

NUTRITION CARE PROCESS NOTE

CLINICAL: 63 y o MALE seen in hemodialysis with PMH of ESRD on HD since '09, CHF, HTN, OSA, COPD, hypothyroidism

NUTRITION RELATED MEDICATIONS

- Calcium carbonate 650mg (ca 260mg) tab take one tablet PO TID day
- Cyanocobalamin 1000mcg tab take one tablet by mouth twice a day
- Insulin, glargine 100u/ml inj 10ml vial inject 18 units subcutaneously QD
- Ranitidine 150mg tab take one-half tablet by mouth twice a day
- Testosterone cyp 200mg/ml; inj 1 ml (200 mg) intramuscularly every month

NUTRITION ASSESSMENT

Anthropometrics:

Ht: 65 in [165.1 cm] (03/22/2012)
Wt: 271 lb [123.2 kg] (03/22/2012)
EDW: 116 kg
Post HD wt: 119.7-114.5 kg
IDWG: 5.3-1.5 kg (today 3.5 kg)
Ideal Wt: 61.8 kg %IBW = 199.26
BMI: 45.2 (03/22/2012)

Dietary/Alimentation/Elimination:

Appetite: Not great but has not been for a while

Diet Restrictions: Low Sodium (Does not add additional sodium on foods), and low potassium

T-1 PO intake:

Dinner: Baked Potato, Green Beans, and Hobo Steak (hamburger patty with ham and cheese, with two glasses of ice tea and an extra glass of ice to munch on
Typical PO intake: Usually only eats dinner and always eats out about the same restraints
Interview info: Pt reported drinking around 2 glasses of ice tea with 1 glass rice, and 2 large travel mugs full of ice per day. When inquiring about reason for high phosphorus labs, pt state that he was unsure what foods contained phosphorus. Provided pt with two handouts one with high and the other with low phosphorus foods. Pt also reported that he takes all his pill at the same time during the day, typically in between meals (including his phosphate binders). Pt reported some worries about having to go all weekend without dialysis and keeping his diet under controlled. Discussed ways to keep healthy on weekends pt appeared ambivalent to the different ways of eating a renal healthy. See education note below for more information.

N/V/D/C: No complaints

Biochemical:

04/04/2012

FERRITIN 498 H
TIBC 210 L
PHOSPHATE 6.1 H
CALCIUM 6.6 L
POTASSIUM 4.6
PTH 261 H

ALBUMIN 4.1

CHOLESTEROL 104

HEMOGLOBIN A1C 6.6 H

K+ bath: 2

UUR: tbd

Kt/v: tbd

nPNA: tbd

NUTRITION DIAGNOSIS

Excessive mineral intake of phosphorus related to lack of knowledge/acceptance about management of diagnosed disease state requiring mineral restriction as evidenced by hyperphosphatemia, pt report of intake of high phosphorus foods, and taking phos binders in-between meals

NUTRITION GOALS

1. Take phos binders with meals
2. Gain knowledge about what foods contain phosphorus and implement a few ideas into his diet
3. Do not take phos binders with calcium supplements

NUTRITION RECOMMENDATIONS

1. Decrease consumption of phosphorus containing foods
2. Continue to educate on proper phos binder use and renal diet specifics

NUTRITION INTERVENTION

PATIENT EDUCATION NOTE

Topic: Phosphorus amounts in foods, and proper use of phos binders

Education performed by: Dietetic Intern

Readiness to Learn: Patient is ready and accepts patient education.

Person(s) Taught: Veteran

Teaching Method:

Discussion: Discussed different foods that he eats that are high in phosphorus. By taking phos binders properly phosphorus levels can be better maintained.

Printed Material: High and low phosphorus foods

Effectiveness of Education/Outcome:

Verbalizes that education is understood: Pointed out foods that were on both lists that he currently eats

Requires reinforcement. While pt understood information, he did not appear to want to make changes. Continual education and reinforcement could have positive effect on behavior change

Does not plan to make changes.

NUTRITION MONITORING/EVALUATION: monthly visit