

Assessment, Quirt

Nutrition Evaluation. - V 5

Resident: [REDACTED]
Initial Admission: 02/01/2022
Score: NA

Effective Date: 02/01/2022 15:03
Admission: 02/01/2022
Category: NA

Location: 2 east 211 d
Date of Birth: 11/25/1928
Physician: Wolanin, Janusz

A. General Information

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

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

1a. If other, please explain:

chart review

2. Most Recent Height

Height: 62 Date: 02/03/2022 13:16

Method: Lying down

3. Most Recent Weight

Weight: 110.4 Date: 02/02/2022 15:13

Scale: Wheelchair

4. Usual body weight (UBW) if known:

>125#

5. Body Mass Index (BMI):

20.1

6. Weight status per BMI:

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

7. Allergies

No Known Allergies

8. Additional Comments:

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

Resident: [REDACTED]

- o. Reduced Concentrated Sweets
- p. Vegetarian
- q. Other

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

[REDACTED]

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

5a. If yes, select all that apply:

- a. 2.0 Supplement
- b. Boost Plus
- c. Healthshake
- d. Healthshake Sugar Free
- e. Juven
- f. Liquid Protein
- g. Nepro
- h. Nutritious Juice
- i. Nutritious Treats (Magic Cup)
- j. Protein Powder
- k. Suplena
- l. Other

5b. Additional Information:

will add below; received supplements at Heinz

5c. Frequency of Supplements:

- a. 1x/day
- b. 2x/day
- c. 3x/day
- d. 4x/day
- e. Other

5e. Are supplements ordered between meals?

- a. Yes
- b. No

Enteral

6. Are there orders for Enteral Feedings?

- a. Yes
- b. No

Parenteral

7. Are there orders for Parenteral Feedings?

Resident: **SMITH, MARIE (12469)**

- a. Yes b. No

C. Additional Issues

Functional

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

- a. Yes b. No

1a. If yes, check all that apply:

- a. Complaints of difficulty or pain when swallowing
- b. Chewing problem
- c. Choking/coughing during meals or when swallowing medications
- d. Holding food in mouth/cheek
- e. Residual food/medications in mouth
- f. Loss of liquids/solids from mouth while eating
- g. Arthritis
- h. Contractures
- i. Functional limitations in range of motion
- j. Partial or total loss of arm movements
- k. Hemiplegia/hemiparesis
- l. Quadriplegia/paraplegia
- m. Inability to perform ADL
- n. Inability to sit up
- o. Missing limb(s)
- p. Vision problem
- q. Decreased ability to smell or taste food
- r. Need for special diet or altered consistency which may not appeal to patient
- s. Recent decline in ADL
- t. Other

1b. Additional details:

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

D. Diseases/Conditions

1. Relevant Diagnoses:

s/p fall with L hip fx, colitis, alzheimer's, anemia

2. Additional conditions/comorbidities or details:

3. Does the resident have any current skin breakdown?

- a. Yes b. No

E. Medications and Lab Values

Medication

1. Are there any medications impacting nutrition?

- a. Yes b. No

Resident: **MARIE (32469)**

1a. If yes, check all that apply:

- a. Antidepressants
- b. Antipsychotics
- c. Appetite stimulant
- d. Diabetic/insulin
- e. Diabetic/oral
- f. Cardiac drugs
- g. Diuretic
- h. Antihypertensives
- i. Laxative
- j. Vitamin/mineral
- k. Antibiotics
- l. Probiotics
- m. Antidiarrheals
- n. Other

1b. Additional details:

includes lovenox, remeron, lialda, rivastimine, bowel protocol pm

Laboratory Values

2. Are there any recent Laboratory values impacting nutrition?

- a. Yes
- b. No

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

2a. Caloric needs:

1000-1300 20-25 cal/kg cbw

2b. Protein needs:

40-50 .8-1g/kg

2c. Fluid needs in mLs:

1000-1300 20-25 ml/kg cbw

3. Select formula used to calculate nutritional needs:

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

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

cbw 50kg

5. Average meal intake:

Resident: [REDACTED]

- 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
- Focus:** Nutritional Status as evidenced by actual/potential weight loss/gain related to
- 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

Resident [REDACTED]

- 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:

93 yo alert to self only female. Spoke with son who was primary caretaker at home; recent stay at Heinz rehab but son states "therapy was too much for her." Res not able to provide hx; confusion present. Mild muscle wasting present on clavicle. No edema. Marie has had colitis flare ups in the past and son states she was previously "obsessed" with bowel regimen monitoring frequency/constipation but no issues at this time; BM 2/1; took lialda at home. Reports main food related trigger is fresh salads; requests avoiding such at this time. Reviewed swallowing deficits with son; needs assistance at meals but can feed self independently at times; preferences reviewed. Son often anticipates needs. Unsure of body wt at home but believes with wt currently- 10-15# wt loss over <1mos. 50% intake observed. Wears full upper and lower dentures; somewhat loose fit but remedied with paste. Educated on appropriate foods related to current diet consistency and risks associated with noncompliance. Will offer 4oz healthshake bid and fortified dessert cup at lunch and dinner. Cont diet rx as appropriate per ST. Monitor wt and intake.