

Bachlani, Afshan Jindani
Dietitian
Clinical Nutrition

Nutrition Support
Signed

Date of Service: 02/02/24 1342

Nutrition Assessment
Re: Consult & BMI < 18.50 & Poor PO

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Daily MVI

RD recommendations for a malnutrition diagnosis has been acknowledged.

Assessment

77 YOF admitted with anemia. Noting hx of HLD, HTN, RA, PVD, weight loss, GERD. Pt presented with mouth sores, 40# weight loss and black stools. Pt is s/p EGD showing hiatal hernia and gastritis. Pt is s/p 2 units PRBC. Pt started on IV Protonix, IVF and liquid diet. GI consulted. Pt provided with magic mouthwash. K+ being replaced. BMI 13.13 kg/m2.

Pt interview/Comments:

2/2: Pt seen at BS with daughter in room. Pt reported appetite is good with no current N/V/D. 100% po intake on pureed diet. RD provided handout and education on diet recommendations with an emphasis on consuming enough calories and protein for wt gain. Hyponatremia noted.

1/31: Pt seen at BS with daughter in room. Pt on pureed diet, tolerating well. Appetite is getting better. No N/V/D. Pt received 2.5 units of PRBC transfusion. Hgb 9.4. Plan on outpatient bone marrow bx if needed. Clinimix discontinued on 1/30. RD recommendations for a malnutrition diagnosis has been acknowledged. Pt decline oral nutritional supplement.

1/27: Pt seen at BS with no family present. Pt reports a fair appetite now, but poor for > 1 month PTA. Pt is currently NPO. No N/V/D reported. Some reported chewing/swallowing issues. Pt reports a 53# (44%) weight loss over the past 6 months and UBW is 120#. RD observed severe total body fat and muscle wasting.

Dx: .

Hospital Problems

	POA
* Symptomatic anemia	Yes
Hypokalemia	Yes
Mixed hyperlipidemia	Yes
Stomatitis	Yes
Angular cheilitis	Yes
Leukopenia	Yes
AKI (acute kidney injury) (HCC)	Yes
Elevated procalcitonin	Yes
Primary hypertension	Yes
Rheumatoid arthritis (HCC)	Yes
PVD (peripheral vascular disease) (HCC)	Yes
Weight loss, unintentional	Yes
Neutropenia associated with autoimmune disease (HCC)	Yes
Pseudomonas infection	Yes

Acute cystitis without hematuria
Hypomagnesemia

POA

Yes

Clinically

Undetermin

ed

Food allergies:

Allergies

Allergen

- Pcn [Penicillins]
- Shellfish

Facial swelling

Facial swelling

- Methotrexate
- Codeine
- Doxycycline
- Levofloxacin

Other reaction(s): muscle soreness

- Morphine
 - Sulfa (Sulfonamide Antibiotics)
- GERD

Reactions

Hives and Angioedema

Angioedema and Anaphylaxis

Hives

Tachycardia

Diarrhea

Nausea and Vomiting

Pain

PMH reviewed:

Past Medical History:

Diagnosis

- GERD (gastroesophageal reflux disease)
- Epigastric pain
- Dyspepsia
- Rheumatoid arthritis(714.0)
- Pneumonia
- Osteopenia
- Generalized weakness
- Metabolic acidosis
- Anemia
- Arthralgia
- Prolonged Q-T interval on ECG
- Bronchitis
- Cataract
- Arthritis
- Asthma

Date

- 07/03/2006
- 07/03/2006
- 07/03/2006
- 2009
- 2012
- 08/06/2013
- 10/03/2013
- 10/03/2013
- 10/03/2013
- 10/03/2013
- 10/03/2013
- 2019
- 07/02/2020

• Delayed gastric emptying

9/7/2006;
1/9/2007
7/3/2006; per
NM Gastric
Empty study
diagnosed at
age 38

• Essential hypertension, benign

- Failure to thrive in adult
- Heart murmur
- High cholesterol

• Hypokalemia

diagnosed in
the 1990's
severe;
10/3/2013

• Osteoporosis

• Peripheral vascular disease (HCC)

PSH reviewed.

Past Surgical History:

Procedure

Procedure	Laterality	Date
• CESAREAN SECTION, LOW TRANSVERSE		1969
• BILATERAL TUBAL LIGATION		1972
• BUNIONECTOMY	Bilateral	1987
• CARPAL TUNNEL RELEASE	Right	1990
• CHOLECYSTECTOMY		2003
• APPENDECTOMY		2003
• RAD EX TEETH; CMPL FULL MOUTH		09/2013
• SURGICAL PROCEDURE/COMMENT	Left	12/18/2017
<i>Procedure: CORRECTION OF PAINFUL ARTHRITIC FOOT WITH FUSION OF GREAT TOE JOINT AND REMOVAL OF ARTHRITIC JOINTS TOES 2 THROUGH 5 LEF FOOT; Surgeon: Jaryga, Gregory Allen, DPM; Location: THSW OR; Service: Podiatry</i>		
• MANOMETRY (ESOPHAGEAL)		08/09/2019
• ESOPH IMPED FUNCTION TEST		08/09/2019
• SURGICAL PROCEDURE/COMMENT	N/A	08/09/2019
<i>Procedure: MANOMETRY ESOPHAGEAL; Surgeon: Dewar, Thomas Norman, MD; Location: THSW GI; Service: GI Lab</i>		
• SURGICAL PROCEDURE/COMMENT	Left	09/17/2020
<i>Procedure: NASAL/SINUS ENDOSCOPY, MAXILLARY ANTROSTOMY AND NASAL/SINUS ENDO W/ ETHMOIDECTOMY TOTAL W/ FRONT SINUS LEFT/BALLOON/BIOPSY LEFT MAXIALLA; Surgeon: Ali, Tahir Syed, MD; Location: THFW OR; Service: ENT</i>		
• SURGICAL PROCEDURE/COMMENT	N/A	9/6/2023
<i>Procedure: COLONOSCOPY; Surgeon: Jamal, Yasser, MD; Location: THFW SC; Service: Gastroenterology</i>		
• SURGICAL PROCEDURE/COMMENT	N/A	9/6/2023
<i>Procedure: ESOPHAGOGASTRODUODENOSCOPY; Surgeon: Jamal, Yasser, MD; Location: THFW SC; Service: Gastroenterology</i>		
• SURGICAL PROCEDURE/COMMENT	N/A	11/7/2023
<i>Procedure: ESOPHAGOGASTRODUODENOSCOPY; Surgeon: Jamal, Yasser, MD; Location: THFW GI; Service: GI Lab</i>		
• BACK SURGERY		L5 fusion; 1978, 2013
• COLONOSCOPY		2012; polypectomy; benign, 6/2019
• EYE SURGERY		
• HYSTERECTOMY		1988; BSO

Labs reviewed:

Lab Results

Component

Component	Value	Date/Time
NA	133 (L)	02/02/2024 0127
K	3.9	02/02/2024 0127
CO2	16.5 (L)	02/02/2024 0127
CL	109 (H)	02/02/2024 0127
BUN	22 (H)	02/02/2024 0127
CREAT	0.77	02/02/2024 0127
GLU	113 (H)	02/02/2024 0127
CA	7.8 (L)	02/02/2024 0127
TPROT	6.4	01/26/2024 1458
ALB	2.99 (L)	01/26/2024 1458
GLOB	3.4	01/26/2024 1458
ALKPHOS	57	01/26/2024 1458
AST	22	01/26/2024 1458
ALT	9	01/26/2024 1458

TBILI

0.7

01/26/2024 1458

Lab Results

Component

WBC

Value

Date/Time

HGB

18.58 (H)

02/02/2024 0127

HCT

9.5 (L)

02/02/2024 0127

PLT

27.7 (L)

02/02/2024 0127

MCV

142 (L)

02/02/2024 0127

91.7

02/02/2024 0127

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• acetaminophen (Tylenol) solution	650 mg	ORAL	EVERY 6 HOURS AS NEEDED	Arnold, Lisa Michelle, PA-C
• alum-mag hydroxide-simeth 200-200-20 mg/5 mL 30 mL, diphenhydramine 30 mL, lidocaine 2 % 30 mL	5 mL	SWISH AND SPIT	THREE TIMES DAILY AS NEEDED	Morehead, Erin Lynn, NP
• amLODIPine (Norvasc) tablet	10 mg	ORAL	DAILY	Khalili, Reza, MD
• fluticasone propionate (Flonase) spray	2 Spray	EACH NOSTRIL	DAILY	Khalili, Reza, MD
• gabapentin (Neurontin) capsule	300 mg	ORAL	EVERY MORNING	Khalili, Reza, MD
• hydrocortisone 1 % cream	1 applicat ion	TOPICAL	TWICE DAILY	Khalili, Reza, MD
• magnesium sulfate in SW solution Or	4,000 mg	INTRAVENOUS	AS NEEDED	Arnold, Lisa Michelle, PA-C
• magnesium oxide (Mag-Ox400) tablet	800 mg	ORAL	AS NEEDED	Arnold, Lisa Michelle, PA-C
• melatonin tablet	4.5 mg	ORAL	DAILY	Khalili, Reza, MD
• montelukast (Singulair) tablet	10 mg	ORAL	AT BEDTIME	Khalili, Reza, MD
• multivitamin with minerals tablet	1 Tablet	ORAL	DAILY	Khalili, Reza, MD
• NORMAL SALINE solution	250 mL	Continuous IV Infusion	AS NEEDED	Arnold, Lisa Michelle, PA-C
• nystatin (Nilstat) suspension	5 mL	ORAL	BEFORE MEALS	Khalili, Reza, MD
• pantoprazole (Protonix DR) tablet	40 mg	ORAL	TWICE DAILY	Khalili, Reza, MD
• polyethylene glycol 3350 (Miralax) packet	17 g	ORAL	DAILY AS NEEDED	Khalili, Reza, MD
• potassium chloride in water	20 mEq	INTRAVENOUS	AS NEEDED	Arnold, Lisa Michelle, PA-C

20 mEq/100 mL solution Or					
• potassium chloride in water 40 mEq/100 mL solution Or	40 mEq	INTRAVENOUS	AS NEEDED	Arnold, Lisa Michelle, PA-C	
• potassium chloride in water 40 mEq/100 mL solution Or	40 mEq	INTRAVENOUS	AS NEEDED	Arnold, Lisa Michelle, PA-C	
• potassium chloride (K-Dur) tablet Or	40 mEq	ORAL	AS NEEDED	Arnold, Lisa Michelle, PA-C	
• potassium chloride (K-Lor) packet	40 mEq	ORAL	AS NEEDED	Arnold, Lisa Michelle, PA-C	
• predniSONE tablet	20 mg	ORAL	DAILY	Jagarlamudi, Annapurna, MD	
• renal vitamin tablet	1 Tablet	ORAL	DAILY	Khalili, Reza, MD	
• sodium chloride (NS Flush) syringe	10 mL	SALINE LOCK	AS NEEDED	Khalili, Reza, MD	
• sodium chloride (NS Flush) syringe	10 mL	MIDLINE	TWICE DAILY	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	10 mL	MIDLINE	AS NEEDED	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	20 mL	MIDLINE	AS NEEDED	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	10 mL	PICC LINE	TWICE DAILY	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	10 mL	PICC LINE	AS NEEDED	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	20 mL	PICC LINE	AS NEEDED	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	10 mL	PICC LINE	TWICE DAILY	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	10 mL	PICC LINE	AS NEEDED	Kurup, Savita R, MD	
• sodium chloride (NS Flush) syringe	20 mL	PICC LINE	AS NEEDED	Kurup, Savita R, MD	
• vitamin E capsule	400 Units	ORAL	DAILY	Khalili, Reza, MD	

Height: 5' (152.4 cm)

Weight: 30.5 kg (67 lb 3.8 oz)

Admission Weight: 37.2 kg (82 lb)

Body mass index is 13.13 kg/m².

IBW: 45 kg +/-10% (41-50 kg)

67% IBW:

Weight change PTA: 15# (44%) weight loss over the past 6 months reported.

Admission weight change: Noting 15# weight loss since admission. May be related to be scale differences

Wt Readings from Last 12 Encounters:

01/27/24 30.5 kg (67 lb 3.8 oz)

10/24/23 36.9 kg (81 lb 5.6 oz)

04/08/21 47.9 kg (105 lb 9.6 oz)

02/02/21 49 kg (108 lb 0.4 oz)

08/09/19 62.6 kg (138 lb)

Current Diet order/Regimen:

Active Diet Orders

(From admission, onward)

Pureed (Level 4) WITH MEALS

.No intake or output data in the 24 hours ending 02/02/24 1342

Net IO Since Admission: 570.83 mL [01/27/24 1609]

Altered GI fxn: none

Oral problems: chewing, swallowing

Skin/physical appearance: Intact, Braden 19

Dietary intake/appetite: 50% po

Non-Oral Intake:none

Last Bowel Movement: .Stool Occurrence - Consistency: Type 5 - Soft blobs with clear-cut edges (02/01/24 0850)PTA

Nutrition Focused Physical Exam: RD observed severe total body fat and muscle wasting.

Nutrition Priority Points Assigned: 12 (4-BMI, 4-AKI, 4-WTL)

Pt is a high nutrition risk.

Diagnosis

Nutrition Dx:

- Severe malnutrition in the context of acute illness related to energy imbalance as evidenced by reported poor intake for > one month PTA, 53# (44%) weight loss over the past 6 months, observed severe total body fat and muscle wasting, BMI of 13.13 kg/m², CBW of 67#, and not meeting at least 75% of estimated needs on a consistent basis. (ongoing)

Intervention

Nutrition Prescription: Based on CBW of 31 kg.
Est. Kcal Needs: 1400-1550 kcals/day (45-50 kcal/kg)
Est. Protein Needs: 40-47 g protein/day (1.3-1.5 g/kg)
Est. Fluid Needs: 1400-1550 ml fluid/day or per provider

Nutrition Intervention:

Meals and Snacks: General/healthful diet

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Daily MVI

Nutrition Discharge Recommendations:

- Continue current diet at home.

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 1-4 days.

Afshan Bachalni, RD,LD

Electronically signed by Bachlani, Afshan Jindani at 02/02/24 1409

ED to Hosp-Admission (Discharged) on 1/26/2024

Care Timeline

01/26 Admitted from ED 2045
2045
02/08 Discharged 1325
1325

Callahan, Jordan Michelle
Dietitian Student
Nutrition Counseling

Nutrition Support
Attested Addendum

Date of Service: 02/14/24 0927

Attestation signed by Campbell, Cheri J. at 02/14/24 1457

Chart reviewed.
Agree with recommendations and assessment.

