

Calorie Needs Comments

Current Supplements provide 2850 kcal, 120g pro adequate to maintain Wt.

Protein Needs

Weight Type: Actual Weight

Requirement: Adult Maintenance

Daily Protein Needs: 44-55 grams

Fluid Needs

Daily Fluid Needs: 1650 mL

Current Diet

Daily Calories: 2850 kcal

Daily Proteins: 120 grams

Daily Fluids: 1700 mL

Nutrition Risk Factors

| | |
|--|----------|
| Weight Status (BMI): < 23 | 1 points |
| Food Intake: Consumes < 25% of meals (poor) | 2 points |
| Fluid Intake: Consumes adequate fluids | 0 points |
| Medications: > 7 drugs/day or prescribed MAOI / INH / Anticoagulant Therapy (not including vitam | 2 points |
| Lab Values: Nutritionally related labs outside of normal limits | 2 points |
| Skin Condition: Intact | 0 points |
| Medical Condition Risk Factors | |
| Moderate (1 point each): Altered Lipid Panel | 1 points |
| High (2 points each): Malnutrition | 2 points |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: 133 District 133
Admission Screening Date: 03/29/18

Patient's Name: [REDACTED]
Case Number: 44857-0
State ID: 100-1027 DIN:
DOB: 04/12/1984 Gender: Female

This Page is Not Considered Part of the Patient's Case Record.

Nutrition Risk Factors

Patient's Current Conditions

Not applicable

Physical Functioning: Ambulatory, alert, able to feed self, no chewing or swallowing problems 0 points

Patient's Current Conditions

Not applicable

Psychiatric Disorders: Abnormal eating patterns such as anorexia nervosa, bulimia or obsessive compulsive disorder which consistently impair nutritional intake, weight loss, weight gain, abnormal lab values 2 points

Patient's Current Conditions

Not applicable

Totals

Total Points from ALL Nutrition Risk Factors: 12 points

Nutrition Intervention Level: High Intervention

Nutrition Diagnosis

Diagnosis 1

Problem: Underweight NC-3.1

Etiology: Inadequate energy intake
disordered eating pattern
psychological issues

Signs/Symptoms: BMI 21.3 kg/m²
Intake < 25 for most meals.
100% supplement under supervision; Dx Anorexia nervosa , Bulimia

Intervention 1

Intervention: Nutrition Education-Content E-1

Description: Nutrition education on the importance of eating food groups from all meals to promote wt gain.

Goal: Pt wil gain 3 - 4 lbs per month. Until desired wt is achieve.

Intervention 2

Intervention: Meals and Snacks ND-1

Nutrition Care Plan

Facility Name: 5 Creedmoor PC

Unit/Ward: 100-B [REDACTED]

Admission Screening Date: 03/16/2018

Patient's Name: [REDACTED]

Case Number: 148007

State ID: 1801007 DIN:

DOB: 03/12/1967 Gender: Female

This Page is Not Considered Part of the Patient's Case Record.

Nutrition Diagnosis

Description: Provide vegan diet and 2 Cal HN x 6 cans daily.

Goal: Pt. will start eating ~ 50% from tray set up x 1 month.

Intervention 3

Intervention: Collaboration and Referral of Nutrition Care RC-1

Description: Collaborate Medical MD; Psychiatrist and Psychologist regarding interventions and strategies to promote improved appetite and intake.

Goal: Pt diet will be modified to help with .2 lb wt gain per week.

Diagnosis 2

Problem: Altered nutrition-related laboratory values (specify) NC-2.2

Etiology: Altered lipid metabolism, Poor intake secondary to anorexia/ bulimia

Signs/Symptoms: High- Triglyceride 421 mg/dL, LDL 151 mg/dL, Cholesterol 284 mg/dL.

Intervention 1

Intervention: Nutrition Education-Content E-1

Description: Continue to encourage pt to consume all meals and supplements to promote wt gain and improve lipid metabolism

Goal: Improve lipid panel to normal range x 6 months.

SummarySummary of Nutrition Prescription (Recommended Diet Order)

Patient is a 66 y/o female. with Hx of underweight, Aorexia/Bullimia Nervosa. Current diet vegan with poor appetite consuming less than 25% from tray set up. However, Pt. continues to drink 100% of 2 cal HN x 6 cans (2850 kcal, 120g pro, 996ml water) under supervision of nursing staff/Aide.

Current supplements continue to meet energy and nutrient needs appropriate for wt. maintenance. Meal and supplement intake are documented daily by Nursing close monitoring remains in progress to prevent self-induced vomiting. Current wt. 120 lbs

User: Olvina, Cindy S

03/30/2018 11:37:27 AM

Page 6 of 7

OMH PHI

Nutrition Care Plan

Facility Name: 5 Creedmoor PC

Patient's Name: T. [REDACTED]

Unit/Ward: 122 Dialectic Behavior Skills 122

Case Number: 149557

Admission Screening Date: 04/04/2018

State ID: 188400700 DIN:

DOB: 04/18/1951 Gender: Female

This Page is Not Considered Part of the Patient's Case Record.

Summary

(3/14/18) 4 lbs wt increased x 1 yr. Pt. continues to be underweight for age. BMI is 21.3 kg/m² desirable BMI is 23-30 kg/m² for advanced age 66 y/o and above.

Lab results on 02/12/2018 indicates abnormal values, high Triglyceride 421 mg/dL, LDL 151 mg/dL, Cholesterol 284 mg/dL, may be due to altered lipid metabolism or secondary to poor appetite.

Continue to monitor intake & wt. closely, continue Gatorade and Ginger Ale BID for hydration. Continue supplements Ca/Vit. D Potassium Chloride and MVI to maintain micronutrient status. Pt. does not attend nutrition group 1:1 counseling is done during time slot allotted for group meeting. Pt remains on high intervention will continue monthly notes and intervene as needed.

