Nutrition Rounds – Oncology Rotation

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| **Introduction** | LS is a 31 year old female with history of Acute Promyelocytic Leukemia (APL) admitted 06/29/15 for conditioning chemotherapy (Busulfan/Etoposide) followed by autologous stem cell transplant (7/6/15+7/7/15) |
| **Hospital day +4 SCT (7/10/15)** |
| **Nutrition Assessment** | 1. Anthropometrics

Height: 162.6 cm (5' 4.02") Weight: 61 kg (134 lb) Admitted weight: 65 kg (142 lb 3.2 oz)IBW: 55 kg IBW%: 118%4 kg (8.8lb) loss since admission No fat and muscle wasting, SGA-A1. Current facility-administered medications:

levofloxacin (LEVAQUIN) tablet 750 mg, 750 mg, Oral, Q24H (PM) 0.9% NaCl IV infusion 1,000 mL, 1,000 mL, IV Infusion, CONTINUOUS oxyCODONE (OXYIR) tablet 20 mg, 20 mg, Oral, Q6H PRN oxyCODONE ER (OXYCONTIN) extended release tablet 10 mg, 10 mg, Oral, Q12H fluCONAZOLE (DIFLUCAN) tablet 200 mg, 200 mg, Oral, DAILY LORazepam (ATIVAN) injection 0.5 mg, 0.5 mg, IV Push, Q6H PRN prochlorperazine (COMPAZINE) tablet 10 mg, 10 mg, Oral, Q6H PRN traMADol (ULTRAM) tablet 50 mg, 50 mg, Oral, Q6H PRN ondansetron (ZOFRAN) tablet 12 mg, 12 mg, Oral, Q12H gabapentin (NEURONTIN) capsule 300 mg, 300 mg, Oral, BID gabapentin (NEURONTIN) capsule 600 mg, 600 mg, Oral, QPM heparin (porcine) 100 units/mL (HEP-LOCK) injection 500 Units, 500 Units, IV Flush, Q12H PRN entecavir (BARACLUDE) tablet 0.5 mg, 0.5 mg, Oral, DAILY folic acid (FOLVITE) tablet 1 mg, 1 mg, Oral, DAILY senna-docusate (SENOKOT-S) 1 Tablet, 1 Tablet, Oral, BID PRN ursodiol (ACTIGALL) capsule 300 mg, 300 mg, Oral, TID WITH MEALS acyclovir (ZOVIRAX) tablet 800 mg, 800 mg, Oral, Q12H topiramate (TOPAMAX) tablet 25 mg, 25 mg, Oral, Q12H sertraline (ZOLOFT) tablet 50 mg, 50 mg, Oral, DAILY1. Biochemical Data, Medical Tests and Procedures

NA 135\* (137-147 MMOL/L)K 3.8 (3.4-5.3 MMOL/L)CL 106 (99-108 MMOL/L)CO2 23 (22-29 MMOL/L)BUN 17 (8-21 Mg/dL)CREAT 0.67 (.65-1.00 Mg/dL)GLU 98 (60-99)CA 8.6\* (8.7-10.7 Mg/dL)PO4 3.3 (2.5-4.6 Mg/dL)MG 1.9 (1.6-2.7 Mg/dL)ALB 3.0\* (3.5-5.0 G/dL)WBCs: .68\* (4.00-10.00 TH/UL)Neutrophils: 0.20\* (1.84-7.8 TH/UL)1. Food/Nutrition History
* 50-100% of meals eaten since admission 6/29 (no change in appetite PTA)
* Food allergies/intolerances: none
* Current Diet: general
1. Estimated Nutrient Requirements

Calculating Weight: 65 kg (admitted weight)Kcal/kg: 30 Kcal/day: 1950 Kcal/day Protein g/kg: 1.2 Protein g/day: 78 g/day Fluid ml/kg: 30 Fluid/day: 1950 ml/day |
| **Nutrition Diagnosis/PES** | Inadequate food and oral beverage intake related to fair appetite as evidenced by patient report-resolved |
| **Nutrition Intervention** | * Continue general diet
* Continue ordering HS snacks-from hospital and OSH
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| **Nutrition Monitoring and Evaluation** | * Patient to continue consuming at least 50-75% of all meals and snacks consistently
* Patient will maintain weight without significant changes
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| **Impression** | Patient is a 31 year old female with history of Acute Promyelocytic Leukemia (APL) admitted for autologous SCT (**day +4**). Patient remains at increased nutrition risk secondary to side effects from SCT and chemotherapy that could impair patient’s ability to consume adequate PO intake. General diet order is appropriate, tolerating well with adequate intakes. Will continue to follow during transplant course. Please see plans and recommendations above. |
| **Hospital Day SCT +8 (7/14/15)** |
| **Nutrition Assessment** | 1. Nutrition History:

Current Diet Order: NPO (ordered 7/13/15)GI Symptoms: Severe abdominal pain, diarrhea, mouth sores1. Currently administered medicines:

potassium phosphate 30 mmol in 0.9% NaCl 100 mL IV infusion, 30 mmol, IV Infusion, NOW 0.9% NaCl IV infusion 1,000 mL, 1,000 mL, IV Infusion, CONTINUOUS metRONIDAZOLE in NS (FLAGYL) IV piggyback 500 mg, 500 mg, IV Piggyback, Q8H morphine injection 2 mg, 2 mg, IV Push, Q3H PRN oxyCODONE (OXYIR) tablet 20 mg, 20 mg, Oral, Q6H PRN stomatitis cocktail suspension 10 mL, 10 mL, Swish/Spit, QID PRN ceFEPIme (MAXIPIME) 2 g in 0.9% NaCL 100 mL IV piggyback, 2 g, IV Piggyback, Q8H potassium & sodium phosphates (PHOS-NAK) packet 1 Packet, 1 Packet, Oral, BID gabapentin (NEURONTIN) capsule 300 mg, 300 mg, Oral, DAILY gabapentin (NEURONTIN) capsule 600 mg, 600 mg, Oral, BID oxyCODONE ER (OXYCONTIN) extended release tablet 10 mg, 10 mg, Oral, Q12H acetaminophen (TYLENOL) tablet 650 mg, 650 mg, Oral, Q6H PRN fluCONAZOLE (DIFLUCAN) tablet 200 mg, 200 mg, Oral, DAILY LORazepam (ATIVAN) injection 0.5 mg, 0.5 mg, IV Push, Q6H PRN prochlorperazine (COMPAZINE) tablet 10 mg, 10 mg, Oral, Q6H PRN traMADol (ULTRAM) tablet 50 mg, 50 mg, Oral, Q6H PRN ondansetron (ZOFRAN) tablet 12 mg, 12 mg, Oral, Q12H heparin (porcine) 100 units/mL (HEP-LOCK) injection 500 Units, 500 Units, IV Flush, Q12H PRN entecavir (BARACLUDE) tablet 0.5 mg, 0.5 mg, Oral, DAILY folic acid (FOLVITE) tablet 1 mg, 1 mg, Oral, DAILY senna-docusate (SENOKOT-S) 1 Tablet, 1 Tablet, Oral, BID PRN ursodiol (ACTIGALL) capsule 300 mg, 300 mg, Oral, TID WITH MEALS acyclovir (ZOVIRAX) tablet 800 mg, 800 mg, Oral, Q12H topiramate (TOPAMAX) tablet 25 mg, 25 mg, Oral, Q12H sertraline (ZOLOFT) tablet 50 mg, 50 mg, Oral, DAILY1. Biochemical Data, Medical Tests and Procedures

NA 133\* K 3.4 CL 107 CO2 17\* BUN 5\* CREAT 0.59\* GLU 71 CA 8.3\* PO4 2.2\* (started to trend low 7/14)MG 1.9 ALB 2.1\* WBCs: .06\*Autoneutrophils: 0.00\* (dropped to 0.01 7/11/15, then to 0.00 7/12/15 and remained at 0.00)CT scan of abdomen (7/13/15-day before) showed mild thickening of the duodenum and left hemi colon. Diarrhea and abdominal pain secondary to neutropenic enterocolitis. Likely typhlitis.  |
| **Nutrition Diagnosis/PES** | Inadequate food and beverage oral intake related to abdominal pain as evidenced by NPO oral status |
| **Nutrition Intervention** | Advance diet to: general diet as soon as medically feasible \*\*\* 7/15/15: remain NPO/IVF until pain subsides and neutropenia improves per GI surgery’s orders  |
| **Nutrition Monitoring and Evaluation** | * Patient to resume consuming at least 50-75% of all meals and snacks consistently when medically feasible
* Patient will maintain weight without significant changes
 |
| **Impression** | Patient is a 31 year old female with history of Acute Promyelocytic Leukemia (APL) admitted for autologous SCT (**day +8**). Patient made NPO secondary to abdominal pain and diarrhea. CT of abdomen showed mild thickening of the duodenum and left hemi colon. Findings could represent mild enteritis/colitis. Surgery to be consulted today. Patient remains at increased nutrition risk secondary to side effects from SCT that could impair patient’s ability to consume adequate PO intake. Recommend advancing diet to general when medically feasible. Will continue to follow during transplant course. Please see plans and recommendations above. |