Cheri J. Campbell, RD, LD

Nutrition Assessment

Re: A1c > 10

Recommendations/Goals:

- Advance diet when appropriate
- Encourage good PO intake of meals and snacks.
- Encourage protein intake, + Juven for wound healing.
- Daily MVI

Assessment

52 y.o. male with PMHx of DM, OM right great toe ,s/p right BKA ,Buerger's disease who presented with the above complaints. Patient was recently discharged from THSW on 2/2 with DKA, right BKA. Small bowel obstruction with apparent transition point in a large midline ventral abdominal wall hernia. There is mild wall thickening involving the herniated small bowel loops with stranding of the herniated fat. Findings are concerning for small bowel incarceration and strangulation with resulting obstruction.

Pt interview/Comments: Pt seen at BS. Pt reports a normal appetite now and PTA. No N/V/D reported. Denies chewing/swallowing issues. No recent weight loss reported and UBW is 275#, A1C is 12.9. Pt reports he is monitoring BG 3-4 times per day at home. Pt reports eating 3 meals and 2 snacks per day, with 100 g protein per day. Pt is aware of diabetic diet modifications.

Intern provided T2DM education using handouts and verbal discussion. Pt verbalized understanding of education provided. Expect high level of compliance.

Dx: .

Hospital Problems

	POA
* Small bowel obstruction (HCC)	Yes
Below-knee amputation of right lower extremity (HCC)	Yes
Class 1 obesity due to excess calories with serious comorbidity and body mass index (BMI) of 32.0 to 32.9 in adult	Yes
Hyponatremia	Yes
Umbilical hernia, incarcerated	Yes
Acute kidney failure (HCC)	Yes
Buerger's disease (HCC)	Yes

Food allergies:

Allergies

Allergen

- Strawberry

Reactions

Angioedema

PMH reviewed:

Past Medical History:

Diagnosis

Diagnosis	Date
• Diabetes mellitus (HCC)	01/24/2024
• Gas gangrene of foot (HCC)	01/24/2024
• Diabetic ketoacidosis without coma (HCC)	01/24/2024
• Buerger's disease (HCC)	01/24/2024
• Status post below knee amputation, right (HCC)	01/24/2024
• Obesity	01/30/2024

PSH reviewed:

Past Surgical History:

Procedure

Procedure	Laterality	Date
• MANDIBLE SURGERY <i>Jaw broken in 5 places.</i>		1992
• SURGICAL PROCEDURE/COMMENT <i>Procedure: INCISION AND DRAINAGE RIGHT FOOT; PARTIAL RIGHT HALLUX AMPUTATION; Surgeon: Driver, Gary Lynn, DPM; Location: THSW OR; Service: Podiatry</i>	Right	01/25/2024
• SURGICAL PROCEDURE/COMMENT <i>Procedure: CV SP ANGIO AORTA ABD S&I; Surgeon: Paladugu, Ramesh, MD; Location: THSW CATH LAB; Service: Cath Lab</i>	N/A	01/26/2024
• SURGICAL PROCEDURE/COMMENT <i>Procedure: CV SP ANGIO EXTREM SEL BI S&I; Surgeon: Paladugu, Ramesh, MD; Location: THSW CATH LAB; Service: Cath Lab</i>	N/A	01/26/2024
• SURGICAL PROCEDURE/COMMENT <i>Procedure: ENDO LOWER EXTREMITY ANGIO; Surgeon: Paladugu, Ramesh, MD; Location: THSW CATH LAB; Service: Cath Lab</i>		01/26/2024
• SURGICAL PROCEDURE/COMMENT <i>Procedure: RIGHT BELOW KNEE AMPUTATION; Surgeon: Lee, Andrew Madison, MD; Location: THSW OR; Service: Orthopedics</i>	Right	01/30/2024
• SURGICAL PROCEDURE/COMMENT <i>Procedure: 1. Small bowel resection with anastomosis. 2. Repair of incarcerated, strangulated ventral hernia with obstruction, 4 cm fascial defect. No mesh inserted due to strangulated small bowel. 3. Spy Elite imaging for vascular evaluation of strangulated small bowel.; Surgeon: Elbert, Annette Marie, MD; Location: THSW OR; Service: General</i>	N/A	2/14/2024

Labs reviewed:

Lab Results

Component

Component	Value	Date/Time
NA	128 (L)	02/14/2024 0524
K	3.8	02/14/2024 0524
CO2	24.7	02/14/2024 0524
CL	89 (L)	02/14/2024 0524
BUN	58 (H)	02/14/2024 0524
CREAT	1.61 (H)	02/14/2024 0524
GLU	211 (H)	02/14/2024 0524
CA	8.8	02/14/2024 0524
TPROT	8.8 (H)	02/14/2024 0524
ALB	2.65 (L)	02/13/2024 2044
GLOB	5.3 (H)	02/14/2024 0524
ALKPHOS	71	02/13/2024 2044
AST	14	02/13/2024 2044

- (NS Flush) syringe **STOP** Marie, MD
- sodium chloride (NS Flush) syringe **SALINE LOCK TWICE DAILY** Naaz, Nahid, MD
- sodium chloride (NS Flush) syringe **SALINE LOCK AS NEEDED** Naaz, Nahid, MD

Wt Readings from Last 12 Encounters:

02/14/24 124.9 kg (275 lb 5.7 oz)
 02/02/24 116.5 kg (256 lb 13.4 oz)

Lab Results

Component	Value	Date
HGBA1C	12.9 (H)	01/25/2024

Height: 6' 3" (190.5 cm)
 Weight: 124.9 kg (275 lb 5.7 oz)
 Admission Weight: (Unable to obtain weight in triage)

Body mass index is 34.42 kg/m².
 IBW: 83.6kg
 %IBW: 149 %
 Weight change PTA: no weight changes reported
 Admission weight change: none

Current Diet order/Regimen:

Active Diet Orders
 (From admission, onward)

NPO, EFFECTIVE NOW

Intake/Output Summary (Last 24 hours) at 2/14/2024 0927

Last data filed at 2/14/2024 0601

	Gross per 24 hour
Intake	2475 ml
Output	975 ml
Net	1500 ml

Altered GI fxn: vomiting 2/13, none current

Oral problems: none

Skin/physical appearance: Surgical wounds RLE and LLQ, Braden 18

Dietary intake/appetite: good > 75%

ALT
TBILI16
1.102/13/2024 2044
02/13/2024 2044

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• acetaminophen (Tylenol) tablet	650 mg	ORAL	EVERY 4 HOURS AS NEEDED	Naaz, Nahid, MD
• dextrose 50 % in water (D50W) solution And	25 mL	IV PUSH	AS NEEDED	Elbert, Annette Marie, MD
• glucagon 1 mg solution	1 mg	INTRAMUSCULAR	AS NEEDED	Elbert, Annette Marie, MD
• flumazenil (Romazicon) solution	0.2 mg	INTRAVENOUS	AS NEEDED	Elbert, Annette Marie, MD
• HYDROMORPHONE (Dilaudid) solution	0.5-1 mg	IV PUSH	EVERY 3 HOURS AS NEEDED	Elbert, Annette Marie, MD
• insulin lispro 100 unit/mL solution-AC CORRECTIONAL And	0-6 Units	SUBCUTANEOUS	BEFORE MEALS	Elbert, Annette Marie, MD
• insulin lispro 100 unit/mL solution-HS CORRECTIONAL	0-5 Units	SUBCUTANEOUS	AT BEDTIME	Elbert, Annette Marie, MD
• insulin lispro mixture (HumaLOG 75-25 Mix Kwikpen) 100 unit/mL (75-25) solution inprn	10 Units	SUBCUTANEOUS	TWICE DAILY BEFORE MEALS	Bump, John Michael, DO
• morphine solution	2-5 mg	INTRAVENOUS	EVERY 2 HOURS AS NEEDED	Elbert, Annette Marie, MD
• morphine solution	1-2 mg	SLOW IV PUSH	EVERY 4 HOURS AS NEEDED	Elbert, Annette Marie, MD
• naloxone (Narcan) solution	0.4 mg	INTRAVENOUS	AS NEEDED	Elbert, Annette Marie, MD
• NORMAL SALINE solution		Continuous IV Infusion	CONTINUOUS	Litton, Meagan Nicole, NP
• ondansetron ODT (Zofran ODT) tablet Or	4 mg	ORAL	EVERY 8 HOURS AS NEEDED	Naaz, Nahid, MD
• ondansetron (Zofran) solution	4 mg	INTRAVENOUS	EVERY 8 HOURS AS NEEDED	Naaz, Nahid, MD
• piperacillin-tazobactam (Zosyn) 3,375 mg in sodium chloride 0.9 % 100 mL	3,375 mg	INTRAVENOUS	EVERY 8 HOURS	Elbert, Annette Marie, MD
• sodium chloride	10 mL	SALINE LOCK	24 HOURS	Elbert, Annette

Non-Oral Intake: none

Last Bowel Movement: Type 6 - Mushy consistency with ragged edges .

Nutrition Focused Physical Exam: Well nourished, wound sites covered.

Nutrition Priority Points Assigned: 4 (AKF)

Pt is a low nutrition risk.

Diagnosis

Nutrition Dx:

- Altered nutrition related lab values related to limited compliance with consistent carb diet RT acute illness as evidenced by HbA1c of 12.9.
- Increased nutrient needs (protein) related to wound healing as evidenced by estimated protein requirement.
- Food and nutrition related knowledge deficit related to glycemic control as evidenced by HbA1c value of 12.9.

Intervention

Nutrition Prescription: Based on 83.6 kg.

Est. Kcal Needs: 1925-2100 kcals/day (23-25 kcal/kg)

Est. Protein Needs: 109-126 g protein/day (1.3-1.5 g/kg)

Est. Fluid Needs: 1925-2100 ml fluid/day or per provider

Nutrition Intervention:

Meals and Snacks: General/healthful diet

Vitamin and Mineral Supplements: Multivitamin/mineral

Nutrition Education - Content: Glycemic management education provided

Recommendations/Goals:

- Advance diet when appropriate
- Encourage good PO intake of meals and snacks.
- Encourage protein intake, + Juven for wound healing.
- Daily MVI

Nutrition Discharge Recommendations:

- Follow T2DM diet recommendations
- Monitor BG level after each meal

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 5-7 days.

Jordan Callahan, Dietetic Technician Intern

Cosigned by: Campbell, Cheri J. at 02/14/24 1457

Electronically signed by Campbell, Cheri J. at 02/14/24 1457

ED to Hosp-Admission (Discharged) on 2/13/2024

Care Timeline

Callahan, Jordan Michelle
Dietitian Student
Nutrition Counseling

Nutrition Support
Attested Addendum

Date of Service: 02/21/24 0945

Attestation signed by Campbell, Cheri J. at 02/21/24 2020

Chart reviewed.
Agree with recommendations.

Cheri J. Campbell, RD, LD

Nutrition Assessment
Re: LOS x 5 days

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Begin Ensure Max BID to ensure adequate intake

Assessment

89 YOM with a PMHx of T2DM, insulin requiring, BPH, CAD, benign essential hypertension, on chronic Plavix therapy, recent GI bleed, brought to the ER from rehab with a Hx of 1 episode of black tarry stools earlier today. Pt was then started developing abdominal pain around 2:00 p.m. EMS noted his blood pressure to be 79/46, pt was given normal saline 100 mL bolus in his blood pressure improved to 108/54 prior to coming to the ER. In the ER pt had a temperature 98.2° F a blood pressure 112/54. Labs significant for a hemoglobin of 8 and hematocrit of 24 without any previous labs to compare with, chest x-ray showed low lung volumes with bibasilar atelectasis. CT abdomen and pelvis with contrast showed colonic diverticulosis with superimposed acute colitis extending from the transverse colon to the sigmoid colon.

Pt interview/Comments: Pt seen at BS. Pt reports a decreased appetite and consuming less than 50% of trays provided. No current N/V reported, but emesis noted in chart on 2/20. Reports painful diarrhea containing melena. Denies chewing/swallowing issues. No recent weight loss reported and UBW is 221#.

Dx:

Hospital Problems

	POA
* Hypovolemia	Yes
Upper GI bleed	Yes
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (HCC)	Yes
Benign essential hypertension	Yes
Acute colitis	Yes
Bacteremia due to Enterococcus	Yes

Food allergies:

Allergies
Allergen

Reactions

• Morphine

Hallucinations

PMH reviewed:
No past medical history on file.

PSH reviewed.
No past surgical history on file.