Monitoring Plan Based on Intervention Level

High Intervention - Weekly notes for the first eight weeks when identified as high risk, monthly thereafter. Dietitian required to include nutrition intervention(s) in the Interdisciplinary Treatment Plan for all patients identified as high intervention.

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: 100 Diabetes Behavior Skills 102
Admission Screening Date: 04/01/2018

Patient's Name: [Redacted]
Case Number: 110557
State ID: [Redacted] DIN: [Redacted]
DOB: 04/12/1984 Gender: Female

Interview

Completed Date: 03/30/2018

Staff ID: Walker, Abby

Assessment Process

Re-Assessment

Drug and Food Interaction

Acetaminophen-caffeine decreases rate of absorption and effect of drug

Lithium -consistent NA and increased fluids.

Lorezapam-limit caffeine to less than 400-500mg day. Caution with grapefruit related citrus fruits. May cause anorexia, and wt loss or increase appetite and wt. may also increase thirst.

Remeron/clozapine-may increase appetite and wt.

Senna/colace/ Bisacodyl/Lactulose- increase fiber and fluids to prevent constipation

Physical Health Diagnoses

R63.6 - Underweight (10/29/2015)

Comments

Underweight for age, secondary to poor appetite. Pt. continue to consume less than 25 % of all meals from tray set up, Vegan diet (~2200 kcal, 96g pro). However, Pt. consumes 100% of supplement 6cans 2 cal HN daily (2850 cal; 120g pro) to promote health, wt gain and supplement poor intake.

Diet as Ordered

Vegan W/ Choking Precaution
Dr Hossain

Dietitian Comments

Current Supplements

2 cal HN x 6 cans (2850 cal; 120g pro) to supplement current intake and promote wt. gain. Gatorade and Ginger Ale BID for hydration.

Calcium/vitamin D

Potassium Chloride

MVI

Diet History/Intake Issues/Meal Observations

Pt. continues with poor appetite, intake less than 25% for all. Pt. has to be supervised for an hour after supplement to prevent self induced vomiting.

Chewing/Swallowing Issues

None, however, pt. refuses to wear dentures hence choking precaution ordered.

Cultural/Religious Preferences, Beliefs and Attitudes

Dislikes cheesy pastas

Likes Veggie burgers, green beans and beets. Likes Gatorade

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: █
 Admission Screening Date: █

Patient's Name: █
 Case Number: █
 State ID: █ DIN: █
 DOB: █ Gender: █

| Interview | | | | | |
|---|----------|-----------|---------------------|---------|-------------------------|
| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
| LACTULOSE 20GM/30ML ORAL SOLN UD CUP | | SOLN,ORAL | 30ML | PO/ORAL | EVERY_12_HOURS0800-2000 |
| Start: 8/30/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| LITHIUM CARBONATE 300MG CAP UD | 300 MG | CAP,ORAL | 300MG | PO/ORAL | DAILY0800 |
| Start: 12/29/2017 Stop: 4/11/2018 Prescribed By: KHAN,MUNIBUR | | | | | |
| LORAZEPAM 1MG TAB UD | 1 MG | TAB | 1MG | PO/ORAL | BEDTIME2000 |
| Start: 3/15/2018 Stop: 4/3/2018 Prescribed By: KHAN,MUNIBUR | | | | | |
| MIRTAZAPINE 15MG TAB UD | 15 MG | TAB | 15MG | PO/ORAL | BEDTIME2000 |
| Start: 12/29/2017 Stop: 4/11/2018 Prescribed By: KHAN,MUNIBUR | | | | | |
| POTASSIUM CL 10MEQ (EQ-KLORCON) SA TB UD | 10 MEQ | TAB,SA | 20MEQ | PO/ORAL | EVERY_12_HOURS0800-2000 |
| Start: 3/8/2018 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| SENNOSIDES 8.6MG TAB UD | 8.6 MG | TAB | 17.2MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 3/9/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| THERAPEUTIC MULTIVITAMIN TAB UD | | CAP/TAB | 1 TABLET(S)/CAPSULE | ORAL | DAILY0800 |
| Start: 8/3/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |

Allergies & Intolerances

- Nuts
- Egg
- None
- Fin fish
- Lactose intolerance
- Other
- Shellfish
- Milk allergy

Comments
 Not applicable

Health Information

Height/Weight

Height: 5 ft. 3.0 in. Weight: 120.0 lbs. / 55 kg. BMI: 21.3

Blood Pressure: 108 systolic / 80 diastolic
 Usual Body Weight: 82.0 lbs. / 37 kg.

How Long Ago at Usual Weight:

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 100
 Admission Screening Date: 03/26/18

Patient's Name: [REDACTED]
 Case Number: [REDACTED]
 State ID: [REDACTED] DIN: [REDACTED]
 DOB: [REDACTED] Gender: [REDACTED]

Health Information

Health Information Comments

Current WT 120 lbs (3/14/18). Pt. has non significant 4lbs wt increase x 1 yr. Pt BMI is 21.3 kg/m², improvement is noticed. However, desirable BMI for advanced age 65+ is 23-30 kg/m².

Calorie Needs

Weight Type: Actual Weight

Estimated Calorie Needs Method: Adult Energy Needs per Kilogram

Activity Factor:

Injury Factor:

Estimated Calorie Needs: 1375-1925 kcal

Calorie Needs Comments

Current Supplements provide 2850 kcal, 120g pro adequate to maintain Wt.

