Kirstie Ducharme-Smith 5/02/14

RUSH UNIVERSITY MEDICAL CENTER
Department of Food and Nutrition
Clinical Nutrition

Patient Name [redacted] MRN [redacted] Room #___5975____

History of presenting illness: Patient is a __66__ year old _____Female_____ with history of ____HTN, Thyroid disorder, Gastric adenocarcinoma (2013), Papillary thyroid carcinoma _____
s/p total gastrectomy w/ roux en y gastrojejunostomy, feeding jejunostomy placement _____

Follow-up

Date	Significant Hospital Course Updates Since Last Nutrition Assessment	Weight	Diet/TF Orders (%consumed or delivered) Appetite	Output since last note BM/EM/other	Nutritionally Relevant Labs	Nutritionally Significant Medications	Updated PES (if needed) Intervention Monitoring/Evaluation
5/2	s/p total gastrectomy w/ rouex en y gastrojejunostomy, feeding jejunostomy placement	67 kg	NPO/ Impact Peptide @ 40 -1440 kcal -65 gm pro -749 ml free H_2O	Pre 4/29	141 / 116 / 5 / 103 3.5 / 19 / 0.50 / 7.6 2.5 2.1	Dextrose 5% and 0.45% NS IV infusion Ondansetron (Zofran)	(P) Inadequate oral food/beverage intake (E) related to surgery (S) as evidenced by inability to take PO
5/4	POD #5 Passing flatus and stool.	67 kg	Full Liquid/ Impact Peptide @40 -1440 kcal -65 gm pro -749 ml free H_2O	5/3: 1x Brown, loose	144 / 116 / 11 / 103 3.5 / 20 / 0.53 / 8.0 2.8 1.7	Potassium chloride 20 mEq/100 mL IV infusion Magnesium sulfate in D5W 2 gram/50 mL bag Levothyroxine (synthroid) Lisinopril (prinivil) Ondansetron (Zofran)	(P) Inadequate oral food/beverage intake • Continue current TF • Continue FL diet Impression: Pt tolerating goal TF. No changes to TF at this time. Will continue to monitor diet advancement and change TF as needed.

5/5	POD #6 No GI symptoms Plans to advance diet abandoned	67 kg	Full liquid/ Impact Peptide @ 40 -1440 kcal -65 gm pro -749 ml free H_2O Appetite=Good Average intake: 25% over past 2 days	5/5: 1x Brown, loose Nausea resolved	142 **114** 16 99 4.0 22 ***0.52*** ***8.2*** 3.3 1.8	<u>Levothyroxine (synthriod)</u> Lisinopril (prinivil) Ondansetron (Zofran)	(P) Inadequate enteral nutrition infusion (E) related to combination of TF and levothyroxine administration (S) as evidenced by rate of TF • Recommend changing TF to nocturnal cyclic: Isosource 1.5(@70 mL/hr x 12 hrs) • Continue FL diet Pt to tolerate oral diet
5/6	POD #7 Plans to discharge	67 kg	Full liquid/ Impact Peptide @40 -1440 kcal -65 gm pro -749 ml free H_2O Appetite= Fair "Tired of broth" Intake: 25%	5/5	142 **110** 19 92 4.0 23 ***0.57*** ***8.7*** 3.5 1.9	<u>Levothyroxine (synthroid)</u> Lisinopril (prinivil) Ondansetron (Zofran)	(P) Inadequate oral food/beverage intake (E) related to GI symptoms following surgery (S) as evidenced by low PO intake and patient report • Discussed nocturnal cyclic feed: Isosource 1.5 (@70 ml/hr x 12 hrs) • Educated on post gastrectomy diet Pt to tolerate oral diet Pt to tolerate new goal TF