Labs reviewed:

Lab Results

Component	Value	Date/Time
NA	130 (L)	02/21/2024 0303
K	3.4 (L)	02/21/2024 0303
CO2	21.6	02/21/2024 0303
CL	104	02/21/2024 0303
BUN	7 (L)	02/21/2024 0303
CREAT	0.68 (L)	02/21/2024 0303
GLU	141 (H)	02/21/2024 0303
CA	7.7 (L)	02/21/2024 0303
TPROT	7.3	02/20/2024 2036
ALB	2.12 (L)	02/20/2024 2036
GLOB	5.2 (H)	02/20/2024 2036
ALKPHOS	48	02/20/2024 2036
AST	12	02/20/2024 2036
ALT	8	02/20/2024 2036
TBILI	0.8	02/20/2024 2036

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• atorvastatin (Lipitor) tablet	10 mg	ORAL	AT BEDTIME	Orr, Trayce Lynne, DO
• cefepime (Maxipime) 2,000 mg in sodium chloride 0.9 % 100 mL	2,000 mg	INTRAVENOUS	EVERY 8 HOURS	Chinoy, Birjis D, MD
• clopidogrel (Plavix) tablet	75 mg	ORAL	DAILY	Orr, Trayce Lynne, DO
• dextrose 50 % in water (D50W) solution And	25 mL	IV PUSH	AS NEEDED	Arnold, Lisa Michelle, PA-C
• glucagon 1 mg solution	1 mg	INTRAMUSCULAR	AS NEEDED	Arnold, Lisa Michelle, PA-C
• diphenhydramine (Benadryl) capsule Or	25 mg	ORAL	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD
• diphenhydramine (Benadryl) solution	25 mg	INTRAVENOUS	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD
• hydrALAZINE (Apresoline) solution	10 mg	IV PUSH	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD
• insulin lispro 100 unit/mL solution-AC	0-6 Units	SUBCUTANEOUS	BEFORE MEALS	Arnold, Lisa Michelle, PA-C

CORRECTIONAL And					
• insulin lispro 100 unit/mL solution- HS	0-5 Units	SUBCUTANEO US	AT BEDTIME	Arnold, Lisa Michelle, PA-C	
CORRECTIONAL					
• labetalol solution	5 mg	SLOW IV PUSH	EVERY 6 HOURS AS NEEDED	Arnold, Lisa Michelle, PA-C	
• magnesium sulfate in SW solution Or	4,000 mg	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD	
• magnesium oxide (Mag-Ox400) tablet	800 mg	ORAL	AS NEEDED	Chinoy, Birjis D, MD	
• metoprolol tartrate (Lopressor) tablet	25 mg	ORAL	TWICE DAILY	Anderson, Robert Dale, MD	
• metroNIDAZOLE in NS (Flagyl) solution	500 mg	INTRAVENOUS	EVERY 8 HOURS	Chinoy, Birjis D, MD	
• NORMAL SALINE solution	250 mL	Continuous IV Infusion	AS NEEDED	Chinoy, Birjis D, MD	
• pantoprazole (Protonix DR) tablet	40 mg	ORAL	DAILY-0630	Branstetter, Heather, MD	
• potassium chloride in water 20 mEq/100 mL solution Or	20 mEq	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD	
• potassium chloride in water 40 mEq/100 mL solution Or	40 mEq	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD	
• potassium chloride in water 40 mEq/100 mL solution Or	40 mEq	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD	
• potassium chloride (K-Dur) tablet Or	40 mEq	ORAL	AS NEEDED	Chinoy, Birjis D, MD	
• potassium chloride (K-Lor) packet	40 mEq	ORAL	AS NEEDED	Chinoy, Birjis D, MD	
• promethazine (Phenergan) solution Or	6.25- 25 mg	INTRAVENOUS	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD	
• promethazine (Phenergan) suppository	12.5 mg	RECTAL	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD	
• sodium chloride (NS Flush) syringe		SALINE LOCK	TWICE DAILY	Chinoy, Birjis D, MD	
• sodium chloride		SALINE LOCK	AS	Chinoy, Birjis D,	

(NS Flush) syringe		NEEDED	MD
• tamsulosin (Flomax) capsule	0.4 mg ORAL	DAILY	Orr, Trayce Lynne, DO

Wt Readings from Last 12 Encounters:
02/21/24 100.7 kg (222 lb 0.1 oz)

Height: 6' 1" (185.4 cm)
Weight: 100.7 kg (222 lb 0.1 oz)
Admission Weight: 107.9 kg (237 lb 14 oz)

Body mass index is 29.29 kg/m².
IBW: 84kg (+/- 8kg)
%IBW: 120%
Weight change PTA: none
Admission weight change: -7.2 kg (7%), potentially due to scale differences

Current Diet order/Regimen:

Active Diet Orders
(From admission, onward)

Diabetic Diet WITH MEALS

Intake/Output Summary (Last 24 hours) at 2/21/2024 0945
Last data filed at 2/21/2024 0744

	Gross per 24 hour
Intake	2008.78 ml
Output	1045 ml
Net	963.78 ml

Altered GI fxn: diarrhea
Oral problems: none
Skin/physical appearance: Braden 17, Edema 2+ BLE
Dietary intake/appetite: poor < 50%
Non-Oral Intake: none
Last Bowel Movement: .Stool Occurrence - Consistency: Type 7 - Liquid consistency with no solid pieces (02/21/24 0307)
Nutrition Focused Physical Exam: No exam performed at this time (2/21).

Nutrition Priority Points Assigned: 4 (PO)
Pt is a low nutrition risk.

Diagnosis

Nutrition Dx:

- Increased nutrient needs (protein) related to acute illness/injury as evidenced by estimated protein requirement.
- Altered GI function related to acute illness/injury as evidenced by persistent diarrhea containing melena.
- Impaired nutrient utilization related to potassium and sodium as evidenced by lab values below expected range.

Intervention

Nutrition Prescription: Based on 90% of IBW (76 kg).
 Est. Kcal Needs: 1650-1800 kcals/day (22-24 kcal/kg)
 Est. Protein Needs: 91-114 g protein/day (1.2-1.5 g/kg)
 Est. Fluid Needs: 1650-1800 ml fluid/day or per provider

Nutrition Intervention:

Meals and Snacks: General/healthful diet
 Medical Food Supplements: Ensure Max BID
 Vitamin and Mineral Supplements: Multivitamin/mineral

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Begin Ensure Max BID to ensure adequate intake

Nutrition Discharge Recommendations:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 5-7 days.

Jordan Callahan, Dietetic Technician Intern

Cosigned by: Campbell, Cheri J. at 02/21/24 2020

Revision History

Date/Time	User	Provider Type	Action
02/21/24 2020	Campbell, Cheri J.	Dietitian	Cosign
02/21/24 1507	Callahan, Jordan Michelle	Dietitian Student	Addend
02/21/24 1316	Callahan, Jordan Michelle	Dietitian Student	Sign

Callahan, Jordan Michelle
Dietitian Student
Nutrition Counseling

Nutrition Support
Attested Addendum

Date of Service: 02/21/24 0921

Attestation signed by Campbell, Cheri J. at 02/21/24 2032

Chart reviewed.
Agree with recommendations.

Cheri J. Campbell, RD, LD

Nutrition Assessment
Re: LOS x 6 days

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Offer Ensure Plus BID
- Begin daily MVT

Assessment

81 YOF presents to the ED via EMS with c/o Injuries from fall x2 days. Pt reports a mechanical fall where pt felt her "legs give out" gradually fell on her R side. Pt denies head injury or LOC. Pt is not anticoagulated. Pt c/o global weakness from her fall but states she was unable to stand up secondary to weakness. PMHX of UTI, edema, burstitis. Pt admits to diarrhea for a few days. Pt denies any unilateral extremity numbness/weakness, slurred speech, diplopia, vertigo, or difficulty ambulating. Workup in ER was consistent with leukocytosis and mild metabolic acidosis. CT head shows chronic subdural hematoma, case was reviewed with Dr. Shank, neurosurgeon and he recommended to monitor her here.

Pt interview/Comments: Pt seen at BS. Pt reports a good appetite and reports consuming 100% of her meals. No N/V, but reports diarrhea one week ago followed by constipation, which has now resolved. Denies chewing/swallowing issues. Pt reports a wt loss of 40# (20%) over the past year following a decline in motivation after the loss of her husband. Pt also reports she "wanted to get back to her UBW of 150# anyway" after reaching her highest wt of 200# prior to the wt loss, but confirms wt loss was unintentional. Pt with no further questions or concerns at this time.

Dx: .

Hospital Problems

	POA
* Frequent falls	Yes
Idiopathic peripheral neuropathy	Yes
Chronic acquired lymphedema	Yes
Bladder incontinence	Yes
Chronic subdural hematoma (HCC)	Yes
Diarrhea	Yes
Leukocytosis	Yes
Traumatic rhabdomyolysis (HCC)	Yes
Encephalopathy acute	Yes
Metabolic acidosis	Yes

Food allergies:

Allergies

Allergen

- Hydrocodone

Reactions

Rash

PMH reviewed:

Past Medical History:

Diagnosis

- Tinea corporis
- Left hip pain
- Intractable back pain
- Right groin pain
- Edema of both legs
- Varicose veins

Date

08/26/2016

12/12/2017

12/12/2017

12/13/2017

PSH reviewed.

Past Surgical History:

Procedure

- KNEE SURGERY
- SCOPE KNEE DX WWO SYN BX SEP PROC
Arthroscopy, Knee rt meniscus tear
- OTHER SURGICAL HISTORY
vascular surgery
- PARTIAL KNEE ARTHROPLASTY
BUKR / RHE
- ARTHPLSTY KNEE CONDYLE; MED&LAT
- INCONTINENCE SURGERY
vaginal sling
- APPENDECTOMY
- HX TONSILLECTOMY/ADENOIDECTOMY
- HYSTERECTOMY
- OTHER
severed tendon Left
- OTHER
vnus closure RT

Laterality

Date

1948

Right

2007

2008

Bilateral

11/30/2009

Bilateral

11/30/2009

01/05/2021

Labs reviewed:

Lab Results

Component

Value

Date/Time

NA	134 (L)	02/21/2024 0522
K	4.5	02/21/2024 0522
CO2	28.4	02/21/2024 0522
CL	102	02/21/2024 0522
BUN	9	02/21/2024 0522
CREAT	0.57 (L)	02/21/2024 0522
GLU	90	02/21/2024 0522
CA	9.0	02/21/2024 0522
TPROT	7.1	02/15/2024 1026
ALB	3.36 (L)	02/15/2024 1026
GLOB	3.7	02/15/2024 1026
ALKPHOS	84	02/15/2024 1026
AST	38 (H)	02/15/2024 1026
ALT	28	02/15/2024 1026
TBILI	1.1	02/15/2024 1026

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• acetaminophen (Tylenol Extra Strength) tablet	1,000 mg	ORAL	EVERY 6 HOURS AS NEEDED	Bolton, Ryschell Renee, DO
• acetaminophen (Tylenol) tablet	650 mg	ORAL	EVERY 4 HOURS AS NEEDED	Kurup, Savita R, MD
• diphenhydrAMINE (Benadryl) capsule	25 mg	ORAL	EVERY 12 HOURS AS NEEDED	Buchipudi, Rami Reddy, MD
• enoxaparin (Lovenox) syringe	40 mg	SUBCUTANEOUS	EVERY 24 HOURS	Buchipudi, Rami Reddy, MD
• magnesium oxide (Mag-Ox400) tablet	400 mg	ORAL	AS NEEDED	Kurup, Savita R, MD
Or				
• magnesium sulfate in SW solution	2,000 mg	INTRAVENOUS	AS NEEDED	Kurup, Savita R, MD
Or				
• magnesium sulfate in SW solution	4,000 mg	INTRAVENOUS	AS NEEDED	Kurup, Savita R, MD
• NORMAL SALINE solution	250 mL	Continuous IV Infusion	AS NEEDED	Kurup, Savita R, MD
• ondansetron ODT (Zofran ODT) tablet	4 mg	ORAL	EVERY 8 HOURS AS NEEDED	Kurup, Savita R, MD
Or				
• ondansetron (Zofran) solution	4 mg	INTRAVENOUS	EVERY 8 HOURS AS NEEDED	Kurup, Savita R, MD
• potassium chloride in water 20 mEq/100 mL solution	20 mEq	INTRAVENOUS	AS NEEDED	Kurup, Savita R, MD
Or				
• potassium chloride in water 40 mEq/100 mL solution	40 mEq	INTRAVENOUS	AS NEEDED	Kurup, Savita R, MD
Or				
• potassium chloride in water 40 mEq/100 mL solution	40 mEq	INTRAVENOUS	AS NEEDED	Kurup, Savita R, MD
Or				
• potassium chloride (K-Dur) tablet	40 mEq	ORAL	AS NEEDED	Kurup, Savita R, MD
Or				
• potassium chloride (K-Lor) packet	40 mEq	ORAL	AS NEEDED	Kurup, Savita R, MD
• sodium chloride (NS Flush) syringe		SALINE LOCK	TWICE DAILY	Kurup, Savita R, MD

- sodium chloride (NS Flush) syringe
 - traMADol (Ultram) 50 mg ORAL tablet
- SALINE LOCK AS NEEDED
- Kurup, Savita R, MD
- EVERY 6 HOURS AS NEEDED
- Buchipudi, Rami Reddy, MD

Wt Readings from Last 12 Encounters:
 02/21/24 73 kg (160 lb 15 oz)

Height: 5' 3" (160 cm)
 Weight: 73 kg (160 lb 15 oz)
 Admission Weight: 73.6 kg (162 lb 4.1 oz)

Body mass index is 28.51 kg/m².
 IBW: 52kg
 %IBW: 140%
 Weight change PTA: -18kg (20%) over one year
 Admission weight change: -0.6kg (1%)

Current Diet order/Regimen:

Active Diet Orders
 (From admission, onward)

Cardiac 2 gm Sodium Low Fat Diet WITH MEALS

Intake/Output Summary (Last 24 hours) at 2/21/2024 0921

Last data filed at 2/21/2024 0738

	Gross per 24 hour
Intake	420 ml
Output	2625 ml
Net	-2205 ml

Altered GI fxn: none

Oral problems: none

Skin/physical appearance: Braden 17, Denuded skin on buttocks and groin, lymphedema BLE.

Dietary intake/appetite: good > 75%

Non-Oral Intake: none

Last Bowel Movement: .Stool Occurrence - Consistency: Type 4 - Like a smooth, soft sausage or snake (02/19/24 1305)

Nutrition Focused Physical Exam: Pt exhibiting signs of mild fat wasting (mildly sunken orbital fat pads).

Nutrition Priority Points Assigned: 8 (4-head injury, 4-wt loss)

Pt is a moderate nutrition risk.

Diagnosis**Nutrition Dx:**

- Inadequate oral intake related to decreased appetite secondary to depression as evidenced by diet recall indicating limited PO intake.
- Unintended weight loss related to decreased appetite secondary to depression as evidenced by unintentional weight loss of 20% of body weight over one year

Intervention

Nutrition Prescription: Based on CBW of 73 kg.
 Est. Kcal Needs: 1450-1750 kcals/day (20-24 kcal/kg)
 Est. Protein Needs: 73-88 g protein/day (1.0-1.2 g/kg)
 Est. Fluid Needs: 1450-1750 ml fluid/day or per provider

Nutrition Intervention:

Meals and Snacks: General/healthful diet
 Medical Food Supplements: Modified beverage (Ensure Plus BID)
 Vitamin and Mineral Supplements: Multivitamin/mineral

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Offer Ensure Plus BID
- Begin daily MVT

Nutrition Discharge Recommendations:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Continue daily MVT

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 3-5 days.