Protein Needs

Weight Type: Actual Weight

Requirement: Adult Maintenance

Daily Protein Needs: 44-55 grams

Fluid Needs

Daily Fluid Needs: 1650 mL

Current Diet

Daily Calories: 2850 kcal

Daily Proteins: 120 grams

Daily Fluids: 1700 mL

Nutrition Risk Factors

| | |
|--|----------|
| Weight Status (BMI): < 23 | 1 points |
| Food Intake: Consumes < 25% of meals (poor) | 2 points |
| Fluid Intake: Consumes adequate fluids | 0 points |
| Medications: > 7 drugs/day or prescribed MAOI / INH / Anticoagulant Therapy (not including vitam | 2 points |
| Lab Values: Nutritionally related labs outside of normal limits | 2 points |
| Skin Condition: Intact | 0 points |
| Medical Condition Risk Factors | |
| Moderate (1 point each): Altered Lipid Panel | 1 points |
| High (2 points each): None | 0 points |

Patient's Current Conditions

Not applicable

Physical Functioning: Ambulatory, alert, able to feed self, no chewing or swallowing problems 0 points

Patient's Current Conditions

Not applicable

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: ~~129-B~~
Admission Screening Date: ~~03/20/18~~

Patient's Name: ~~██████████~~
Case Number: ~~██████████~~
State ID: ~~██████████~~ DIN: ~~██████████~~
DOB: ~~██████████~~ Gender: ~~Female~~

Nutrition Risk Factors

Psychiatric Disorders: Abnormal eating patterns such as anorexia nervosa, bulimia or obsessive compulsive disorder which consistently impair nutritional intake, weight loss, weight gain, abnormal lab values 2 points

Patient's Current Conditions

Not applicable

Totals

Total Points from ALL Nutrition Risk Factors: 10 points Nutrition Intervention Level: High Intervention

Nutrition Diagnosis

Diagnosis 1

Problem: Underweight NC-3.1

Etiology: Inadequate energy intake
disordered eating pattern
psychological issues

Signs/Symptoms: BMI 21.3 kg/m²
Intake < 25 for most meals.
100% supplement under supervision; Dx Anorexia nervosa , Bulimia

Intervention 1

Intervention: Nutrition Education-Content E-1

Description: Nutrition education on the importance of eating food groups from all meals to promote wt gain.

Goal: Pt wil gain 3 - 4 lbs per month. Until desired wt is achieve.

Intervention 2

Intervention: Meals and Snacks ND-1

Description: Provide vegan diet and 2 Cal HN x 6 cans daily.

Goal: Pt. will start eating ~ 50% from tray set up x 1 month.

Intervention 3

Intervention: Collaboration and Referral of Nutrition Care RC-1

Nutrition Care Plan

Facility Name: 5 Creedmoor PC

Unit/Ward: [REDACTED]

Admission Screening Date: [REDACTED]

Patient's Name: [REDACTED]

Case Number: [REDACTED]

State ID: [REDACTED] DIN: [REDACTED]

DOB: [REDACTED] Gender: [REDACTED]

Nutrition Diagnosis

Description: Collaborate Medical MD; Psychiatrist and Psychologist regarding interventions and strategies to promote improved appetite and intake.

Goal: Pt diet will be modified to help with 2 lb wt gain per week.

Diagnosis 2

Problem: Altered nutrition-related laboratory values (specify) NC-2.2

Etiology: Altered lipid metabolism, Poor intake secondary to anorexia/ bulimia

Signs/Symptoms: High- Triglyceride 421 mg/dL, LDL 151 mg/dL, Cholesterol 284 mg/dL.

Intervention 1

Intervention: Nutrition Education-Content E-1

Description: Continue to encourage pt to consume all meals and supplements to promote wt gain and improve lipid metabolism

Goal: Improve lipid panel to normal range x 6 months.

SummarySummary of Nutrition Prescription (Recommended Diet Order)

Patient is a 66 y/o female. with Hx of underweight, Anorexia/Bulimia Nervosa. Current diet vegan with poor appetite consuming less than 25% from tray set up. However, Pt. continues to drink 100% of 2 cal HN x 6 cans (2850 kcal, 120g pro, 996ml water) under supervision of nursing staff/Aide.

Current supplements continue to meet energy and nutrient needs appropriate for wt. maintenance. Meal and supplement intake are documented daily by Nursing close monitoring remains in progress to prevent self-induced vomiting. Current wt. 120 lbs (3/14/18) 4 lbs wt increased x 1 yr. Pt. continues to be underweight for age. BMI is 21.3 kg/m² desirable BMI is 23-30 kg/m² for advanced age 66 y/o and above.

Lab results on 02/12/2018 indicates abnormal values, high Triglyceride 421 mg/dL, LDL 151 mg/dL, Cholesterol 284 mg/dL, may be due to altered lipid metabolism or secondary to poor appetite.

Continue to monitor intake & wt. closely, continue Gatorade and Ginger Ale BID for hydration. Continue supplements Ca/Vit. D Potassium Chloride and MVI to maintain micronutrient status. Pt. does not attend nutrition group 1:1 counseling is done during time slot allotted for group meeting. Pt remains on high intervention will continue monthly notes and intervene as needed.

Monitoring Plan Based on Intervention Level

High Intervention - Weekly notes for the first eight weeks when identified as high risk, monthly thereafter. Dietitian required to include nutrition intervention(s) in the Interdisciplinary Treatment Plan for all patients identified as high intervention.

