

LOCAL TITLE: NUTRITION - CONSULT
STANDARD TITLE: NUTRITION DIETETICS CONSULT
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AUTHOR: MOONEY, JESSICA EXP COSIGNER: BEHREND, ANNIE MARIE
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NUTRITION CARE PROCESS NOTE

CONSULT FOR: Nutrition Assessment and Therapy 68 yo m with SCC, new lung nodule, severe COPD on chronic steroids (glucose intolerance) pt very cachectic and also hates food here. please help him find food he will enjoy, also would be nice to gain weight. note pt with glucose intolerance
Consult requested by: MD

CLINICAL: (per md H&P) "68 yo M transferred from ---- for intermittent progressive pre-syncope, SOB, abd pain x6 days. Complex PMH includes severe COPD (FEV1 41% 2008) s/p many admissions on chronic steroids, SCC of lung s/p resection 2001 with with LUL nodule noted on CT (11/3/2011) and confirmed with PET concerning for recurrent malignancy, T9 compression fracture, cervical spinal cord injury C3-5 2001 s/p surgical stabilization with chronic weakness, HTN, BPH, depression/anxiety. Last admission 12/20-12/27 2011 for T9 compression fracture."

Medications Include:

-Clonazepam 0.25 MG PO BID PRN\anxiety (can cause decrease wt)
-HYDROCHLOROTHIAZIDE TAB; Give: 25MG PO QAM
-INSULIN ASPART INJ; suppl sc wm & bedtime\for pre-meal/bedtime hyperglycemia
-NAPROXEN TAB; Give: 5MG\2.5 ML PO Q6H PRN\for pain
-OMEPRAZOLE CAP, EC; Give: 20 MG PO BID AC\for GERD
-PREDNISONE TAB; Give: 40 MG PO QAM WF\for COPT (can cause glucose intolerance)

NUTRITION ASSESSMENT

Anthropometrics:

Ht:67 in (170.2 cm)
Wt: 120.9 lbs (54.8 kg)
Wt hx: fld changes in wt, "dry" wt: 118-120#s
Ideal Wt:148 lbs (67.3 kg) %IBW: 81%
BMI:18.98

Dietary/Alimentation/Elimination:

Diet: Constant CHO

Intakes:

	Break	Lunch	Dinner
1/25/2012	100		
1/24/2012	75	100	100
1/23/2012	/	100	75

Interview info: Enjoys eggs but does not like eggs prepared in the same way every day.
Understands that VA Medical Center is transitioning from Ensure+ to Boost supplemental drinks. Prefers Glucerna (Strawberry and Vanilla flavor) over Boost.
Understands steroid induced glucose intolerance and is willing to try snacks and supplements to help control his blood sugar levels.

Last BM:(per nsg assessment 1/24) "2BM overnight per report, 1 this am."

Biochemical:

CBG Glucose	AM (5-6:00)	AC (11-12:00)	HS (9:00)
1/24	86	151 H	
1/23	92	144 H	186 H
1/22	92	236 H	162 H
1/21	79	124 H	245 H

HgA1c 7.1 (12/30/2011)

Albumin 3.6 (01/20/2012)

3.4 L (10/02/2011)

Prealbumin 27 (01/12/2012)

24.9 (12/30/2011)

17.2 L(10/02/2011)

NUTRITION DIAGNOSIS

Underweight likely with r/t increased calorie needs/progression of chronic disease as evidenced by gradual weight loss since 2009 (prior to 2009, wt generally in 140-155 lb range).

-pt appears to have appropriate appetite as reflected in intake reports & biochemical protein status

Estimated nutritional needs:

Calories:1600-1800 kcals/day (HB x 1.3-1.5)
Protein:50-60 g/day (~1.0 g/kg/day)

NUTRITION GOALS

- 1.Continued PO intake >75% throughout the day including supplemental feedings
- 2.Weight maintenance/gain

NUTRITION INTERVENTIONS

1. Made adjustments per pt food preferences; providing increase pro/calories
-provided egg 'rotation' @ bkst & string cheese snack
2. Addition of Glucerna's TID to increase caloric need while not impacting glucose intolerance

NUTRITION RECOMMENDATIONS

- 1.Please continue to encourage PO intake
- Nutrition status: mildly compromised
*primarily r/t COPD dx & % IBW

NUTRITION MONITORING/EVALUATION: routine