



(6 oz regular fat container)

Dinner: dirty rice or top ramen/spaghetti noodles with butter. Or mashed potatoes with gravy and butter. Dinner usually consists of meat, side dish, and vegetables

Snack: usually has 2 bowls of 4-5 scoops of ice cream a day with chocolate syrup and whipped cream

Meal/snack pattern: eats 2 solid meals a day with 2-3 snacks per day

Typical intake of meals foods: Pt CG reports pt does well with foods but sometimes moves foods around the plate if he cannot chew them to make it look like he eats more or gives some to the dog when the CG is not looking.

Bioactive Substance Intake:

Bioactive substance intake: smokes ½ pack a day

Caffeine intake: drinks coffee

Food and Nutrient Intake: (per CG 24 hour recall)

Total energy intake: 1300 kcals

Macronutrient Intake:

Fat and cholesterol intake: 60 g/day

Protein intake: 45 g/day

CHO intake: 140 g/day

Fiber intake: 10 g/day

Micronutrient Intake:

Vitamin/mineral intake: CG report of pt enjoying salads but having a difficult time chewing them. 24 hour recall had no vegetables specifically mentioned. Suspect limited vegetable consumption related to possible vitamin and mineral suboptimal intake

Food and Nutrient Administration:

Modified diet: heart healthy diet, low cholesterol, low fat, low

Sodium; drinks one ensure per day

Diet Experience:

Previous diet/nutrition education/counseling: has hx with marci in 09 with eating high protein diet

Location: in bed

Atmosphere/Eating Environment: per nsg report depends on relationship with CG

Caregiver/companion: wife

Knowledge/Beliefs/Attitudes

Behavior: per nursing report pt appears not motivated to feed himself; limited mobility makes it difficult to acquire food

Mealtime Behavior: very slow eater

Social Network: Has significant other who acts as a care giver and possibly a son who visits sporadically

Factors Affecting Access to Food and Food/Nutrition Related Supplies:

Food/Nutrition Program Participation: No

Safe Food/Meal Availability: Yes

Safe Water Availability: Yes

Food and Nutrition-related Supplies Availability: Limited; will send information about food stamps, food banks, and MOW

Physical Activity and Function

Nutrition-related ADLs and IADLs: Pt walks to restroom rarely. Unable or unwilling to leave bed for food so waits for CG to serve him

Physical Activity: Referred to PT/OT

Nutrition-related Patient/Client Centered Measures:

Nutrition Quality of Life: Broken dentures causing pain

NUTRITION-FOCUSED PHYSICAL FINDINGS

Appetite: Pain from dentures causes decrease in appetite (poor)

Any difficulty with:

Chewing/Swallowing: Yes

Nausea/Vomiting: No; vomiting only when mucous builds up

Constipation / Diarrhea: No

Altered taste: No

Edema: none

Teeth: Broken dentures causing pain which is causing a loss in food consumption

Wound: Pressure ulcer on tuberosity of ischium that does not seem to be healing. Hopefully with addition of oxygen wounds will heal more efficiently (currently oxygen sats down to 88% on RA; with movement oxygen levels increased to 91%)

BIOCHEMICAL AND DIAGNOSTIC DATA:

LABS:

FERRITIN 133 03/31/2009