Nutrition Care Plan

Facility Name: 5 Creedmoor PC

Unit/Ward: 128 Behavioral Health Clinic

Admission Screening Date: 04/04/2018

Patient's Name: [REDACTED]

Case Number: [REDACTED]

State ID: [REDACTED] DIN: [REDACTED]

DOB: [REDACTED] Gender: [REDACTED]

Summary

Confirmed By: Walker, Abby

Confirmed Date: 03/30/2018 1:46:41PM

Title: Dietitian Techn

Electronically Signed By: Walker, Abby On 3/30/2018 1:46:41PM

Facility Name: 5 Creedmoor PC
Unit/Ward: ~~121 Active Psych Rehab 121~~
Admission Screening Date: ~~03/04/2015~~

Patient's Name: ~~[Redacted]~~ Moses
Case Number: ~~194700~~
State ID: ~~00122014~~ DIN:
DOB: ~~04/22/1996~~ Gender: ~~Male~~

This Page is Not Considered Part of the Patient's Case Record.

Interview

Completed Date: 03/19/2018

3/21/18

Staff ID: Walker, Abby

Assessment Process

Re-Assessment

Drug and Food Interaction

Tylenol: caffeine decreases rate of absorption and effect of drug
Cogentin: may take w/food to lower GI upset, potential side effect of constipation
Haldol: may increase appetite and wt
Vistaril: may crush tab or open cap and mix w/food or fluid
Colace/Bisacodyl/Docusate Sodium/Lactulose/Senna: increase fiber and fluids to decrease constipation
Lithium: drink 2-3L fluid/day, consistent Na intake stabilizes drug levels, limit caffeine, may increase thirst and wt
Topiramate (Topamax): ensure adequate fluid intake/hydration to lower risk of kidney stones, may increase appetite and wt

Physical Health Diagnoses

Not applicable

Comments

Pt is a 21 yo male with h/o severe alcohol and substance dependence d/o.

Diet as Ordered

Regular, No Fish
- Nasrin Khan, M.D.

Dietitian Comments

Diet remains appropriate to promote optimal nutritional health and to address seafood and fish allergies.

Current Supplements

MVI daily, Vitamin D3

Diet History/Intake Issues/Meal Observations

Pt is monolingual Spanish speaking, however he speaks some English, *He* he is able to express *himself* himself. Food preferences addressed with assistance from Spanish-speaking staff. Pt reports he is getting hamburger *too* to often, he would like more lasagna. Foods and fluid intake remains very good (75-100%).

Chewing/Swallowing Issues

None

Cultural/Religious Preferences, Beliefs and Attitudes

Mexican/Hispanic
Catholic

Labs (This MHARS EMR Printout of laboratory values is a copy of original results sent to the facility/physician. Use for reference. Not intended to replace originals for inclusion in the patient record.)

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: [REDACTED]
 Admission Screening Date: 02/27/2018

Patient's Name: [REDACTED]
 Case Number: 1[REDACTED]
 State ID: [REDACTED] DIN: [REDACTED]
 DOB: [REDACTED] Gender: Male

This Page is Not Considered Part of the Patient's Case Record.

Interview

| Test Name | Fasting | Result | Normal | Critical | | Date Collected | Date Verified |
|--------------|---------|-----------|-----------|----------------|---|------------------------|------------------------|
| Glucose | | 85 mg/dL | 70-115 | <50 or >400 | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| Hgb A1c | | 4.9 %A1c | 4.0-6.0 | <2.1 | | 01/10/2018 06:30:00 AM | 01/10/2018 03:28:01 PM |
| Hemoglobin | | 12.6 g/dL | 14.0-18.0 | <8.1 or >20.0 | ⚠ | 01/10/2018 06:30:00 AM | 01/10/2018 02:56:11 PM |
| Hematocrit | | 37.5 % | 42.0-52.0 | <24.0 or >55.0 | ⚠ | 01/10/2018 06:30:00 AM | 01/10/2018 02:56:11 PM |
| Triglyceride | | 273 mg/dL | 0-199 | | ⚠ | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| LDL | | 92 mg/dL | 0-129 | <-1 | | 01/10/2018 06:30:00 AM | 01/10/2018 03:04:26 PM |
| HDL | | 36 mg/dL | 0-54 | >150 | | 01/10/2018 06:30:00 AM | 01/10/2018 03:04:26 PM |
| Cholesterol | | 176 mg/dL | 0-199 | | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| Sodium | | 143 mEq/L | 133-145 | <125 or >150 | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| Potassium | | 4.4 mEq/L | 3.3-5.1 | <3.0 or >6.0 | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |

Comments

01/10/18: Indicates abnormal lab values low Hgb and Hct. Pt receives daily MVI for optimal health. 2/27/2018 Trig 273 remained elevated - potentially med-induced. Will monitor.

Medications

| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
|--|-----------|----------|----------|----------------|---------------------------|
| ACETAMINOPHEN 325MG TAB UD | 325 MG | TAB | 650MG | PO/ORAL | 3_TIMES_DAILY PRN (PRN) |
| Start: 1/8/2018 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| ALOH/MGOH/SIMTH 200-200-20MG/5ML 30ML UD | | LIQUID | 30ML | PO/ORAL | EVERY_SIX_HOURS PRN (PRN) |
| Start: 9/27/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| BENZTROPINE MESYLATE 1MG TAB | 1 MG | TAB | 1MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/5/2018 Stop: 3/30/2018 Prescribed By: FABUNAN,MARIA R | | | | | |
| CHOLECALCIFEROL (VITD3) 1000 UNIT TAB UD | 1000 UNIT | TAB | 1000UNIT | PO/ORAL | DAILY0800 |
| Start: 10/31/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| DOCUSATE NA 100MG CAP UD | 100 MG | CAP,ORAL | 200mg | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 9/21/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| HALOPERIDOL DECANOATE 100MG/ML INJ 1ML | 100 MG/ML | INJ | 200MG | INTRAMUSC ULAR | EVERY_28_DAYS1000 |
| Start: 3/6/2018 Stop: 4/3/2018 Prescribed By: FABUNAN,MARIA R | | | | | |

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 24 Active Adult Psych 31
 Admission Screening Date: 03/21/2018

Patient's Name: [REDACTED]
 Case Number: [REDACTED]
 State ID: [REDACTED] DIN: [REDACTED]
 DOB: [REDACTED] Gender: [REDACTED]

This Page is Not Considered Part of the Patient's Case Record.