Jordan Callahan, Dietetic Technician Intern

Cosigned by: Campbell, Cheri J. at 02/21/24 2032

Revision History

Date/Time	User	Provider Type	Action
02/21/24 2032	Campbell, Cheri J.	Dietitian	Cosign
02/21/24 1500	Callahan, Jordan Michelle	Dietitian Student	Addend
02/21/24 1256	Callahan, Jordan Michelle	Dietitian Student	Sign

Callahan, Jordan Michelle
Dietitian Student
Clinical Nutrition

Nutrition Support
Signed

Date of Service: 02/07/24 0858

Nutrition Education
Re: Low Fiber/ Low Residue Diet

Assessment

48 y/o M admitted with abdominal pain, sigmoid diverticulitis, constipation. PMHx of hypogonadism on weekly testosterone replacement, 3 monthly phlebotomy, who presented to the ED with c/o left lower abdominal pain onset 2 days prior to admission. Advancing to LF/LR diet after tolerating FL. Still has LLQ abdominal pain but it is improving.

Pt interview/Comments:

Pt seen at BS. Pt reports a good appetite and is not experiencing any N/V, mild diarrhea. Denies chewing/swallowing issues. No recent weight loss reported and UBW is 220#. Intern provided low fiber diet education using handouts and verbal discussion. Pt verbalized understanding of education provided. Expect high level of compliance.

Dx: .

Hospital Problems

	POA
* Sigmoid diverticulitis	Yes
Hypogonadism in male	Yes
Erythrocytosis	Yes

Allergies

Allergen	Reactions
• Hydrocodone	Nausea

PMH reviewed:

Past Medical History:

Diagnosis	Date
• Diverticulitis	02/05/2024
• Erythrocytosis	
• Hypogonadism in male	

PSH reviewed.

Past Surgical History:

Procedure	Laterality	Date
• HERNIA REPAIR <i>Open left inguinal hernia repair</i>	Left	2006
• UMBILICAL HERNIA REPAIR <i>Unknown if mesh used.</i>		2006
• FOOT SURGERY <i>Dr. Randy Lew removed a bone spur from the left heel and replaced the Achilles tendon.</i>	Left	2018
• KNEE ARTHROSCOPY <i>Meniscus repair</i>	Right	

• KNEE ARTHROSCOPY

internal membrane was leaking. Resolved with activity restriction.

• WISDOM TOOTH EXTRACTION

Left

Labs reviewed:

Lab Results

Component

Value

Date/Time

Component	Value	Date/Time
NA	137	02/07/2024 0407
K	3.9	02/07/2024 0407
CO2	21.6	02/07/2024 0407
CL	109 (H)	02/07/2024 0407
BUN	6 (L)	02/07/2024 0407
CREAT	0.85	02/07/2024 0407
GLU	93	02/07/2024 0407
CA	8.5	02/07/2024 0407
TPROT	7.4	02/05/2024 1025
ALB	3.59	02/05/2024 1025
GLOB	3.8	02/05/2024 1025
ALKPHOS	139	02/05/2024 1025
AST	16	02/05/2024 1025
ALT	18	02/05/2024 1025
TBILI	0.7	02/05/2024 1025

Height: 6' 1" (185.4 cm)

Weight: 102.2 kg (225 lb 5 oz)

Admission Weight: 104.1 kg (229 lb 8 oz)

Body mass index is 29.73 kg/m².

IBW: 83.6 kg

%IBW: 122%

Current Diet order/Regimen:

Active Diet Orders

(From admission, onward)

LOW FIBER/LOW RESIDUE DIET WITH MEALS

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 5-7 days.

Jordan Callahan, Dietetic Technician Intern

Callahan, Jordan Michelle
Dietitian Student

Nutrition Support
Cosign Needed Addendum

Date of Service: 02/16/24 0903

Nutrition Assessment
Re: Poor PO Intake, A1c >10

Recommendations/Goals:

- Continue current diet order
- Consume 3 small meals (2-4 CHO) and 2 snacks (1-2 CHO) per day
- Encourage exercise per physician recommendations
- Daily MVT

Assessment

65 y.o. male with PMHx of ASD s/p repair, PE/DVT on eliquis, CVA, T2DM, HTN, HLD, OSA who presented to the ED for elevated blood sugars. Pt states he has polyuria/polydipsia 2 months PTA. Reports weight loss. He is working on making a film the last 3 years and finally completed it 2 weeks ago. He was eating delivery-type meals frequently. He went to see his PCP the last few weeks and noted to have blood sugar levels 300-400s and worsening renal function. He was told to come here today by PCP.

Pt interview/Comments: Pt seen at BS. Pt reports a good appetite and is consuming >75% of meals per chart. No N/V/D reported. Denies chewing/swallowing issues. Pt reports a recent 25# (9%) weight loss and UBW is 290#. Reports a recent change in diet after beginning a meal delivery service called "Front Porch Pantry" with timing consistent with the onset of symptoms.

Intern provided HLD and T2DM education using handouts and verbal discussion. Intern provided education on the importance of non-starchy vegetables, appropriate portion sizes, and small frequent meals. Pt reported use of continuous BG monitor and an understanding of how carbohydrates elevate BG levels. Pt verbalized understanding of education provided. Expect high level of compliance.

Dx: .

Hospital Problems

	POA
* Diabetic keto-acidosis (HCC)	Yes
Primary hypertension	Yes
OSA on CPAP	Yes
Type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin (HCC)	Yes
ASD (atrial septal defect)	Yes
Overview Signed 2/15/2024 6:47 PM by Arnold, Lisa Michelle, PA-C S/p repair 2020	
History of CVA (cerebrovascular accident)	Yes
History of venous thromboembolism	Yes
Overview Signed 2/15/2024 6:47 PM by Arnold, Lisa Michelle, PA-C DVT and PE	
AKI (acute kidney injury) (HCC)	Yes
Class 2 obesity with body mass index (BMI) of 36.0 to 36.9 in adult	Yes
Hypertriglyceridemia	Yes
Demand ischemia	Yes

Food allergies:

Allergies:

Allergen

- Ether
- Lisinopril
- Hydralazine

Reactions:

- Nausea and Vomiting
- Cough
- Flushing

PMH reviewed:

Past Medical History:

Diagnosis

- Allergic state
- Type 2 diabetes mellitus with circulatory disorder, without long-term current use of insulin (HCC)
- Asthma
- Bronchitis
- Cerebral infarction (HCC)
- Chicken pox
- Coronary artery disease
- GERD (gastroesophageal reflux disease)
- Gonorrhea
- High cholesterol
- HTN (hypertension)
- Seasonal allergies
- Sleep apnea

Date

1964

5/9/2023

PSH reviewed.

Past Surgical History:

Procedure

Laterality

Date

- HX TONSILLECTOMY/ADENOIDECTOMY 1967
- FRACTURE SURGERY 1977
Shattered nose from boating accident
- COSMETIC SURGERY 1977
Nose straightened from serious boating accident.
- APPENDECTOMY; 1978
- NASAL SEPTUM SURGERY 12/1981
- JOINT REPLACEMENT 2000
ACL reconstruction from patella tendon
- COLONOSCOPY 2012
- SURGICAL PROCEDURE/COMMENT Right 12/4/2018
Procedure: RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY, CHONDROPLASTY/DEBRIDEMENT, SYNOVECTOMY; Surgeon: Singleton, Steven Brian, MD; Location: THSW SC; Service: Orthopedics
- SURGICAL PROCEDURE/COMMENT N/A 8/5/2020
Procedure: CV PERCY TRANSCATH CLOSURE; Surgeon: Kalaria, Vijay G, MD; Location: THHV CATH LAB; Service: Cath Lab
- KNEE SURGERY 2000,2008
left knee

Labs reviewed:

Lab Results

Component

Value

Date/Time

NA	133 (L)	02/16/2024 0805
K	DISREGARD	02/16/2024 0805
CO2	20.4 (L)	02/16/2024 0805
CL	102	02/16/2024 0805
BUN	14	02/16/2024 0805
CREAT	0.80	02/16/2024 0805

GLU	161 (H)	02/16/2024 0805
CA	8.5	02/16/2024 0805
TPROT	9.1 (H)	02/15/2024 1505
ALB	3.59	02/15/2024 1505
GLOB	5.5 (H)	02/15/2024 1505
ALKPHOS	57	02/15/2024 1505
AST	23	02/15/2024 1505
ALT	33	02/15/2024 1505
TBILI	0.7	02/15/2024 1505

Lab Results

Component	Value	Date/Time
CHOL	754 (H)	02/16/2024 0444
HDL	23 (L)	02/16/2024 0444
LDL	98	05/02/2023 0530
LDLDIRECT	78	02/16/2024 0444
TRIG	2,789 (H)	02/16/2024 1300

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• acetaminophen (Tylenol) tablet	325-650 mg	ORAL	EVERY 6 HOURS AS NEEDED	Arnold, Lisa Michelle, PA-C
• apixaban (Eliquis) tablet	5 mg	ORAL	TWICE DAILY	Arnold, Lisa Michelle, PA-C
• butalbital-acetaminophen-caff (Fioricet) 50-325-40 mg tablet	1 Tablet	ORAL	EVERY 6 HOURS AS NEEDED	Arnold, Lisa Michelle, PA-C
• clopidogrel (Plavix) tablet	75 mg	ORAL	DAILY	Arnold, Lisa Michelle, PA-C
• dextrose 50 % in water (D50W) solution And	25 mL	IV PUSH	AS NEEDED	Blankenship, Alan Lane Jr., MD
• glucagon 1 mg solution	1 mg	INTRAMUSCULAR	AS NEEDED	Blankenship, Alan Lane Jr., MD
• Fenofibrate Nanocrystallized (Tricor) tablet	145 mg	ORAL	DAILY	Arnold, Lisa Michelle, PA-C
• HYDROcodone-acetaminophen (Norco) 7.5-325 mg tablet	1 Tablet	ORAL	EVERY 6 HOURS AS NEEDED	Arnold, Lisa Michelle, PA-C
• insulin glargine 100 unit/mL (3 mL) solution inprn	15 Units	SUBCUTANEOUS	AT BEDTIME	Buchipudi, Rami Reddy, MD
• insulin lispro 100 unit/mL solution-AC CORRECTIONAL And	0-12 Units	SUBCUTANEOUS	BEFORE MEALS	Buchipudi, Rami Reddy, MD
• insulin lispro 100 unit/mL solution-HS	0-6 Units	SUBCUTANEOUS	AT BEDTIME	Buchipudi, Rami Reddy, MD

CORRECTIONAL

- loratadine (Claritin) tablet 10 mg ORAL DAILY Arnold, Lisa Michelle, PA-C
- magnesium sulfate in SW solution Or 4,000 mg INTRAVENOUS AS NEEDED Buchipudi, Rami Reddy, MD
- magnesium oxide (Mag-Ox400) tablet 800 mg ORAL AS NEEDED Buchipudi, Rami Reddy, MD
- metoprolol succinate XL (Toprol XL) tablet 25 mg ORAL DAILY Arnold, Lisa Michelle, PA-C
- NORMAL SALINE solution 250 mL Continuous IV Infusion AS NEEDED Buchipudi, Rami Reddy, MD
- omega-3 acid ethyl esters (Lovaza) capsule 2 g ORAL TWICE DAILY WITH MEALS Arnold, Lisa Michelle, PA-C
- potassium chloride in water 20 mEq/100 mL solution Or 20 mEq INTRAVENOUS AS NEEDED Buchipudi, Rami Reddy, MD
- potassium chloride in water 40 mEq/100 mL solution Or 40 mEq INTRAVENOUS AS NEEDED Buchipudi, Rami Reddy, MD
- potassium chloride in water 40 mEq/100 mL solution Or 40 mEq INTRAVENOUS AS NEEDED Buchipudi, Rami Reddy, MD
- potassium chloride (K-Dur) tablet Or 40 mEq ORAL AS NEEDED Buchipudi, Rami Reddy, MD
- potassium chloride (K-Lor) packet 40 mEq ORAL AS NEEDED Buchipudi, Rami Reddy, MD
- sodium chloride (NS Flush) syringe 10 mL SALINE LOCK AS NEEDED Blankenship, Alan Lane Jr., MD
- sodium chloride (NS Flush) syringe 10 mL SALINE LOCK TWICE DAILY Blankenship, Alan Lane Jr., MD

Lab Results

Component

HGBA1C
HEMA1CPER

Value
11.1 (H)
12.6 (H)

Date
02/15/2024
02/13/2024

Wt Readings from Last 12 Encounters:

02/16/24 120.4 kg (265 lb 6.9 oz)
09/01/20 121.1 kg (266 lb 15.6 oz)
08/06/20 124.9 kg (275 lb 5.7 oz)
07/18/20 124.5 kg (274 lb 7.6 oz)
12/04/18 122.5 kg (270 lb)

12/03/18 123.1 kg (271 lb 6.2 oz)

Height: 5' 11" (180.3 cm)
Weight: 120.4 kg (265 lb 6.9 oz)
Admission Weight: 118.5 kg (261 lb 3.9 oz)

Body mass index is 37.02 kg/m².
IBW: 78kg
%IBW: 154%
Weight change PTA: -11kg (9%) over four months
Admission weight change: +1.9kg (2%)

Current Diet order/Regimen:

Active Diet Orders
(From admission, onward)

Diabetic Diet WITH MEALS

Intake/Output Summary (Last 24 hours) at 2/16/2024 0903
Last data filed at 2/16/2024 0830

	Gross per 24 hour
Intake	2891.32 ml
Output	1350 ml
Net	1541.32 ml

Altered GI fxn: none
Oral problems: none
Skin/physical appearance: Intact, Braden 21
Dietary intake/appetite: good > 75%
Non-Oral Intake: none
Last Bowel Movement: none since admission
Nutrition Focused Physical Exam: No signs of malnutrition noted. Moderate central adiposity. Alert and mobile.

Nutrition Priority Points Assigned: 6 (3-WL, 3-Dx)
Pt is a low nutrition risk.

Diagnosis

Nutrition Dx:

- Altered nutrition related lab values (A1c, triglycerides, total cholesterol) related to excessive intake as evidenced by dietary recall indicating intake of foods excessive in carbohydrate and saturated fats.

Intervention

Nutrition Prescription: Based on 78 kg.
Est. Kcal Needs: 1800-1950 kcals/day (23-25 kcal/kg)
Est. Protein Needs: 78-94 g protein/day (1-1.2 g/kg)
Est. Fluid Needs: 1800-1950 ml fluid/day or per provider

Nutrition Intervention:

Meals and Snacks: General/healthful diet, with 3 meals and 2 snacks per day
Vitamin and Mineral Supplements: Multivitamin/mineral

Recommendations/Goals:

- Continue current diet order
- Consume 3 small meals (2-4 CHO) and 2 snacks (1-2 CHO) per day
- Encourage exercise per physician recommendations
- Daily MVT

Nutrition Discharge Recommendations:

- Continue current diet order
- Consume 3 small meals (2-4 CHO) and 2 snacks (1-2 CHO) per day
- Encourage exercise per physician recommendations

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 5-7 days.

