**RUSH UNIVERSITY MEDICAL CENTER**

**Department of Food and Nutrition**

**Clinical Nutrition**

Patient Name: Patient Y MRN: 0000000 Room #: 1009 Admit: 4/28/14

**History of presenting illness**: Patient is a 75 year old female with history of stage IIIc ovarian cancer (s/p ex-laprascope/left salpingo-oophorectomy/biopsies 1/27/14), and tumor throughout abdomen and pelvis, cycle 3 of taxol/carboplatin (4/23), atrial fibrillation, hypertension, diabetes mellitus admitted with cardiac arrhythmia.

**Food/Nutrition-Related History**

Diet Prior to Admission: General

Intake prior to admission: No change Decrease Poor Unable to eat

Food Recall:

|  |  |  |  |
| --- | --- | --- | --- |
| **Breakfast**  2 slices toast 100 K; 200 na; 300 phos 1 T. butter 0; 100 | **Lunch**  McDonald’s quarter pounder 200 p, 250 K  1100 na  Small French fries 160 na, 127 p, 700 k  Diet Coke | **Dinner**  3 oz chicken breast 190 p, 500 k, 100 na  ½ c. rice 30 k, 40 p  ½ c. green beans 100 k, 50 p | **Snacks**  None |
| Kcals: 295 Protein: 4 g | Kcals: 750 Protein: 33 g | Kcals: 320 Protein: 27 g |  |
| Fat: 17 g Carb: 30 g | Fat: 37 g Carb: 70 g | Fat: 8 g Carb: 35 g |  |
| Totals: Kcals/day: 1365 kcal Protein/day: 64 g Fat/day: 62 g Carb/day: 135 g | | | |
| Servings per day: Dairy: 1 Fruit: 0 Vegetables: 1 Potassium: 1680 g Phosphorus: 907 g  Fluids: UNK Whole Grain: 2 Fiber(g): 14 g Sodium: 1760 mg | | | |

Supplement Use: none

Food Allergies/Intolerance: none

Gastrointestinal Symptoms: **Anorexia** **Nausea** Loose BM x 2/day since admission (yesterday)

Chewing/Swallowing Problems: **None**  Dysphagia per SLP Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentition: **Own teeth** Missing/cracked teeth Well-fitting dentures Poor-fitting dentures Endentulous

Current Appetite: Excellent Good Fair **Poor** Variable

Current Diet Order: Heart healthy/diabetic Current Snacks: none

Education Needs: Completed **In progress** Declined Not appropriate Type: weight loss/wounds

**Nutrition-Oriented Social History**

Social Support: **Yes** No

Food Security: **Adequate** Inadequate Unable to assess

Housing situation: **Home alone** Nursing home Long-term care facility Assisted living Homeless

Functional status: No change **Decreased activity of daily living** Bedridden

Food procurement/preparation: **Needs assistance** Comments: Unmotivated to cook for herself following husband’s death; children bring over meals approximately 1x/week.

**Anthropometrics:**

Height: 172.7 cm Weight: 68.9 kg Ideal Body Weight (kg): 63.6 %Ideal Body Weight: 108%

Adjusted Body Weight (kg): \_\_-\_\_\_ BMI (kg/m^2): 23.3 BMI Class: normal

Weight History: Patient mentioned weight loss of 40# since cancer diagnosis and treatment.

|  |  |
| --- | --- |
| 4/29/14 | 68.9 kg |
| 3/24/14 | 71.7 kg |
| 2/28/14 | 82.9 kg |
| 1/13/14 | 98 kg |

98-68.9=29.1 kg

29.1 kg/98 kg=29.7%

**29.7% weight loss in 3.5 months**

**Nutrition-Focused Physical Findings:**

Fat Wasting: None **Mild-moderate loss** Severe loss

Muscle Wasting: None **Mild-moderate loss** Severe loss

Edema: **None**  Mild-moderate Severe

Skin Integrity: Intact Pressure wounds: Stage I on coccyx Skin tears: Five other tears/wounds

Braden Scale Score: 15

**Biochemical Data – Relevant Nutrition labs**

**4/28/14** 106 **4/29/14** 88

**133** I 95 I 20 / **136** I 107 I 17 /

**2.7** I 26 I **1.21**\ **2.8** I **20** I 0.97 \

**8.0** **6.9**

**1/28/14**

HbA1c: 6.0

**Nutritionally Relevant Medications**

Flagyl 500 mg IV piggyback Q8H

Levaquin 750 mg IV piggyback Q48H

Potassium chloride 40 mEq/100 ml IV infusion, once

Colace, once

Zofran, PRN Q6H (not given)

Compazine, PRN Q6H (not given)

Hypoglycemic protocol (dextrose, glucose PRN)

**Estimated Nutrition Requirements**

Calculating Weight: 68.9 kg

Kcal/kg: 30 Kcal/day: 2070 kcals

Protein g/kg: 1.5 Protein g/day: 104 g

Fluid mls/kg: 25 ml Fluid mls/day: 1725 ml

**Subjective Global Assessment Score**: A- Normal **B-Moderate Malnutrition** C- Severe Malnutrition

**Evaluation of assessment findings:**

Patient presents at nutrition risk secondary to ovarian cancer diagnosis (1/27/14) and 30% weight loss over past 3.5 months associated with chemotherapy. Patient endorsed lack of appetite, taste changes, and nausea since chemotherapy began. Unwilling to cook for herself; frequently eats fast food and small meals with intake inadequate to meet estimated nutrition requirements. Multiple wounds and weight loss increase current nutrition needs; patient would benefit from liberalization of diet from Heart Healthy/Diabetic to General as well as additional snacks/supplements between meals.

**Nutrition Diagnosis**: P: Inadequate energy intake related to

E: decreased appetite, taste changes, nausea secondary to chemotherapy as evidenced by

S: 30% weight loss in past 3.5 months.

**Nutrition Intervention**

* Change current diet from Heart Healthy/Diabetic to General
* Snack sent in between lunch/dinner
* Continue to replace K until within normal limits

**Nutrition Monitoring/Evaluation**

* Patient to increase meal consumption to at least 50% of meals and snacks.

**Nutrition Follow-up:** RD follow-up Date: in 3 days

Molly DePrenger, dietetic intern

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**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 | Pressure wound on coccyx advanced from stage I 🡪stage II  Infected abdominal wound from surgery in January | Admit: 68.9 kg  Current: 71.8 kg | General diet  25-50% of meals  Some snacks not coming  Poor appetite | Loose/liquid stool 2-3x/day | 120  141 I 112 I 15 /  3.5 I 20 I 1.0 \  7.9  Mg: 2.1 | Levaquin  Hypoglycemic protocol-PRN, not given  Zofran-PRN, not given  Compazine-PRN, not given | Problem: Increased energy expenditure  Etiology: stage II pressure wound and five other documented wounds  S/S: chart documentation of presence of wounds |
| 5/5 | Pressure wound on coccyx improved from stage II 🡪stage I  Abdominal wound infection positive for MRSA | 71.8 kg | Heart Healthy (d/t unit transfer)  50-75% of meals  Poor appetite-ordered milkshakes for snacks | Soft/nearly liquid stool 2-3x/day per nursing | 127  144 I 113 I 11 /  **3.3** I 24 I 0.81 \  7.7 | Bactrim  Hypoglycemic protocol-PRN, not given  Zofran-PRN, not given  Compazine-PRN, not given | Problem: Increased energy expenditure  Etiology: multiple wounds and MRSA infected abdominal wound  S/S: aerobic culture positive for MRSA (5/4) and documented presence of wounds. |