Health Information

Health Information Comments

Ht 5'3". Current wt @ 179 lbs is 43 lbs above upper IWR 112-136 lbs. His BMI is 31.7 which classifies him as Obese Class I. Pt wt fluctuates a little 12/8/17 178 lbs, 1/8/18 179 lbs, 2/6/18 175 lbs. There is no significant wt change. May benefit from kcal-reducing diet to decrease the risk of developing weight related disorders.

Calorie Needs

Weight Type: Adjusted Body Weight

Estimated Calorie Needs Method: Adult Energy Needs per Kilogram

Activity Factor:

Injury Factor:

Estimated Calorie Needs: 1650-2310 kcal

Calorie Needs Comments

Pt is a young male. Wt is significantly above IWR 112-136 lbs. May benefit from 1800 Calorie Restriction.

Protein Needs

Weight Type: Adjusted Body Weight

Requirement: Adult Maintenance

Daily Protein Needs: 53-66 grams

Fluid Needs

Daily Fluid Needs: 1980 mL

Current Diet

Daily Calories: 2300 kcal

Daily Proteins: 100 grams

Daily Fluids: 1700 mL

Nutrition Risk Factors

| | |
|--|----------|
| Weight Status (BMI): < 16 or >= 30 | 2 points |
| Food Intake: Consumes 76-100% of meals (good) | 0 points |
| Fluid Intake: Consumes adequate fluids | 0 points |
| Medications: 5-7 drugs/day (not including vitamins) | 1 points |
| Lab Values: Nutritionally related labs which are elevated or depressed but stable | 1 points |
| Skin Condition: Intact | 0 points |
| Medical Condition Risk Factors | |
| Moderate (1 point each): Altered Lipid Panel, Food Allergy/Intolerance, [REDACTED] | 2 points |
| High (2 points each): None | 0 points |

Patient's Current Conditions

Not applicable

Physical Functioning: Ambulatory, alert, able to feed self, no chewing or swallowing problems 0 points

Patient's Current Conditions

User: Olvina, Cindy S

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Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: [REDACTED]
Admission Screening Date: [REDACTED] 5

Patient's Name: [REDACTED]
Case Number: [REDACTED]
State ID: [REDACTED] DIN: [REDACTED]
DOB: [REDACTED] Gender: [REDACTED]

This Page is Not Considered Part of the Patient's Case Record.

Summary

Summary of Nutrition Prescription (Recommended Diet Order)

Mr. Manzano is a 21 yo Hispanic male. He is presently prescribed with Regular Diet. Fish and seafood are removed to address his food allergies. His appetite is good at 75-100% PO intake (foods/fluids).

Ht 5'3". Current wt @ 179 lbs is 43 lbs above upper IWR 112-136 lbs. His BMI is 31.7 which classifies him as Obese Class I. No significant wt change over the past yr. Wt gain is potentially med-induced. May benefit from 1800 Calorie Restriction in an effort to promote wt loss and reduce the risk of health disorders. Regular Diet exceeds kcal and pro needs. 1800 kcal-reducing diet will still meet needs and maintain optimal health. Will discuss with Treatment Team.

Encourage vitamin/mineral supplementation (MVI), mindful eating, daily exercise, portion control, fiber consumption, and increased fluids. Educate pt on the benefits of following a well-balanced diet (ie. following MyPlate model) and promote fruit and vegetable intake. Monitor PO intake, labs, and wt. Continue to provide nutrition counseling and intervene as needed.

Monitoring Plan Based on Intervention Level

Moderate Intervention - Quarterly

Inductive Correction

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
Unit/Ward: [REDACTED]
Admission Screening Date: 03/21/2018

Patient's Name: M [REDACTED]
Case Number: 134700
State ID: 2422014 DIN:
DOB: 01/22/1996 Gender: Male

Interview

Completed Date: 03/21/2018

Staff ID: Walker, Abby

Assessment Process

Re-Assessment

Drug and Food Interaction

- Tylenol: caffeine decreases rate of absorption and effect of drug
- Cogentin: may take w/food to lower GI upset, potential side effect of constipation
- Haldol: may increase appetite and wt
- Vistaril: may crush tab or open cap and mix w/food or fluid
- Colace/Bisacodyl/Docusate Sodium/Lactulose/Senna: increase fiber and fluids to decrease constipation
- Lithium: drink 2-3L fluid/day, consistent Na intake stabilizes drug levels, limit caffeine, may increase thirst and wt
- Topiramate (Topamax): ensure adequate fluid intake/hydration to lower risk of kidney stones, may increase appetite and wt

Physical Health Diagnoses

Not applicable

Comments

Pt is a 21 yo male with h/o severe alcohol and substance dependence d/o.

Diet as Ordered

Regular, No Fish
- Nasrin Khan, M.D.

Dietitian Comments

Diet remains appropriate to promote optimal nutritional health and to address seafood and fish allergies.

Current Supplements

MVI daily, Vitamin D3

Diet History/Intake Issues/Meal Observations

Pt is monolingual Spanish speaking, however he speaks some English, he is able to express himself. Food preferences addressed with assistance from Spanish-speaking staff. Pt reports he is getting hamburger too often, he would like more lasagna. Foods and fluid intake remains very good (75-100%).