Jordan Callahan, Dietetic Technician Intern

Electronically signed by Callahan, Jordan Michelle at 02/16/24 1603

ED to Hosp-Admission (Discharged) on 2/15/2024

Care Timeline

02/15 Admitted from ED 2022
2022
02/16 Discharged 1525
1525

Callahan, Jordan Michelle
Dietitian Student

Nutrition Support
Cosign Needed

Date of Service: 02/23/24 0943

Nutrition Assessment

Re: Screen for poor PO, Chewing/Swallowing Difficulty

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Offer Ensure Plus BID
- Offer Banatrol BID

Severe malnutrition in the context of chronic illness related to energy imbalance as evidenced by unintentional weight loss of 24% BW over six months, and likely not meeting at least 75% of estimated needs on a consistent basis.

Assessment

71 YOF with PMHx significant for prior C diff infection, chronic diarrhea, benign essential hypertension, GERD and other medical problems, presents to the emergency room with a history of diarrhea of 1 day duration. Patient states that she has been having profuse diarrhea watery in consistency associated with the abdominal cramps but no fever. She was also been having nausea and some vomiting. There are no sick contacts at home. She denies any blood in his stools. She took about 12 lmodium and had 1 last bowel movement in the emergency room. Initial vital signs include a blood pressure 96/69, temperature 97.4° F and O2 saturation 96% on room air. Labs significant for a normal white count of 6000, INR of 2.99, lactate of 1.5, bicarb of 20.

Pt interview/Comments: Pt seen at BS. Reports no N/V or constipation, but frequent diarrhea beginning 1 day PTA. Pt reports a BM frequency of "every 5 minutes" before presenting to ER. Reports a weight loss of approximately 40# (27% UBW) over the past six months, and a UBW of 146#. Reports her appetite is coming back after disappearing suddenly 2 weeks prior due to complications with a PEG tube site infection after removal in December 2023.

Dx: .

Hospital Problems

	POA
Anticoagulated on Coumadin	Yes
Acquired hypothyroidism	Yes
Generalized weakness	Yes
Acute deep vein thrombosis (DVT) of brachial vein of left upper extremity (HCC)	Yes
Diarrhea	Yes
Hypoglycemia	

Food allergies:

Allergies

Allergen

- Adhesive Bandage
"Takes skin off"
- Black Pepper
"Makes my mouth raw"
- Dairy

Reactions last for several days

Reactions

Diarrhea

Erythromycin

Unknown

Latex

"Takes skin off"

Other

Hives

shrimp

Tetracycline

Blisters

Tomato

Aggravates acid reflux

PMH reviewed:

Past Medical History:

Diagnosis

- Clostridioides difficile infection
- Asthma
- Back pain
- Chronic diarrhea
- Congestive heart failure (HCC)
- DVT (deep venous thrombosis) (HCC)
- Essential hypertension, benign
- Fatigue
- Gastroesophageal reflux disease
- H/O seasonal allergies
- Heartburn
- Localized swelling of both lower legs
- Osteoporosis
- Other specified noninfective gastroenteritis and colitis
- SOB (shortness of breath)
- Thyroid disease

Date

01/10/2024

PSH reviewed.

Past Surgical History:

Procedure

- | Procedure | Laterality | Date |
|---|------------|------------|
| EGD W/INSRT GWIRE & DILATION | | 11/14/2023 |
| SURGICAL PROCEDURE/COMMENT | N/A | 11/14/2023 |
| Procedure: ESOPHAGOGASTRODUODENOSCOPY/DILATION; Surgeon: Gatta, Prakash, MD; Location: THFW GI; Service: Gastroenterology | | |
| SURGICAL PROCEDURE/COMMENT | N/A | 11/18/2023 |
| Procedure: ESOPHAGOGASTRODUODENOSCOPY; Surgeon: Namburu, Venkat Eswara-Rao, MD; Location: THFW GI; Service: GI Lab | | |
| SURGICAL PROCEDURE/COMMENT | N/A | 11/24/2023 |
| Procedure: ESOPHAGOGASTRODUODENOSCOPY WITH PEG PLACEMENT J tube; Surgeon: Ramzan, Zeeshan, MD; Location: THFW GI; Service: GI Lab | | |
| SURGICAL PROCEDURE/COMMENT | N/A | 1/12/2024 |
| Procedure: ESOPHAGOGASTRODUODENOSCOPY; Surgeon: Ramzan, Zeeshan, MD; Location: THFW GI; Service: GI Lab | | |
| SURGICAL PROCEDURE/COMMENT | N/A | 1/25/2024 |
| Procedure: COLONOSCOPY; Surgeon: Ahmed, Tasneem Fazal, DO; Location: THFW GI; Service: GI Lab | | |
| CHOLECYSTECTOMY | | |
| EGD | | 11/2/2023 |
| HIATAL HERNIA REPAIR | | |
| LAPAROSCOPIC PARTIAL GASTRECTOMY | | 11/2/2023 |
| LYSIS OF ADHESIONS | | 11/2/2023 |
| PR LAP, REPAIR PARAESOPHAGEAL HERNIA, INCL FUNDOPLASTY W/ MESH | | 11/2/2023 |
| SURGICAL PROCEDURE/COMMENT | N/A | 8/11/2023 |
| Procedure: ESOPHAGOGASTRODUODENOSCOPY; Surgeon: Dewar, Thomas Norman, MD; Location: THSW GI; Service: GI Lab | | |
| SURGICAL PROCEDURE/COMMENT | N/A | 11/2/2023 |

Procedure: XI ROBOT ASSISTED LAPAROSCOPIC PARAESOPHAGEAL HERNIA REPAIR WITH MESH & FUNDOPLICATION; Surgeon: Gatta, Prakash, MD; Location: THFW OR; Service: General

- SURGICAL PROCEDURE/COMMENT N/A 11/2/2023
Procedure: ESOPHAGOGASTRODUODENOSCOPY; Surgeon: Gorrepati, Navakanth, MD; Location: THFW GI; Service: GI Lab
- TONSILLECTOMY

Labs reviewed:

Lab Results

Component	Value	Date/Time
NA	141	02/23/2024 0547
K	3.4 (L)	02/23/2024 0547
CO2	15.5 (L)	02/23/2024 0547
CL	122 (H)	02/23/2024 0547
BUN	4 (L)	02/23/2024 0547
CREAT	0.72	02/23/2024 0547
GLU	74	02/23/2024 0547
CA	8.2	02/23/2024 0547
TPROT	5.5 (L)	02/23/2024 0547
ALB	1.98 (L)	02/23/2024 0547
GLOB	3.5	02/23/2024 0547
ALKPHOS	46	02/23/2024 0547
AST	10	02/23/2024 0547
ALT	6	02/23/2024 0547
TBILI	0.3	02/23/2024 0547

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• acetaminophen (Tylenol Extra Strength) tablet	500 mg	ORAL	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD
• acetaminophen (Tylenol) tablet	650 mg	ORAL	EVERY 4 HOURS AS NEEDED	Chinoy, Birjis D, MD
• alum-mag hydroxide-simeth (Maalox) 200-200-20 mg/5 mL suspension	30 mL	ORAL	THREE TIMES DAILY AS NEEDED	Chinoy, Birjis D, MD
• dextrose 50 % in water (D50W) solution	25 mL	IV PUSH	AS NEEDED	Chinoy, Birjis D, MD
And				
• glucagon 1 mg solution	1 mg	INTRAMUSCULAR	AS NEEDED	Chinoy, Birjis D, MD
• docusate sodium (Colace) capsule	100 mg	ORAL	DAILY AS NEEDED	Chinoy, Birjis D, MD
• esomeprazole (NexIUM) packet	40 mg	ORAL	DAILY	Chinoy, Birjis D, MD
• hydrALAZINE (Apresoline) solution	10 mg	IV PUSH	EVERY 4 HOURS AS NEEDED	Chinoy, Birjis D, MD
• HYDROcodone-acetaminophen (Norco) 5-325 mg tablet	1 Tablet	ORAL	EVERY 4 HOURS AS NEEDED	Chinoy, Birjis D, MD

• potassium chloride in water 20 mEq/100 mL solution Or	20 mEq	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD
• potassium chloride in water 40 mEq/100 mL solution Or	40 mEq	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD
• potassium chloride in water 40 mEq/100 mL solution Or	40 mEq	INTRAVENOUS	AS NEEDED	Chinoy, Birjis D, MD
• potassium chloride (K-Dur) tablet Or	40 mEq	ORAL	AS NEEDED	Chinoy, Birjis D, MD
• potassium chloride (K-Lor) packet	40 mEq	ORAL	AS NEEDED	Chinoy, Birjis D, MD
• promethazine (Phenergan) suppository	12.5 mg	RECTAL	EVERY 6 HOURS AS NEEDED	Chinoy, Birjis D, MD
• sodium bicarbonate 1 mEq/mL 100 mEq in sterile water 1,000 mL		Continuous IV Infusion	CONTINUOUS	Kurup, Savita R, MD
• sodium chloride (NS Flush) syringe		SALINE LOCK	TWICE DAILY	Chinoy, Birjis D, MD
• sodium chloride (NS Flush) syringe		SALINE LOCK	AS NEEDED	Chinoy, Birjis D, MD
• warfarin (Coumadin) tablet	2.5 mg	ORAL	DAILY-1800	Kurup, Savita R, MD

Wt Readings from Last 12 Encounters:

02/23/24 54.4 kg (119 lb 14.9 oz)
 12/24/23 59.8 kg (131 lb 13.4 oz)
 08/12/23 72 kg (158 lb 11.7 oz)
 11/03/22 72.6 kg (160 lb)

Height: 5' 3" (160 cm)

Weight: 54.4 kg (119 lb 14.9 oz)

Admission Weight: 55.7 kg (122 lb 12.7 oz)

Body mass index is 21.24 kg/m².

IBW: 52 kg +/- 10% (47-57kg)

%IBW: 105%

Weight change PTA: -17.6 kg (24%) over six months

Admission weight change: -1.3 kg

Current Diet order/Regimen:

Active Diet Orders

(From admission, onward)

REGULAR DIET WITH MEALS

Intake/Output Summary (Last 24 hours) at 2/23/2024 0943

Last data filed at 2/22/2024 1356

	Gross per 24 hour
Intake	200 ml
Output	—
Net	200 ml

Altered GI fxn: diarrhea

Oral problems: none

Skin/physical appearance: Braden 21, scar on abdomen from healing PEG tube removal

Dietary intake/appetite: fair > 50%

Non-Oral Intake: none

Last Bowel Movement: .Stool Occurrence - Consistency: Type 7 - Liquid consistency with no solid pieces (02/23/24 0411)

Nutrition Focused Physical Exam: No exam performed at this time (2/23).

Nutrition Priority Points Assigned: 12 (2-BMI, 3-Diarrhea, 3-PO, 4-Wt loss)

Pt is a high nutrition risk.

DiagnosisNutrition Dx:

Severe malnutrition in the context of chronic illness related to energy imbalance as evidenced by unintentional weight loss of 24% BW over six months, and likely not meeting at least 75% of estimated needs on a consistent basis.

Intervention

Nutrition Prescription: Based on CW 54 kg.

Est. Kcal Needs: 1500-1700 kcals/day (28-32 kcal/kg)

Est. Protein Needs: 54-65 g protein/day (1-1.2 g/kg)

Est. Fluid Needs: 1500-1700 ml fluid/day or per provider

Nutrition Intervention:

Meals and Snacks: General/healthful diet

Medical Food Supplements: Ensure Plus, Banatrol BID

Vitamin and Mineral Supplements: Multivitamin/mineral

Recommendations/Goals:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Offer Ensure Plus BID

- Offer Banatrol BID

Nutrition Discharge Recommendations:

- Continue current diet order.
- Encourage good PO intake of meals and snacks.
- Add snacks in between meals

Monitoring/Evaluation

- Monitor intake, weight, labs, clinical status.
- RD will follow-up within 1-4 days.

Jordan Callahan, Dietetic Technician Intern

Callahan, Jordan Michelle
Dietitian Student

Nutrition Support
Cosign Needed

Date of Service: 02/23/24 1250

Nutrition Assessment
Re: BMI < 18,5

Recommendations/Goals:

- ADAT
- Encourage good PO intake of meals and snacks.
- Would recommend Clinamix @ 50mL / hr (1200mL providing 51g protein, 408 kcal)

Severe malnutrition in the context of acute illness related to energy imbalance as evidenced by NPO, BMI of 16.2 kg/m/m, observed marked wasting to orbital, temporal, buccal and interosseous regions and clavicle prominence, and likely not meeting at least 75% of estimated needs on a consistent basis.

Assessment

89 YOF with PMHx of mesenteric ischemia. Was in her usual state of health until 5 days PTA when the pt developed constipation. Patient woke up around 2:00 a.m. last night with abdominal pain. Patient also having nausea/vomiting. Patient had NG tube placed after that abdominal pain nausea improved. No nausea now at this time. Patient not passing any flatus now. Last BM was 5 days ago.

Pt interview/Comments: Pt seen at BS with family present. Pt reports a good appetite until 5 days PTA, and is NPO currently. No N/V/D reported currently, but was experiencing nausea p/t administration of zofran. Reports severe constipation with last BM 5 days PTA, very small and pellet-like. Denies chewing/swallowing issues, but is experiencing marked mouth and throat pain d/t NG tube placement. Reports sudden weight loss a few months PTA, reported UBW of 125#, and goal established by pt is to maintain wt.

Dx: .

Hospital Problems

	POA
* SBO (small bowel obstruction) (HCC)	Yes
Hypothyroidism	Yes
Severe protein-calorie malnutrition (HCC)	Yes
Breast mass, right	Yes

Food allergies: No Known Allergies

PMH reviewed:

Past Medical History:

Diagnosis

- Essential hypertension
- Depression
- Anemia
- Aneurysm (HCC)
- Cancer (HCC)
- COVID-19
- Essential hypertension
- Hypothyroid
- Mitral valve prolapse
- Neck pain
- Osteoarthritis

Date
9/12/2022
9/20/2022

- Osteoporosis
- Vitamin B 12 deficiency

PSH reviewed.

