

NUTRITION CARE PROCESS NOTE

CLINICAL: [REDACTED] is a 56 year old male who was admitted with abdominal pain, hematemesis and melena. Was found to have duodenal stricture and an inability to take PO. Medical plan to resection portion with retroperitoneal fibrotic rxn
4/16/12: GI attempted EUS: aborted due to risk of aspiration r/t lots of fluid in esophagus and stomach
4/9/12: EUS performed: complete obstruction of 2nd portion of duodenum, duodenal folds edematous

PMH:

- Seizure d/o
- Etoh abuse
- Anxiety
- HTN
- bladder cancer
- obstruction (self cath)
- back and hip pain

MEDICATIONS

- Dextrose 5%/na cl 0.45%/kcl 40meq inj, soln in d5 1/2ns w/kcl 40meq 1000ml 55ml/hr iv
- Docusate cap, oral 200mg po bid
- Glycerin supp, rtl 1 suppository pr bid prn constipation
- Multiple trace elements inj, soln multiple trace elements 1 ml 1 multivitamin with vit k 10 ml 1 sodium chloride 20 meq 1 sodium acetate 35 meq 1 potassium chloride 20 meq 1 magnesium sulfate 8 meq 1 calcium gluconate 5 meq 1 potassium phosphate 15 mm 1 in amino acid 15% 500 ml dextrose 30% soln. 500 ml titrate@1 30 ml x8hrs, 50 ml x8hrs, 70 ml x8hrs iv
- Na monophos 19gm/na dibasic phos 7gm 1 bottle once prn constipation
- Ondansetron inj, soln 4mg/2ml iv bid prn nausea
- Pantoprazole sodium inj, powd pantoprazole 40 mg in sodium chloride 0.9% 100ml infuse over 20 minutes for gi bleed ivpb qday
- Polyethylene glycol powder, oral 2 pkts po bid dissolve in 4-8 oz of liquid
- Senna tab 8.6mg po daily

NUTRITION ASSESSMENT

Anthropometrics:

Ht: 73 in [185.4 cm] (04/23/2012)
Wt: 228.8 lb [104.0 kg] (04/24/2012)
Wt hx:
226.4 lbs 4/22/12
217.7 lbs 4/19/12
221.1 lbs 4/18/12
229.3 lbs 4/17/12
Ideal Wt: 184 lbs (83.6 kg) %IBW: 124.35
BMI: 30.2 (04/24/2012)

Dietary/Alimentation/Elimination:

Diet: NPO with PN
PN: Amino Acids 15% + Dextrose 30% @ 30ML/HRX8HRS, 50ML/HRX8HRS, 70ML/HRX8HRS
No lipids on day 1
MVI/TRACE ELEMENTS
15 MMOL POTASSIUM PHOSPHATE
20 MEQ POTASSIUM CHLORIDE
20 MEQ SODIUM CHLORIDE
35 MEQ SODIUM ACETATE
8 MEQ MAGNESIUM SULFATE
5 MEQ CALCIUM GLUCONATE

Biochemical:

MAGNESIUM 2.0 04/24/2012
PHOSPHATE 3.3 04/24/2012
CALCIUM 9.7 04/10/2012

ALBUMIN 3.6 04/23/2012

CBGs:

04/21/12 140 H

Last Chem 7 and CBC:
04/24/2012

135 : 103 : 12 / \ 9.6 L /
----- : ----- : - 112 H 10.4 ----- 304
4.6 : 22 : 1.5 \ /29.0 L \

NUTRITION DIAGNOSIS

Inadequate oral intake related to small bowel obstruction as evidenced by inability to tolerate po intake and NG decompression, PN administration, and pt report of poor PO prior to admission.

Estimated nutritional needs:

Calories: 2090 kcal/day (25 kcal/kg IBW)
Protein: 150 gm protein/day (1.8 gm/kg IBW)
Fluid: ~3000 ml fluid/day (35 ml/kg IBW)

PREVIOUS NUTRITION GOALS

1. Electrolytes wnl-->meeting
2. CBGs less than 180 while on PN-->meeting

NUTRITION INTERVENTIONS

1. Will add lipids to PN since labs are stable
Amino Acids 15% + Dextrose 30% @ 83 ml/hr x 24 hr
Lipids 20% @ 17 ml/hr x 12 hrs
15 MMOL POTASSIUM PHOSPHATE
20 MEQ POTASSIUM CHLORIDE
20 MEQ SODIUM CHLORIDE
35 MEQ SODIUM ACETATE
8 MEQ MAGNESIUM SULFATE
5 MEQ CALCIUM GLUCONATE
3. Continue to monitor Potassium levels to see if PN or IV fluids need to be adjusted (Potassium 4.6 4/24/12)

NUTRITION RECOMMENDATIONS

1. Continue to monitor electrolytes every 24 hours and maintain
potassium greater than 3
phosphate greater than 2
magnesium greater than 1.8
2. Prealbumin labs for short term monitoring of nutritional status

Nutrition status: severely compromised

*r/t GI obstruction, PN, and recent unintentional weight loss

NUTRITION MONITORING/EVALUATION: routine