Chewing/Swallowing Issues

None

Cultural/Religious Preferences, Beliefs and Attitudes

Mexican/Hispanic
Catholic

Labs (This MHARS EMR Printout of laboratory values is a copy of original results sent to the facility/physician. Use for reference. Not intended to replace originals for inclusion in the patient record.)

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: ██████████
 Admission Screening Date: 03/01/2018

Patient's Name: ██████████
 Case Number: 124789█
 State ID: ██████████ DIN: ██████████
 DOB: 01/22/1996 Gender: ██████████

Interview

| Test Name | Fasting | Result | Normal | Critical | | Date Collected | Date Verified |
|--------------|---------|-----------|-----------|----------------|---|------------------------|------------------------|
| Glucose | | 85 mg/dL | 70-115 | <50 or >400 | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| Hgb A1c | | 4.9 %A1c | 4.0-6.0 | <2.1 | | 01/10/2018 06:30:00 AM | 01/10/2018 03:28:01 PM |
| Hemoglobin | | 12.6 g/dL | 14.0-18.0 | <8.1 or >20.0 | ▲ | 01/10/2018 06:30:00 AM | 01/10/2018 02:56:11 PM |
| Hematocrit | | 37.5 % | 42.0-52.0 | <24.0 or >55.0 | ▲ | 01/10/2018 06:30:00 AM | 01/10/2018 02:56:11 PM |
| Triglyceride | | 273 mg/dL | 0-199 | | ▲ | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| LDL | | 92 mg/dL | 0-129 | <-1 | | 01/10/2018 06:30:00 AM | 01/10/2018 03:04:26 PM |
| HDL | | 36 mg/dL | 0-54 | >150 | | 01/10/2018 06:30:00 AM | 01/10/2018 03:04:26 PM |
| Cholesterol | | 176 mg/dL | 0-199 | | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| Sodium | | 143 mEq/L | 133-145 | <125 or >150 | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |
| Potassium | | 4.4 mEq/L | 3.3-5.1 | <3.0 or >6.0 | | 02/27/2018 07:00:00 AM | 02/27/2018 02:01:58 PM |

Comments

01/10/18: Indicates abnormal lab values low Hgb and Hct. Pt receives daily MVI for optimal health. 2.27.2018 Trig 273 remained elevated - potentially med-induced. Will monitor.

Medications

| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
|--|-----------|----------|----------|---------------|---------------------------|
| ACETAMINOPHEN 325MG TAB UD | 325 MG | TAB | 650MG | PO/ORAL | 3_TIMES_DAILY PRN (PRN) |
| Start: 1/8/2018 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| ALOH/MGOH/SIMTH 200-200-20MG/5ML 30ML UD | | LIQUID | 30ML | PO/ORAL | EVERY_SIX_HOURS PRN (PRN) |
| Start: 9/27/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| BENZTROPINE MESYLATE 1MG TAB | 1 MG | TAB | 1MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/5/2018 Stop: 3/30/2018 Prescribed By: FABUNAN,MARIA R | | | | | |
| CHOLECALCIFEROL (VITD3) 1000 UNIT TAB UD | 1000 UNIT | TAB | 1000UNIT | PO/ORAL | DAILY0800 |
| Start: 10/31/2017 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| DOCUSATE NA 100MG CAP UD | 100 MG | CAP,ORAL | 200mg | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 9/21/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| HALOPERIDOL DECANOATE 100MG/ML INJ 1ML | 100 MG/ML | INJ | 200MG | INTRAMUSCULAR | EVERY_28_DAYS1000 |
| Start: 3/6/2018 Stop: 4/3/2018 Prescribed By: FABUNAN,MARIA R | | | | | |
| HYDROXYZINE PAMOATE 50MG CAP UD | 50 MG | CAP,ORAL | 50MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/5/2018 Stop: 3/30/2018 Prescribed By: FABUNAN,MARIA R | | | | | |

User: Walker, Abby

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Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 104 Adult Psych Rehabilitation
 Admission Screening Date: 03/24/2018

Patient's Name: ██████████
 Case Number: ██████████
 State ID: ██████████ DIN: ██████████
 DOB: ██████████/████████/████████ Gender: ██████████

| Interview | | | | | |
|---|--------------------|-----------------|----------------|-------------------|---------------------------------|
| Inpatient Medication | Strength | Form | Dose | Route | Frequency |
| LEUPROLIDE ACETATE 3.75MG/1 SA SUSP INJ | 3.75 MG | INJ,SUSP, SA | 3.75MG | INTRAMUSC ULAR | EVERY_28_DAYS1000 |
| Start: 3/16/2018 Stop: 4/13/2018 Prescribed By: FABUNAN,MARIA R | | | | | |
| LITHIUM CARBONATE 300MG CAP UD | 300 MG | CAP,ORAL | 600MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 3/5/2018 Stop: 4/2/2018 Prescribed By: FABUNAN,MARIA R | | | | | |
| MULTIVIT W/MINERALS, HIGH POTENCY TAB UD | | TAB | 1 TABLET | PO/ORAL | DAILY0800 |
| Start: 9/21/2016 Stop: 4/16/2018 Prescribed By: HOSSAIN,ZAKIA | | | | | |
| NICOTINE 10MG/CART ORAL INHL 168/KIT | 10MG/CARTR IDGE | INHL,ORAL | 1 CARTRIDGE | INHALATION | 3_TIMES_DAILY0800-1300-20 00 |
| Start: 3/2/2018 Stop: 3/30/2018 Prescribed By: FABUNAN,MARIA R | | | | | |
| TOPIRAMATE 100MG TAB UD | 100 MG | TAB | 100MG | PO/ORAL | TWICE_DAILY0800-2000 |
| Start: 1/5/2018 Stop: 3/30/2018 Prescribed By: FABUNAN,MARIA R | | | | | |

Allergies & Intolerances

- Nuts Egg None
 Fin fish Lactose intolerance Other
 Shellfish Milk allergy

Comments

Pt is allergic to fish and seafood. All fish and related products are removed from diet.