Past Surgical History:

Procedure	Laterality	Date
• TONSILLECTOMY		1953
• APPENDECTOMY		1975
• HYSTERECTOMY		1975
• PARATHYROIDECTOMY/EXPL PARATHYROID;		1997
• HERNIA REPAIR <i>inguinal, midline</i>		2002
• MASTECTOMY <i>Right side lumpectomy</i>		9-2004
• BREAST RECONSTRUCTION		2005
• INTRAOCULAR LENS INSERTION <i>cataract removal</i>	Bilateral	2008
• RIGHT COLECTOMY		2008
• SURGICAL PROCEDURE/COMMENT <i>Procedure: ESOPHAGOGASTRODUODENOSCOPY WITH EUS; Surgeon: George, Josh Oommen, MD; Location: THFW GI; Service: GI Lab</i>	N/A	9/13/2022
• SURGICAL PROCEDURE/COMMENT <i>Procedure: LAPAROSCOPIC CHOLECYSTECTOMY; Surgeon: Bloemendal, Lee Scott, MD; Location: THFW OR; Service: General</i>	N/A	9/14/2022

Labs reviewed:

Lab Results

Component	Value	Date/Time
NA	140	02/23/2024 0541
K	3.8	02/23/2024 0541
CO2	25.7	02/23/2024 0541
CL	103	02/23/2024 0541
BUN	29 (H)	02/23/2024 0541
CREAT	0.87	02/23/2024 0541
GLU	147 (H)	02/23/2024 0541
CA	9.2	02/23/2024 0541
TPROT	7.2	02/22/2024 0941
ALB	3.86	02/22/2024 0941
GLOB	3.3	02/22/2024 0941
ALKPHOS	70	02/22/2024 0941
AST	22	02/22/2024 0941
ALT	13	02/22/2024 0941
TBILI	0.6	02/22/2024 0941

Meds reviewed:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider
• 1/2 NORMAL SALINE 20 mEq KCl/L solution		Continuous IV Infusion	CONTINUOUS US	Khan, Abdul Qadir, MD
• docusate sodium (Colace) capsule	100 mg	ORAL	DAILY AS NEEDED	Khan, Abdul Qadir, MD
• HYDROMORPHONE (Dilaudid) solution	0.2 mg	IV PUSH	EVERY 6 HOURS AS NEEDED	Baker, Elizabeth Marie, PA-C
• levothyroxine (Synthroid)	50 mcg	IV PUSH	DAILY	Khan, Abdul Qadir, MD

• ondansetron ODT (Zofran ODT) tablet	4 mg	ORAL	EVERY 8 HOURS AS NEEDED	Khan, Abdul Qadir, MD
Or				
• ondansetron (Zofran) solution	4 mg	INTRAVENOUS	EVERY 8 HOURS AS NEEDED	Khan, Abdul Qadir, MD
• pantoprazole (Protonix) solution	40 mg	INTRAVENOUS	DAILY	Khan, Abdul Qadir, MD
• piperacillin-tazobactam (Zosyn) 3,375 mg in sodium chloride 0.9 % 100 mL	3,375 mg	INTRAVENOUS	EVERY 8 HOURS	Cordova, Joseph David, MD
• polyethylene glycol 3350 (Miralax) packet	17 g	ORAL	DAILY AS NEEDED	Khan, Abdul Qadir, MD
• sodium chloride (NS Flush) syringe		SALINE LOCK	TWICE DAILY	Khan, Abdul Qadir, MD
• sodium chloride (NS Flush) syringe		SALINE LOCK	AS NEEDED	Khan, Abdul Qadir, MD
• sore throat lozenge	1 Lozenge	MUCOUS MEMBRANE	EVERY 4 HOURS AS NEEDED	Khan, Abdul Qadir, MD

Wt Readings from Last 12 Encounters:

02/22/24	42.8 kg (94 lb 5.7 oz)
10/07/23	51.7 kg (113 lb 15.7 oz)
05/19/23	52.9 kg (116 lb 10 oz)
09/10/22	55.7 kg (122 lb 12.7 oz)
09/07/22	52.3 kg (115 lb 4.8 oz)
05/27/22	65.2 kg (143 lb 11.8 oz)
08/05/21	53.5 kg (117 lb 15.1 oz)
07/04/20	52.6 kg (115 lb 15.4 oz)
10/17/18	57.2 kg (126 lb 1.7 oz)

Height: 5' 4" (162.6 cm)

Weight: 42.8 kg (94 lb 5.7 oz)

Admission Weight: 42.8 kg (94 lb 5.7 oz)

Body mass index is 16.2 kg/m².

IBW: 55kg +/- 10% (50-61kg)

%IBW: 78%

Weight change PTA: -8.9kg (17%) over five months

Admission weight change: none reported

Current Diet order/Regimen:

Active Diet Orders

(From admission, onward)


Monitoring/Evaluation

- Monitor TPN/PPN, weight, labs, clinical status.
- RD will follow-up within 1-3 days.

Jordan Callahan, Dietetic Technician Intern

Room/Bed #	Patient Name**	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4129/4129 01	[REDACTED]	2/8/24	49 y.o. / F	0003 7283	Diabetic Diet - 2/8/2024 3:04 AM	Cellulitis of left lower extremity; Failure of outpatient treatment	Cellulitis of left lower extremity	NI	5'4" (162.6 cm)	119.4	45.18	9.1	7/10 2/14. Seen 2/9. JC	
4220/4220 01	[REDACTED]	2/9/24	75 y.o. / F	2000 1361 52	REGULAR DIET - 2/10/2024 5:25 AM 2.5m Sodium	Acute exacerbation of chronic obstructive pulmonary disease (COPD) (HCC); Respiratory distress; Hypoxia	Acute exacerbation of chronic obstructive pulmonary disease (COPD) (HCC)	NI	5'2" (157.5 cm) 110 lb 50 % 145%	72.4	29.19	5.3	N/V: / D/C: Bw C/S: - wt for - : ~ 140 Appetite: Below knee mark:	
4220/4220 01	[REDACTED]	2/9/24	68 y.o. / M	0004 9495 0	REGULAR DIET - 2/10/2024 12:26 PM	Chest pain; Hematuria; unspecified type; Elevated lactic acid level; Seizure disorder (HCC); Anemia; unspecified type; Nontraumatic headache; unspecified chronically pattern; unspecified headache type; Dizziness; Hypertransion; unspecified type	Chest pain (HCC)	NI	5'7" (170.2 cm) 148 lb 67 kg 135%	90.4	31.21	5.3	Forcing to eat can't eat ~ 1 yr H of op. caused + Mrs. Das taste w/ half or take coffee	
9220/4220 01	[REDACTED]	2/9/24	78 y.o. / F	0004 3144 2	REGULAR DIET - 2/13/2024 12:53 PM	Sepsis, due to unspecified organism; unspecified whether acute organ dysfunction present (HCC); AKI (acute kidney injury) (HCC); Dehydration; Elevated tropoinT; Nausea vomiting and diarrhea; Sepsis (HCC)	Sepsis (HCC)	NI	5'2.5" (158.8 cm) 115 lb 52.3 kg 65.1 %	44.5	17.66	5.1	Follow-up on 2/14. Seen on 2/10 KR	

Room/Bed #	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height	Weight	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4228/4228-01	[REDACTED]	1/31/24	52 y.o. / M	1982 41	NPO, - 2/14/2024 5:31 AM	Small bowel obstruction (HCC); Abdominal hernia without obstruction and without gangrene, recurrence not specified, unspecified hernia type; Diverticulosis of colon without diverticulitis; Acute kidney injury (HCC); Hypertycemia	Small bowel obstruction (HCC)	NI	6'3" (190.5 cm)	149 lbs	34.42	12.9	N/P: post night O/C: - C/S: - Wt change: loss ~275 Appetite change: - T2DM Mgmt: - DC Insulin?: Reg diet: snack regularity DC Monitor?:	
4228/4228-01	[REDACTED]	2/6/24	70 y.o. / M	0321 2	Cardiac 2 gm Sodium Low Fat Diet - 2/7/2024 10:45 PM	Viral sepsis; COVID-19; Acute on chronic congestive heart failure, unspecified heart failure type (HCC); Elevated troponin; Pneumonia due to COVID-19 virus	Pneumonia due to COVID-19 virus	NI	5'8" (172.7 cm)	154 lbs	31.38	5.5	2220 Seen 2/13. CC wife cooks exercised SSS 3 meals 2 snacks Bedtime snack ~100s protein	
4228/4228-01	[REDACTED]	1/30/24	50 y.o. / M	1566 03	Mixed and Moist (Level 5) - 2/8/2024 10:48 AM	Seizure (HCC)	Seizure (HCC)	NI	5'10" (177.8 cm)	146 lbs 145.5 lbs 100%	23.88		2/14 or 2/15. Seen 2/8. CC	
4236/4236-01	[REDACTED]	2/3/24	38 y.o. / M	1569 09	Pureed (Level 4) - 2/4/2024 12:47 PM SNACK - 2/10/2024 9:00 PM	Influenza B; COVID; Acute cough; Bradycardia; Pulmonary infiltrate; Hyperglycemia	COVID	NI	6'1" (185.4 cm)	184 lb 83.2 kg 60%	19.57		2/14 Seen 2/9. CC	
4239/4239-01	[REDACTED]	2/3/24	89 y.o. / M	0665 89	Cardiac 2 gm Sodium Low Fat Diet - 2/3/2024 7:32 PM Ensure Plus High Protein - 2/8/2024 1:19 PM	Cellulitis of right leg; Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present (HCC); Acute right ankle pain	Cellulitis of right leg	NI	5'7" (170.2 cm)	148 lb 67.3 kg 122.6%	28.49	5.3	2/14 or 2/15. Seen 2/8. CC	

Room/Bed #	Patient Name**	Admission Date	Age/Gender	MIRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4240124001		2/8/24	85 y.o. / F	000049016	BLAND DIET - 2/11/2024 10:02 AM Ensure Plus High Protein - 2/10/2024 3:03 PM	Diarrhea; Hypokalemia; Weakness; Lactic acidosis	Diarrhea	NI	5'4" (162.6 cm) 170 lb 54.5 kg	70.1	28.53	5.0	Follow-up on 2/14. Seen on 2/10, KR	

128.674

Patients: 10

Room/B Ed	Patient Name	Admission Date	Age/Gender	MIRN	Diet Orders and Comments	ED Dx	Problem	Nutr Height Scr	Weight (kg)	BMI	HgbA1c Result	Hospitalists	Nutrition Comments	Blank Column
4125/41502	[REDACTED]	2/1/24	73 y.o. / M	000542860	Cardiac 2 gm Sodium Low Fat Diet - 2/1/2024 5:23 PM	Syncope, unspecified syncope type; Paroxysmal A-fib (HCC); Syncope	Syncope	NI	(1) 139	35.41	5.8	Kunup, Savita R		
4126/41501	[REDACTED]	1/29/24	67 y.o. / M	2000092175	REGULAR DIET - 1/31/2024 7:36 AM mechanical soft	Colon distention; Generalized abdominal pain	Colon distention par 3 85%	1	93 2046 CW 1964 30 kcal/les	25.63	5.0	Jagarla mudl, Annapu ma	- greatest pressure injury - normal BMs 7 days on Monday - no appetite changes - no defecation	
4127/41501	[REDACTED]	1/31/24	59 y.o. / F	000408585	NPO - 1/31/2024 1:57 PM 3 days may be wt over weekend?	Diverticulitis of intestine with perforation and abscess without bleeding, unspecified part of intestinal tract; Diverticulitis of intestine with perforation and abscess	Diverticulitis of intestine with perforation and abscess	NI	81.3	31.75	5.2	Naaz, Nahid	will see pt on 2/5, if remains NPO. - BM yesterday - maybe hoby - culture - lactase - nitrate?	
4128/41501	[REDACTED]	1/31/24	83 y.o. / F	2000058085	Cardiac 2 gm Sodium Low Fat Diet - 1/31/2024 2:38 PM	Cellulitis of perineum; Cellulitis of vulva of multiple sites	Cellulitis of vulva of multiple sites	NI	69.2	28.19	6.5	Naaz, Nahid		

Room/Bed	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition	Height	Weight	BMI	HgbA1c	Hospitalists	Nutrition Comments	Blank Column
4122/41201	[Redacted]	1/27/24	70 y.o. / F	000411044	REGULAR DIET - 1/27/2024 6:37 PM Ensure Plus High Protein - 1/29/2024 11:34 AM	AKI (acute kidney injury) (HCC); Elevated troponin; Leg pain, left	Acute renal failure superimposed on stage 3b chronic kidney disease (HCC)	1:2 Seen on 2/22/24 AB	5'3" (160 cm) 115 lb	49.2 108 lb 30 kcal/kg 15.6 per lb	19.21	38/21/19	Khan, Abdul Q	- no N/V/K/S - Am 5m/Man - Check on ensure missing from 2/25	- 43.7 kg on 1/27 - Ensure BID - Temporal, orbital, buccal wasting
4123/412301	[Redacted]	1/31/24	64 y.o. / F	2000151756	DIABETIC DIET - 1/31/2024 6:19 PM	Hyperglycemia; Inability to ambulate due to hip; Weakness; General weakness	General weakness	NI	5'2" (157.5 cm)	52.5	21.17	11.7	Naaz, Nahid	Follow-up 2/5. Seen on 2/1. KR	
4124/412401	[Redacted]	1/31/24	83 y.o. / F	2000116398	REGULAR DIET - 2/1/2024 5:48 PM	Lumbar compression fracture (HCC); Inability to ambulate due to hip	Lumbar compression fracture (HCC)	NI	5'7" (170.2 cm)	64.6	22.31		Naaz, Nahid		
4124/412402	[Redacted]	2/1/24	40 y.o. / F	2000156738	NPO - 2/2/2024 5:00 AM	Acute pancreatitis	Acute pancreatitis	NI 5'3" (160 cm) 82 lbs 15 lb	5'3" (160 cm) 84.1 185 lb 30 kcal/kg 15.6 per lb	32.84		Naaz, Nahid	No H+P. REview chart on 2/2 to check for assessment needs. KR	scribble - N/V 1/31 - Hx of cholecystectomy	
4125/412501	[Redacted]	2/1/24	66 y.o. / M	2000156746	Cardiac 2 gm Sodium Low Fat Diet - 2/1/2024 3:34 PM	Portal vein thrombosis; LUQ abdominal pain; Left-sided chest wall pain; Closed fracture of multiple ribs; unspecified laterality, initial encounter; Elevated lipase	Portal vein thrombosis	NI	5'8" (167.6 cm)	120	42.7		Kurup, Savita R		

