

Assessment, quart

Nutrition Evaluation. - V 5

Initial Admission: 02/07/2022

Effective Date: 02/08/2022 09:08

Location: 1 north 104 d

Score: NA

Admission: 02/07/2022

Physician: Kuchemba, Leonard A

A. General Information

1. Person interviewed for information (check all that apply);

- a. Resident b. Significant Other c. Nurse d. Other

2. Most Recent Height

Height: 64.0 Date: 02/07/2022 18:56

Method: Standing

3. Most Recent Weight

Weight: 207.8 Date: 02/07/2022 20:53

Scale: Standing

4. Usual body weight (UBW) if known:

IBW = 125lb, 57 kg

170 lbs

5. Body Mass Index (BMI):

35.7

6. Weight status per BMI:

- a. Underweight
 b. Normal
 c. Overweight
 d. Obese CLASS II OBESITY
 e. Morbidly Obese
 f. Unable to Determine

7. Allergies

No Known Allergies

8. Additional Comments:

TV Dinners @ home, does not do shopping/cooking

B. Diet Orders

1. Diet Type:

- a. Regular
b. 2 gm NA
c. 80GM Renal
d. CC/RCS/Renal
e. Clear Liquid
f. Controlled Carbohydrate
g. Extra Protein
h. Fortified
i. Full Liquid Diet
j. Gluten Restricted
k. Lactose Controlled
l. Low Fat / Low Cholesterol
m. NAS (No Added Salt)
n. NPO-Nothing By Mouth
o. Reduced Concentrated Sweets

*prefers SF condiments

*prefers limited meats

*sodium restricted occasionally

p. Vegetarian

q. Other

1b. Additional details related to diet (i.e., portion size, etc.) if any:

2. Diet Texture:

- a. Regular
- b. Finger Foods
- c. Mechanical Soft, Chopped
- d. Mechanical Soft, Chopped Fine
- e. Mechanical Soft, Ground
- f. Pureed
- g. NDD2/Minced and Moist
- h. NDD3/Soft and Bite Sized
- i. Not applicable (NPO or Tube Feed)

3. Are there any orders for Thickened Liquids?

- a. Yes
- b. No

4. Are there any Fluid Restriction orders?

- a. Yes
- b. No

5. Are any Nutritional Supplements ordered?

- a. Yes
- b. No

Enteral

6. Are there orders for Enteral Feedings?

- a. Yes
- b. No

Parenteral

7. Are there orders for Parenteral Feedings?

- a. Yes
- b. No

C. Additional Issues

Functional

1. Are there any functional issues affecting ability to eat?

- a. Yes
- b. No

2. Is any adaptive dining equipment used?

- a. Yes
- b. No

Behavior

3. Are there any behavior problems that interfere with eating?

- a. Yes
- b. No

4. Are there any dental/oral issues that may impact eating?

- a. Yes
 - b. No
- Dentures

D. Diseases/Conditions

1. Relevant Diagnoses:

COPD, DM2, HLD, HTN, HYPOTHYROIDISM, ANEMIA

2. Additional conditions/comorbidities or details:

PNEUMONIA

3. Does the resident have any current skin breakdown?

- a. Yes
- b. No

E. Medications and Lab Values

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Medication

1. Are there any medications impacting nutrition?
 a. Yes b. No

(Ca, K, Na)
(may ↑ glu)

(cholesterol)

(SOY)

(Fiber)

(Nuts, Dairy)

(Ca, Fe Absorb)

PREDNISONE, EZETIMIBE, LEVOTHYROXINE, METOPROLOL,

PROTONIX, XARELTO, EFFEXOR, O2

(GERD)

(BT)

(Antidep.)

Laboratory Values

2. Are there any recent Laboratory values impacting nutrition?
 a. Yes b. No

Metformin

(vitk, BF) (Alcohol)

Hgb 8, Hct 26.3, BUN 30, Glu 153

F. Weight Status/ Nutritional Needs

Weight Status

1. Resident's weight status:

- a. Stable
- b. Loss
- c. Gain
- d. Fluctuating
- e. Information prior to admission unavailable
- f. Unable to determine

1f. Additional information:

Estimated Nutritional Needs

2. Are you able to estimate nutritional needs based on assessment data?

- a. Yes b. No

1,425 - 1,710 kcals

57g - 68g/d PRO

3. Select formula used to calculate nutritional needs:

- a. MSJ b. BEE c. Calories/Kg d. Other e. Not applicable

1425 ml/d

4. Additional detail (Explain any variance used in calculating nutritional needs):

5. Average meal intake:

- a. 0-25% b. 26%-50% c. 51%-75% d. 76%-100% e. N/A

G. Nutrition Problems and Interventions

Nutrition Problems

1. Based on Nutrition Care Process, select all identified Nutritional Problems:

- a. Increased energy expenditure
- b. Inadequate energy intake
- c. Predicted sub-optimal energy intake
- d. Inadequate oral intake
- e. Increased nutrient needs ✓
- f. Inadequate protein-energy intake
- g. Inadequate protein intake
- h. Impaired nutrient utilization
- i. Altered nutrition related laboratory values
- j. Underweight
- k. Unintended weight loss
- l. Overweight/obesity ✓
- m. Unintended weight gain
- n. Food and Nutrition related knowledge deficit
- o. Self-monitoring deficit

- p. Swallowing difficulty
- q. Chewing difficulty
- r. Self-feeding difficulty
- s. Altered G.I. function
- t. Other
- u. None of the above

2. Care Plan

- Focus: Nutritional Status as evidenced by actual/potential weight loss/gain related to
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- Goal: Will consume appropriate amounts of food and fluids to maintain nutritional status
- Goal: Will maintain weight of (specify) +/- 3% through next review
- Goal: Will not experience a significant change in weight through next review
- Goal: Will tolerate diet and textures/consistency
- Intervention: Adaptive equipment (specify) as ordered
- Intervention: Administer medications as ordered
- Intervention: Administer vitamin/mineral supplements as ordered
- Intervention: Discourage between meal snacking
- Intervention: Discuss weight loss desires with physician and make recommendations for supplements
- Intervention: Encourage and assist as needed to consume foods and/or supplements and fluids offered at and between meals
- Intervention: Enteral nutrition per physicians orders
- Intervention: Fortified foods
- Intervention: Honor advance directives related to nutritional/hydration support
- Intervention: Honor food preferences
- Intervention: If meals refused, offer/provide extra nourishment
- Intervention: Liberalized diet
- Intervention: Modified diet: (SPECIFY)
- Intervention: Notify physician and responsible party of significant weight changes
- Intervention: Obtain labs as ordered and notify physician of results
- Intervention: Parenteral nutrition per physician order
- Intervention: Provide diet/supplements per orders
- Intervention: Provide nutrient dense food with meals
- Intervention: Provide routine snacks
- Intervention: Refer to the Therapy Plan of Treatment in the medical record for more detail
- Intervention: Report signs and symptoms of hyperosmolar reaction such as nausea, vomiting, hyperglycemia
- Intervention: Therapy evaluation and treatment as ordered
- Intervention: Thickened liquids as ordered
- Intervention: Weights as ordered

H. Recommendations

1. Recommendations/Additional Comments:

ENCOURAGE INTAKE