Health Information

Height/Weight

Height: 5 ft. 3.0 in. Weight: 179.0 lbs. / 81 kg. BMI: 31.7

Blood Pressure: 115 systolic / 64 diastolic
 Usual Body Weight: lbs. / kg. Ideal Weight Range 112-136 pounds

Patient Not Able to Report

How Long Ago at Usual Weight:

Patient Not Able to Report

Health Information Comments

Ht 5'3". Current wt @ 179 lbs is 43 lbs above upper IWR 112-136 lbs. His BMI is 31.7 which classifies him as Obese Class I. Pt wt fluctuates a little 12/8/17 178 lbs, 1/8/18 179 lbs, 2/6/18 175 lbs. There is no significant wt change . May benefit from kcal-reducing diet to decrease the risk of developing weight related comorbidites.

Calorie Needs

Nutrition Care Plan

Facility Name: 5 Creedmoor PC
 Unit/Ward: 181
 Admission Screening Date: 03/27/2018

Patient's Name: [REDACTED]
 Case Number: 424700
 State ID: [REDACTED] DIN:
 DOB: [REDACTED] Gender: [REDACTED]

Health Information

Weight Type: Adjusted Body Weight
 Estimated Calorie Needs Method: Adult Energy Needs per Kilogram
 Activity Factor:
 Injury Factor:
 Estimated Calorie Needs: 1650-2310 kcal

Calorie Needs Comments

Pt is a young male. Wt is significantly above IWR 112-136 lbs. May benefit from 1800 Calorie Restriction.

Protein Needs

Weight Type: Adjusted Body Weight
 Requirement: Adult Maintenance
 Daily Protein Needs: 53-66 grams

Fluid Needs

Daily Fluid Needs: 1980 mL

Current Diet

Daily Calories: 2300 kcal
 Daily Proteins: 100 grams
 Daily Fluids: 1700 mL

Nutrition Risk Factors

- Weight Status (BMI): < 16 or >= 30 2 points
- Food Intake: Consumes 76-100% of meals (good) 0 points
- Fluid Intake: Consumes adequate fluids 0 points
- Medications: 5-7 drugs/day (not including vitamins) 1 points
- Lab Values: Nutritionally related labs which are elevated or depressed but stable 1 points
- Skin Condition: Intact 0 points
- Medical Condition Risk Factors
 - Moderate (1 point each): Altered Lipid Panel, Anemia, Food Allergy/Intolerance 3 points
 - High (2 points each): None 0 points

Patient's Current Conditions

Not applicable

Physical Functioning: Ambulatory, alert, able to feed self, no chewing or swallowing problems 0 points

Patient's Current Conditions

Not applicable

Psychiatric Disorders: Exhibits no behaviors which impair nutritional intake 0 points

Patient's Current Conditions

Not applicable

Totals

Total Points from ALL Nutrition Risk Factors: 7 points

Nutrition Intervention Level: Moderate Intervention

User: Walker, Abby

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Malnutrition

Dietary: Nutrition Assessment -

Resident: [REDACTED]
Initial Admission: 12/01/2017
Score: NA

Effective Date: [REDACTED]
Admission: 12/01/2017
Category: NA

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

1. Assessment Type

A. Date & Time

[REDACTED]

B. Assessment Type

- 1. Admission
- 2. Annual
- 3. Significant Change

2. Diagnosis/ Allergies

A.

L89.154 PRESSURE ULCER OF SACRAL REGION, STAGE 4 M62.81 MUSCLE WEAKNESS (GENERALIZED) L89.610 PRESSURE ULCER OF RIGHT HEEL, UNSTAGEABLE L89.620 PRESSURE ULCER OF LEFT HEEL, UNSTAGEABLE R13.11 DYSPHAGIA, ORAL PHASE D50.9 IRON DEFICIENCY ANEMIA, UNSPECIFIED I10 ESSENTIAL (PRIMARY) HYPERTENSION E08.69 DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER SPECIFIED COMPLICATION E78.5 HYPERLIPIDEMIA, UNSPECIFIED F03.90 UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE F28 OTHER PSYCHOTIC DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION

B. Additional Diagnosis:

C. Allergies

No Known Allergies

3. Medications/ Nutritional Impact:

Medications/ Nutritional Impact:

Oxycodone-Acetaminophen Tablet 5-325 MG Lantus SoloStar Solution Pen-injector 100 Magnesium Oxide Tablet 400 Ferrous Sulfate Tablet 325 Lactobacillus Capsule Heparin Sodium Ascorbic Acid Tablet 500 MG Multiple Vitamins-Minerals Tablet Aricept Tablet 10 MG QUetiapine Fumarate Tablet 25 MG Simvastatin MetFORMIN Lisinopril Namenda Tablet 10 MG

4. Diet Orders & Consistency

Diet Orders & Consistency

Regular diet, Pureed texture, Thin consistency

5. Supplements/ Nourishments

Supplements/ Nourishments

A. Supplements/ Nourishments

1)Glucerna Shake three times a day 2)Prostat AWC two times a day

B. Provides:

660 kcals / 30 gms 34 gms protein / 200 kcals

6. Enteral Feedings

A. Enteral Feedings:

- 1. Yes
- 2. No

B. Formula:

Dietary: Nutrition Assessment -

Resident: [REDACTED]

C. Rate in cc/hr:

[REDACTED]

D. Start:

[REDACTED]

E. Dose:

[REDACTED]