Room/B ed	Patient Name**	Admission Date	Age/ Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutr Info	Height (cm)	Weight (kg)	BMI	HgbA 1c Result	Hospita lists	Nutrition Comments	Blank Column
4131/413101	[Redacted]	2/1/24	90 y.o. / F	2000062590	DIABETIC DIET - 2/1/2024 6:02 PM <i>55% best - D +2 - w/ insulin prescribed by - 50% carbs</i>	COVID-19; Hypokalemia; Hypomagnesemia; Generalized weakness; ESRD (end stage renal disease) (HCC)	Hypokalemia NI	5'3" (160 cm) 115 180lb	40.5	15.82	8.8	Kurup, Savita R	- appetite change - TZDM - insulin use - Taken OR potassium supplement 1/17, now hypokalemia - Braden 20		
132/413101	[Redacted]	1/30/24	40 y.o. / F	2000156853	FULL LIQUID DIET - 2/1/2024 2:32 PM	Epigastric abdominal pain; Biliary colic; Elevated bilirubin; Elevated LFTs	Elevated LFTs	NI	5'3" (160 cm)	58.8	22.96	Kongar a, Sunil	- kg (-7%) wt loss in one month, and - kg (-2) wt loss in last - months from 1/22/2024		
132/413102	[Redacted]	1/31/24	77 y.o. / F	000478161	DIABETIC DIET - 2/1/2024 6:04 PM	Acute abdominal pain; Nausea and vomiting, unspecified vomiting type; Acute cholecystitis; Uncontrolled type 2 diabetes mellitus with hyperglycemia (HCC)	Acute cholecystitis	1	5'6" (167.6 cm)	126.7	45.08	8.4	Kongar a, Sunil	Follow-up on 2/6. Seen on 2/1 KR-DM Education provided on 2/1 KR	
133/413101	[Redacted]	2/1/24	87 y.o. / F	2000048879	2 G SODIUM DIET - 2/1/2024 8:58 PM	Acute kidney injury (HCC); Dehydration; Anorexia	Acute kidney failure (HCC)	NI	5'6" (167.6 cm) 130 180lb 180lb	53.8	19.14	6.0			

28 kcal/kg = 1506 kcal per CW
= 1655 kcal per 18W

Room/Bed	Patient Name**	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Weight (kg)	BMI	HgbA1c Result	Hospitalists	Nutrition Comments	Blank Column
4129/501	[REDACTED]	1/29/24	87 y.o. / F	000078602	REGULAR DIET - 1/29/2024 9:02 PM	Urinary tract infection due to extended-spectrum beta lactamase (ESBL) producing Escherichia coli; Multiple drug resistant organism (MDRO) culture positive; VRE (vancomycin resistant enterococcus) culture positive	Acute cystitis with hematuria, ESBL producing E. coli & ampicillin susceptible E. faecalis	NI	79.3	30.01		Melvani, Sharon R		7 days on Monday
4130/413001	[REDACTED]	1/30/24	78 y.o. / F	000196017	REGULAR DIET - 1/30/2024 3:56 PM Ensure Plus High Protein - 1/31/2024 2:03 PM	Hallucinations; Pneumonia of left lower lobe due to infectious organism; Pulmonary emphysema, unspecified emphysema type (HCC); Hallucinations	Hallucinations	NI	46	17.41		Jagarla mudi, Annappa ma	flu 2/5. Seen 1/31, AB	

B Patient Name**	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutr Info	Height	Weight	BMI	HgbA1c	Hospitalists	Nutrition Comments	Blank Column
[Redacted]	1/31/24	86 y.o. / F	2000122454	NPO. - 2/1/2024 2:31 AM Nausea and vomiting, unspecified vomiting type.	ileus (HCC); ileus (HCC)	ileus (HCC); ileus (HCC)	5'4" (162.6 cm)	68.4 (150 lb CW)	25.88	5.2	Khan, Abdul Q		check chart?	
[Redacted]	1/22/24	80 y.o. / M	000190644	Purseed (Level 4) - 2/1/2024 3:02 PM Ensure Plus High Protein: Mildly thick with 2 packets of thickener. - 1/30/2024 5:16 PM	Generalized weakness; Hyponatremia COVID-19	Hypnatremia NI	5' (182.9 cm)	64.1 (141 lb CW)	19.18	5.4	Jagarla mudli, Annappa ma	NI on 2/2. Seen 1/29. AB - 100% blist - no NU - constipation	- no denials only find testy	
[Redacted]	1/24/24	73 y.o. / F	000307378	Cardiac 2 gm Sodium Low Fat Diet - 1/31/2024 5:54 PM Ensure Plus High Protein - 1/30/2024 1:14 PM	Chronic back pain, unspecified back location, unspecified back pain laterality; Anemia, unspecified type; Chronic kidney disease, unspecified CKD stage; Anemia	Anemia	5'6" (167.6 cm)	109.8	39.06	4.5	Khan, Abdul Q	NI on 2/5. Seen 1/31. AB		

Room/Bed #	Patient Name**	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutr Height (in)	Weight (kg)	BMI	HgbA1c Result	Hospitalists	Nutrition Comments	Blank Column
4136/413601	[REDACTED]	1/5/24	61 y.o. / M	2000107626	Renal Diabetic diet - 1/23/2024 8:20 AM Juven - 1/6/2024 1:43 PM	Acute respiratory failure with hypoxia (HCC); Hemoptysis; Anemia; Multifocal pneumonia; Thrombocytopenia (HCC); Neutrophilic leukocytosis; Acute cough; S/P BKA (below knee amputation) unilateral, left (HCC); S/P BKA (below knee amputation) unilateral*	Multifocal pneumonia/hospital acquired	6' 2" (188 cm)	67	18.96	6.0	Kongar, Sunil	fu on 2/6. Seen 1/30, AB	
4137/413701	[REDACTED]	2/1/24	84 y.o. / M	000481271	Cardiac 2 gm Sodium Low Fat Diet - 2/1/2024 5:51 PM	Complicated UTI (urinary tract infection); COVID-19; General weakness	Complicated UTI (urinary tract infection)	6' 6" (198 cm)	99.4	25.32		Kurup, Savita R		

Room/Bed #	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Weight (kg)	BMI	HgbA1c Result	Hospitalists	Nutrition Comments	Blank Column
4140/41001	[Redacted]	1/29/24	82 y.o. / M	000110074	REGULAR DIET - 1/29/2024 2:52 PM	Acute respiratory failure with hypoxia (HCC); COPD exacerbation (HCC); Leukocytosis, unspecified type; Renal insufficiency; Current smoker	Acute respiratory failure with hypoxia (HCC)	NI	65.6	20.75	5.8	Naaz, Nahid	Follow-up on 2/5. Seen on 1/31 KR	
4141/101	[Redacted]	1/31/24	69 y.o. / M	000244901	REGULAR DIET - 2/1/2024 2:16 PM	Colitis; Abdominal pain, unspecified abdominal location; Gastrointestinal hemorrhage; unspecified gastrointestinal hemorrhage	C. difficile colitis	NI	93	33.09	4.9	Pham, Khoa N	Follow-up on 2/5. Seen on 2/1 KR	
4142/41201	[Redacted]	1/26/24	77 y.o. / F	000479890	Pureed (Level 4) - 1/29/2024 11:11 AM	Symptomatic anemia; Leukopenia; unspecified type; Neutropenia, unspecified type (HCC)	Symptomatic anemia	5 (152.4 cm)	67.1	67.1	4.2	Jaganmudi, Annapurma	Follow-up on 2/22 - Seen 1/31. AB	

6/11/23 *Ward nurse - patient to eat 39.3 kcal/612kcal*

30.6 13.13 4.2

100% BW 35 kcal/kg 1591 kcal per 10W

- Lactose intolerance


- 100% lactose - coconut oil

- 97% yesterday on glucose



Room/Bed	Patient Name**	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (ft)	Weight (kg)	BMI	HgbA1c Result	Hospitalists	Nutrition Comments	Blank Column
413901	[REDACTED]	1/31/24	71 y.o. / F	000198253	REGULAR DIET: Bannatrol Plus twice daily - 2/1/2024 12-42 PM	Pneumonia of left lower lobe due to infectious organism; Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present (HCC); hypoxia	Acute respiratory failure with hypoxia (HCC)	NI	5' 2" (157.5 cm)	37.2	21.89	5.8	Melvani, Sharon R	Follow-up on 2/5. Seen on 2/1 KR	
413901	[REDACTED]	2/2/24	84 y.o. / M	2000013744			Difficulty in urination	NI	5' 10" (177.8 cm)	69.2	21.89	5.8	Kongara, Sunil		
413902	[REDACTED]	2/1/24	77 y.o. / M	000359491	NPO, - 2/2/2024 12:51 AM CLEAR LIQUID DIET - 2/2/2024 5:03 AM	Acute appendicitis with perforation and localized peritonitis; Leukocytosis, unspecified type; Acute kidney injury (HCC)	Acute appendicitis with perforation and localized peritonitis	NI		61.6	22.6		Kunup, Savita R		



Room/Bed	Patient Name**	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutr Status Screening	Nutr Height	Weight (kg)	BMI	HgbA1c Result	Hospitalists	Nutrition Comments	Blank Column
41434 301		1/29/24	58 y.o. / M	0004834 83	REGULAR DIET - 1/31/2024 9:27 AM	Abdominal pain, unspecified abdominal location; Jaundice; Elevated bilirubin; Hyponatremia; Abdominal pain	Abdominal pain	1	6'2" (188 cm)	149.7 32.9 CW	42.37	5.4	Pham, Khoa N 1730 AB	(1/4 on 2/2. Seen	
	8								140 lb 18w 86 kg	30 kg / 21 kg 2590 per 18w					

Patients: 27

174% 18w
- mild N
- BM 3 days ago
- 300% UBSW
- very little loss tips

3/55

CPM Attend on interdisciplinary meeting in the afternoon

Room/ Patient Bed #	Admission Date	Age/ Gender	MR N	Diet Orders and Comments	Problem	Nutr Height	Weight (kg)	BMI	Hgb A1c	Nutrition Comments	Blank Column
32273 2701	2/22/24	71 y.o. / F	200 012 615 0	REGULAR DIET - 2/22/2024 10:03 PM	Diarrhea, unspecified type; Anticoagulate; Dehydration; Severe malnutrition (HCC); Gastrocutaneous fistula due to gastrostomy tube; Diarrhea	4:1	5'3" (160 cm) 115 lb 52 kg 105%	54.4 21.2 4		Good response	N/V: no D/C: Yes 1 hr ago C/S: no Appetite: coming back after 10 min 2 wk ago wt A: ~40 lbs vbw: 146 2/day good size no questions
42274 2701	2/20/24	71 y.o. / F	000 018 473	REGULAR DIET - 2/21/2024 8:39 AM	Acute UTI; Ground-level fall; Constipation, unspecified constipation type; Pulmonary nodule; Hiatal hernia; Altered mental status, unspecified altered mental status type; Generalized weakness; AMS (altered mental status)	1	5'5" (165.1 cm)	48.4 17.7 6	5.0	2/28 Seen 2/21. JCICC	Housing situation: w/son Employment: yes, data entry Shipping done by: son Meals prepared by: son 24 hr recall: banana tension x3 mostly veg fruits/veg 2200 kani to su / cheddar bowl Fruits 100% taco salsa 28 tostadas beans
42434 4301	2/16/24	89 y.o. / M	200 015 778 5	Diabetic Diet - 2/19/2024 8:03 PM	Hypotension due to hypovolemia; Dehydration; Anemia, unspecified type; Lower abdominal pain; History of GI bleed	NI	6'1" (185.4 cm)	101.29 29.4 1	7.0	2/28 Seen 2/21. CC	2200 kani to su / cheddar bowl Fruits 100% taco salsa 28 tostadas beans



1925 73
Tammie
yt 3261

10 x 63 + 6.25 x cm - 5 x 24 x - 161

Room/Bed #	Patient Name	Admission Date	Age/Gender	MR	Diet Orders and Comments	ED Dx	Problem	Nutr Screen	Height (cm)	Weight (kg)	BMI	Hgb A1c Res ult	Nutrition Comments	Blank Column
3131/3101	[Redacted]	2/27/24	58 y.o. / F	000 / 271 / 879	Cardiac 2 gm Sodium Low Fat Diet - 2/27/2024 1:56 PM	Acute myocardial infarction, unspecified MI type, unspecified artery (HCC); Acute chest pain	ST elevation myocardia infarction involving right coronary artery (HCC)	NI	5'2" (157.5 cm)	70.2	28.3	5.2	19w 110lb +/- 10% (99-121) 50kg +/- 10% (45-55) 1-10% BMI: 28.3 UBW: 130 ~ 2 yrs D/C: X Appetite: fine WtA: MSJ: 1239 elimination diet points for multiple food allergies!	secondary
3231/323101	[Redacted]	2/23/24	79 y.o. / F	200 / 005 / 312 / 1	NPO, - 2/27/2024 11:45 AM 312 PM	Closed fracture of distal end of left fibula, unspecified fracture morphology, initial encounter; Syncope, unspecified syncope type; Dizziness; Closed fracture of distal fibula; Syncope and collapse	Syncope	NI	5'5" (165.1 cm)	90.1	33.0	5	19w 125lb 57kg +/- 10% (51-63) 158% BMI: 33.0 UBW: 1376-14 = 1926 (21/cw) = 20-23cbw = 1800-2100 D/C: Y C/S: X Appetite: NO pretty good WtA: No MSJ: 1376-14 = 1926 (21/cw) = 20-23cbw = 1800-2100 UBW: 1376-14 = 1926 (21/cw) = 20-23cbw = 1800-2100 D/C: Y C/S: X Appetite: NO pretty good WtA: No MSJ: 1376-14 = 1926 (21/cw) = 20-23cbw = 1800-2100 UBW: 1376-14 = 1926 (21/cw) = 20-23cbw = 1800-2100	
3232/323201	[Redacted]	2/26/24	63 y.o. / M	200 / 015 / 806 / 0	REGULAR DIET - 2/28/2024 8:52 AM 806 PM	Symptomatic anemia; Thrombocytopenia (HCC); Hypoxia; Hyperbilirubinemia; Pleural mass, left sided; Acute on chronic anemia; Other acquired hemolytic anemias (HCC)	Acute on chronic anemia	NI	6'1" (185.4 cm)	98.2	28.5	6	Assess on 2/28 for mets cancer KR 19w 164 84kg +/- 10% (76-92) 117% BMI: 28.5 UBW: 164 D/C: Y C/S: X Appetite: YES, gone down need sugar WtA: slight nothing major MSJ: 1828 * 1.3 = 2376 (24/cw) NPE: none something doesn't want re come UBW: 210 Monday	