F. Flush:

[REDACTED]

G. Pump Flush:

[REDACTED]

H. Provides: Kcal/Day

[REDACTED]

I. Protein: Gm/Day

[REDACTED]

J. TV:

[REDACTED]

K. Free Water:

[REDACTED]

7. Weight/Ht

A. Most Recent Weight

Weight: 113.3

Scale: Bed

B. Most Recent Height

Height: 72.0

Date: 12/01/2017 21:57

Method: Lying down

C. BMI:

15.4

D. D/UBWR

[REDACTED]

E. Weight x 1 Month:

128.1

F. Weight x 3 Month:

128.3

G. Weight x 6 Month:

n/a

H. Is Significant Weight Change Noted:

1. Yes

2. No

I. Explain

Dietary: Nutrition Assessment -

Resident: [REDACTED]

-3.0% change from last weight [REDACTED] 117.0 Lbs, -3.2% , -3.7 Lbs

8. Diet Hx:

A. Information Obtained By:

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

B. Ethnic/Religious/Cultural Preferences

Baptist/ Black or African American

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: [REDACTED]

B. Pressure Ulcers: Enter Stage

Stage 4 Sacrum, left and right heel

C. Wounds: Enter Type

12. Labs:

A. Hgb Date Obtained:

[REDACTED]

A1. Hgb

B. Hct Date Obtained

[REDACTED]

B1. Hct

C. Na+ Date Obtained:

[REDACTED]

C1. Na+

D. K+ Date Obtained:

[REDACTED]

D1. K+

E. BUN Date Obtained:

[REDACTED]

E1. BUN

F. Creat. Date Obtained:

[REDACTED]

F1. Creat.

G. Glucose Date Obtained:

[REDACTED]

G1. Glucose

H. Ca+ Date Obtained:

[REDACTED]

H1. Ca+

I. Total Protein Date Obtained:

[REDACTED]

I1. Total Protein

Dietary: Nutrition Assessment -

Resident: [REDACTED]

J. Albumin Date Obtained:

[REDACTED]

J1. Albumin

K. Other:

13. Estimated Needs:

A. Calories: Kcal/Day

1500-1800kcal/day, based on a 30-35kcal/kg

B. Protein: Gm/Day

60-80g/day, based on a 1.2-1.5g/kg

C. Fluids: CC/Day

1ml/kcal provides 1500-1800ml

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 \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 a 63 y/o male with a Dx: Hyperglycemia, Infected sacral decubiti, Sacral ulcer debriment, HTN, DM. Resident is on liberalized Pureed texture, thin consistency. Resident P.O intake is +76% of most meals.

Dietary: Nutrition Assessment -

Resident: [REDACTED]

Resident was on a Mechanical soft texture, due to decreased p.o intake, was then downgraded to Pureed texture. Current weight is 113.3lbs, BMI 15.4 indicating resident is underweight. A significant weight loss is noted. Resident lost -3.0% change from last weight [REDACTED] 117.0 Lbs, -3.2%. Resident is on Glucerna shakes 3x a day 237ml this provides 660kcal/30g of protein. Resident has multiple pressure ulcers, Stage IV located on Sacrum, Left and Right heel. Resident is receiving Prostat AWC two times a day 30ml via p.o providing 200kcal/34g of protein. Estimated needs are 1500-1800kcal/day, based on a 30-35kcal/kg, 80-80g/day, based on a 1.2-1.5g/kg of protein, and 1ml/kcal provides 1500-1800ml of fluid. No current lab reports, therefore, will monitor lab reports when available. As per care plan, resident will gain 1-2 lbs until goal of 130 lbs ,however due to significant weight decline ,weight goal changed to retard weight loss. Resident sister informed regarding weight decline and weight status. As per sister request to provide large portion with meals. At this time she does not wish to pursue any alternate means of feeding, since he is eating meals fair to good. Will continue to monitor nutritional parameters and intervene as needed.

Signed By: [REDACTED]

Vibhuti Singh, Registered Dietitian Nutritionist [e-SIGNED]



Malnutrition

MODERN DIAGNOSTIC LABORATORY INC.

1412 BAYRIDGE AVENUE - BROOKLYN, NEW YORK 11219 - TEL. (718) 837-LAB2 (5222) -
FAX (718) 259-0088 - www.modernlab.org
"TOMORROW'S TECHNOLOGY TODAY"

PATIENT: [REDACTED]
DOB/AGE: [REDACTED]
PATIENT ID: [REDACTED]
ROOM#: [REDACTED]
STATUS: COMPLETE REPORT

[REDACTED]
TRIBORO CENTER
1160 TELLER AVENUE
BRONX, NY 104564145

***** OUT OF RANGE SUMMARY *****

| | | | |
|-------------------------------------|--------|---------------|-----------------|
| GLUCOSE | 71 L | mg/dL | 74 - 106 |
| BLOOD UREA NITROGEN | 46 VH | mg/dL | 9 - 23 |
| *CREATININE | 1.40 H | mg/dL | 0.50 - 1.30 |
| SODIUM | 148 H | mmol/L | 132 - 146 |
| CHLORIDE | 111 H | mmol/L | 99 - 109 |
| TOTAL PROTEIN | 5.1 L | g/dL | 5.7 - 8.2 |
| ALBUMIN | 2.4 L | g/dL | 3.2 - 4.8 |
| CALCIUM | 7.6 L | mg/dL | 8.7 - 10.4 |
| *eGFR FEMALE(calc) | 35 L | mL/min/1.73m2 | Greater Than 59 |
| *eGFR African American(calc)-FEMALE | 43 L | mL/min/1.73m2 | Greater Than 59 |

CHEMISTRY
COMPREHENSIVE METABOLIC PANEL