10 x 70 x 24 6.25 x 158 - 5 x 58 - 161
901 + 1031 - 395 - 161
902 + 1031 - 395 - 161
902 + 1031 - 395 - 161
902 + 1031 - 395 - 161
902 + 1031 - 395 - 161

Room/ Bed #	Patient Name	Admission Date	Age/ Gender	MR N	Diet Orders and ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	Hgb A1c Result	Nutrition Comments	Blank Column
3242	[REDACTED]	2/27/24	66 y.o. / F	200 012 879 B	NPO, - 2/28/2024 6:01 AM	SOB (shortness of breath); Pleural effusion	NI	5' 6" (167.6 cm)	78.8	28.0		IBW: 130lb 59kg -1- 10% (53-65) 134lb	N/A: X D/C: X C/S: X Appetite: dry to some self (some) WTA: think lost some MSJ: 1347 -1.3 = 1751 (22/cw) NPPE: UBW 174
4227/2701	[REDACTED]	2/20/24	71 y.o. / F	000 018 473	REGULAR DIET Acute UTI; - 2/21/2024 8:39 AM Ensure Plus High Constipation, Protein - 2/23/2024 12:01 PM	AMS (altered mental status)	1	5' 5" (165.1 cm)	49.3	18.0	5.0	3/1 Seen 2/27. CC	ensure

788 + 1050 - 330 - 161

Room/Bed #	Patient Name**	Admission Date	Age/Ge/GRN Index	Diet Orders and Comments	ED Dx	Problem	Nutrit Height Screening	Weig ht (kg)	BMI	HgbA 1c Result	Nutrition Comments	Blank Column
2132/21301	[REDACTED]	1/31/24	31 y.o. / F	REGULAR DIET - 2/1/2024 10:29 AM	Severe hypertension affecting pregnancy in third trimester, NST (non-stress test) reactive; 33 weeks gestation of pregnancy	Severe hypertension affecting pregnancy in third trimester	NI	104.3	37.12			
4123/412301	[REDACTED]	1/31/24	64 y.o. / F	DIABETIC DIET - 1/31/2024 6:19 PM	Hyperglycemia; inability to ambulate due to hip; Weakness; General weakness	General weakness	NI	56.1	22.62	11.7	Follow-up 2/5- 2/8. Seen on 2/1. KR	
4128/412601	[REDACTED]	2/5/24	48 y.o. / M	LOW FIBER/LOW RESIDUE DIET - 2/7/2024 6:00 AM	Sigmoid diverticulitis; Abdominal pain, unspecified abdominal location; Abscess	Sigmoid diverticulitis	NI	102.2	29.73		25-30 kcal 1400-1500 kcal Advance Bran PL this AM	
4127/41201	[REDACTED]	2/2/24	89 y.o. / M	NPO, - 2/6/2024 11:45 PM	Hematuria, unspecified type; Chronic anticoagulation; Pyelonephritis of right kidney [Possible]; Gross hematuria; Renal mass, right [Possible]; Renal mass	Gross hematuria	NI	74.4	22.88		renal mass- plan for biopsy 2/7. Will see pt on 2/7- 2/8. AB	
4129/412901	[REDACTED]	2/5/24	83 y.o. / F	Cardiac 2 gm Sodium Low Fat Diet - 2/6/2024 4:12 PM	Pleural effusion	Pleural effusion	1	58.7	24.45		will access pt on 2/7.	
4133/413302	[REDACTED]	2/6/24	90 y.o. / F	REGULAR DIET - 2/7/2024 7:50 AM	AKI (acute kidney injury) (HCC); History of UTI; Vomiting, unspecified vomiting type, unspecified whether nausea present; Dehydration	AKI (acute kidney injury) (HCC)	2;1	44.8	16.36	5.5	27-30 kcal 1270-1430 kcal	

Room/Bed #	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4134/401	[REDACTED]	2/1/24	23 y.o. / M	2000 1565 17	Clear Liquid Diet - 2/5/2024 1:40 PM	Abdominal pain, unspecified abdominal location; Rectal bleeding; Colitis; Ketosis (HCC); High anion gap metabolic acidosis; Intractable nausea and vomiting	Volume depletion	NI	5'10" (177.8 cm) 166lb 75.5kg 117%	88.5 (kg) 30-35 kg 2265-2640 kcal	27.96			
4138/401	[REDACTED]	2/7/24	53 y.o. / F	2000 0989 64	NPO, - 2/7/2024 1:22 AM	SBO (small bowel obstruction) (HCC)	SBO (small bowel obstruction) (HCC)	2:1	5'7" (170.2 cm) 135lb 61.4kg 102%	62.5 (kg) 30-32 kg 1850-1975 kcal	21.58			
4138/41302	[REDACTED]	2/7/24	77 y.o. / M	0003 5949 1	REGULAR DIET - 2/6/2024 7:33 AM	Acute appendicitis with perforation and localized peritonitis; Leukocytosis, unspecified type; Acute kidney injury (HCC)	Acute appendicitis with perforation and localized peritonitis	NI	5'5" (165.1 cm) 136lb 61.8kg 106%	65.3 (kg) 30-32 kg 1850-1975 kcal	23.96			
4142/41401	[REDACTED]	2/6/24	77 y.o. / F	0004 7989 0	REGULAR DIET - 2/4/2024 3:19 PM	Symptomatic anemia; Leukopenia, unspecified type; Neutropenia, unspecified type (HCC)	Symptomatic anemia	1	5' (152.4 cm) 100lb 45.5kg 67.5%	39.8 (kg) 1360-1450 kcal	17.14	4.2 fu on 2/6. Seen 2/2. AB		

Patients

Room/Bed #	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
2233/22301	[REDACTED]	2/8/24	27 y.o. / F	2000 1218 65	REGULAR DIET - 2/8/2024 8:59 PM	Vaginal delivery	Vaginal delivery	NI	5'7" (170.2 cm) 135 lb 61.4 kg 183%	112.5	38.84		will see pt on 2/7. Pt in labor. No notes. AB	
4124/412401	[REDACTED]	2/8/24	90 y.o. / F	2000 1570 58	REGULAR DIET - 2/7/2024 7:50 AM Ensure Plus High Protein - 2/7/2024 1:28 PM	AKI (acute kidney injury) (HCC); History of UTI; Vomiting, unspecified vomiting type, unspecified whether nausea present; Dehydration	AKI (acute kidney injury) (HCC)	2;1	5'5" (165.1 cm) 125 lb 56.8 kg 78.5%	44.6	16.36	5.5	W/ 2/9. Seen 2/7. AB N/V better Ens + once / day Enema take BM tubes	
4125/412502	[REDACTED]	2/8/24	66 y.o. / M	0002 6766 2	Renal Diabetic 80Prot,3NA,3K,1200 ph diet - 2/8/2024 3:20 PM	ESRD (end stage renal disease) on dialysis (HCC); Symptomatic bradycardia; Hypotension, unspecified hypotension type; Anemia, unspecified type; ESRD (end stage renal disease) (HCC)	ESRD (end stage renal disease) (HCC)	2	5'4" (162.6 cm) 160 lb 130 lb 59.1 kg 108%	64.2	24.29	7.5	30-32 1770-1900	

Room/Bed #	Patient Name	Admission Date	Age/Ge	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4126/01	[Redacted]	2/20/24	71 y.o. / M	0004 0541 8	Nepro With Carb Steady Tube Feeding: - When ready to start--Recommend providing Nepro at goal rate of 40 ml/hr. Can start at 20 ml/hr and increase as tolerated to goal. - Recommend providing 100 ml water flushes every 3 hours if IV hydration is not running. Water flushes will provide an additional 800 ml water for a grand total of 1498 ml with tube feed water content included. Or adjust water per Provider wishes. - 1/26/2024 2:49 PM	Altered mental status, unspecified altered mental status type; Hypertensive urgency; Noncompliance; AMIS (altered mental status)	Palliative care encounter	NI	5'4" (162.6 cm) 130lb 59.1kg 93%	55.2	20.89	6.0	2/9. TF Seen 2/6. CC	
4129/01	[Redacted]	2/8/24	49 y.o. / F	0003 7263 2	Diabetic Diet - 2/8/2024 3:04 AM 100% carb and P.O.	Cellulitis of left lower extremity; Failure of outpatient treatment	Cellulitis of left lower extremity	NI	5'4" (162.6 cm) 120lb 54.5kg 218.5% 100% carb	119.1	45.07	13.7	usual diet. W/218% 30-32 1650-1750 kcal glucose as snack NIV - D/C: last month C/S: - Apple: - B.M: last night nursing	
4130/01	[Redacted]	2/5/24	71 y.o. / F	0001 9825 3	REGULAR DIET - 2/5/2024 3:28 PM Eo food with reflex B.M. 1/19/24 BIBID	Pneumonia of left lower lobe due to infectious organism; Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present (HCC); Hypoxia; Acute respiratory failure with hypoxia (HCC)	Acute respiratory failure with hypoxia (HCC)	NI	5'2" (157.5 cm) 110lb 50kg 75.8%	37.9	15.28		flu on 2/9. Seen AB glucose may ensure meal replacement as meal replacement 3555 in men Milk Cup or turkey sandwich protein & carb cxs + rice no snacks per patient	

Room/Bed #	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4134/01	[Redacted]	2/8/24	73 y.o. / M	2000 1572 28	Diabetic Diet - 2/9/2024 5:21 AM unrevised 21	Sepsis, due to unspecified organism, unspecified whether acute organ dysfunction present (HCC); Acute renal failure, unspecified acute renal failure type (HCC); Urinary tract infection associated with catheterization of urinary tract, unspecified ind*	Urinary tract infection associated with indwelling urethral catheter	NI	4' 1" (124.5 cm)	59.4	38.35	4.7		
4135/01	[Redacted]	1/24/24	73 y.o. / F	0003 0737 8	Cardiac 2 gm Sodium Low Fat Diet - 2/5/2024 8:19 AM Ensure Plus High Protein - 1/30/2024 1:14 PM	Chronic back pain, unspecified back location, unspecified back pain laterality, Anemia, unspecified type, Chronic kidney disease, unspecified CKD stage, Anemia	Anemia	NI	5' 6" (167.6 cm) 130lb 59.1kg 187.8%	111	39.5	4.5	flu on 2/9. Seen 2/5. AB 30-32 1770-1900 kcal Appetite better No NO Grove w/ c/c BM yesterday	
4140/01	[Redacted]	2/2/24	83 y.o. / F	0001 2272 7	Soft and Bite-Sized (Level 6) - 2/6/2024 5:21 PM Ensure Plus High Protein - 2/6/2024 3:50 PM	Pneumonia of both lungs due to infectious organism, unspecified part of lung, Hypoxia; Acute cough; Elevated brain natriuretic peptide (BNP) level; Pneumonia	Bilateral pneumonia	NI	5' 2" (157.5 cm) 110lb 50kg 101%	50.7	20.44	5.5	26-28 1300-1400 c/w milk no en sure Biscuit & gravy	
4141/01	[Redacted]	1/24/24	69 y.o. / M	0002 4490 1	FULL LIQUID DIET - 2/7/2024 2:57 PM	Colitis; Abdominal pain, unspecified abdominal location; Gastrointestinal hemorrhage, unspecified gastrointestinal hemorrhage type	Crohn's disease of large intestine with fistula (HCC)	NI	5' 6" (167.6 cm) 142lb 64.5kg 149%	98	34.16	4.9	flu on 2/9. Seen 2/8. AB 30-32 1900-2050	

Room/Bed #	Patient Name	Admission Date	Age/Gender	MRN	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	Height (cm)	Weight (kg)	BMI	HgbA1c Result	Nutrition Comments	Blank Column
4143/401	[REDACTED]	1/31/24	86 y.o. / F	2000122454	Minced and Moist (Level 5): Full aspiration precautions. - 2/4/2024 1:43 PM	Ileus (HCC); Nausea and vomiting. unspecified vomiting type; Abdominal pain, unspecified abdominal location; Abdominal distension	Ileus (HCC)	NI	5'4" (162.6 cm) 170 lb 54.5 kg 132%	72	27.25	5.2	flu on 2/8, Seen 2/8. AB	

Patients: 11

50% bft
 Clin. d/c
 d/c today

Room/Bed #	Patient Name	Height (ft/in)	Weight (kg)	BMI	Admission Date	Diet Orders and Comments	ED Dx	Problem	Nutrition Screening	HgbA1c	Hospital List	Nutrition Comments	Blank Column
2128	[Redacted]	5' 11"	80.3	35.75	2/8/24	Diabetic Diet - 2/8/2024 10:46 PM	36 weeks gestation of pregnancy; NST (non-stress test) reactive; Chronic hypertension with superimposed preeclampsia; Pre-existing type 2 diabetes mellitus during pregnancy in third trimester; Indication for care or intervention in labor or delivery.*	Preeclampsia	NI	6.2			1BW 95lb/43.2kg % 1BW 186% 30-32 kcal/kg → 1300-1400kcal + 8400 pres 1700-1800kcal 1650-1750
2233/22301	[Redacted]	5' 7" (170.2 cm)	112.5	38.84	2/8/24	REGULAR DIET - 2/8/2024 8:59 PM App. Book 5:00-5:15	Vaginal delivery	Vaginal delivery	NI			will see pt on 2/7. Pt in labor. No notes. AB	NIV: no D/C: no C/S: no Appetite: hungry all the time BF?: BM: Usual diet: protein shake every lunch Pre-preg weight: about 100 lbs
							Vaginal delivery	Vaginal delivery	NI				1BW 135lb/61.4kg % 1BW 183% 30-32 kcal/kg → 1800-2000 + 4800 BF NIV: -- D/C: -- C/S: -- Appetite: -- BM: no Usual diet: lots of cereal, fruit, vegetables Pre-preg weight 235 lbs BF?:

