Nutrition Evaluation. - V 5 Location: 1 north 103 w Resident: Effective Date: 02/17/2022 10:09 Date of Birth: 10/10/1957 Initial Admission: 02/16/2022 Admission: 02/16/2022 Physician: Kuchemba, Leonard A Category: NA Score: NA A. General Information 1. Person interviewed for information (check all that apply); d. Other X a. Resident b. Significant Other c. Nurse 2. Most Recent Height Height: Date: 02/17/2022 09:51 64.5 Method: Lying down 3. Most Recent Weight Weight: 135.6 Date: 02/17/2022 09:38 Scale: Wheelchair 4. Usual body weight (UBW) if known: 5. Body Mass Index (BMI): 22.56 6. Weight status per BMI: a. Underweight Ø b. Normal c. Overweight d. Obese e. Morbidly Obese f. Unable to Determine 7. Allergies Codeine 8. Additional Comments: **Diet Orders** B. 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

> I. Low Fat / Low Cholesterol m. NAS (No Added Salt) n. NPO-Nothing By Mouth o. Reduced Concentrated Sweets

	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 a. Yes
	Enteral 6. Are there and are for Enteral Foodings 9.
	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
	Are there any functional issues affecting ability to eat?
1	a. Yes 📈 b. No
	2. Is any adaptive dining equipment used?
	a. Yes D. 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:
	non-healing open wound (left ankle), HLD
	2. Additional conditions/comorbidities or details:
	3. Does the resident have any current skin breakdown?
	≥ a. Yes
E.	Medications and Lab Values

/_	Jensen Delinda (32484)			Curate		
	Medication	Lactabacillus	statin,	Ferrous Sulfate,		
	1. Are there any medications impacting nutrition?	anabiotics				
	a. Yes		.D T			
	Laboratory Values	->PICC	AR 100			
	•	a nutrition?				
	2. Are there any recent Laboratory values impacting	g numuon r				
	a. Yes D. No					
F.	Weight Status/ Nutritional Needs					
	Weight Status					
	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:					
			Veal	s = 1,232-1,540 kcal/d		
	Estimated Nutritional Needs	d an accomment data?	Lean	=1,232-1,500 mL/d		
	Are you able to estimate nutritional needs based a. Yes b. No		Pro	= 62-74 gld		
	Select formula used to calculate nutritional need a. MSJ b. BEE	ds: CBW © c. Calories/Kg	I, Other	e. Not applicable		
	4. Additional detail (Explain any variance used in o	calculating nutritional nee	eds);			
	CBW (62 kg)					
	5. Average meal intake:					
	a. 0-25% b. 26%-50%	© c. 51%-75%	1.76%-100%	e. N/A		
G.	Nutrition Problems and Interventions					
0.						
	Nutrition Problems	es in the design	de anti-			
	Based on Nutrition Care Process, select all identified Nutrional Problems:					
	a. Increased energy expenditure					
	b. Inadequate energy intake					
	c. Predicted sub-optimal energy intake					
	d. Inadequate oral intake e. Increased nutrient needs 1/2 wound	healing eth open	wound or	, LLE		
	f. Inadequate protein-energy intake g. Inadequate protein intake fit vegan	diet elb non-hea	ling open	wound on LLE		
	h. Impaired nutrient utilization	che e 40				
	i. Altered nutrition related laboratory values					
	j. Underweight k. Unintended weight loss					
	I. Overweight/obesity					
	m. Unintended weight gain					
	n. Food and Nutrition related knowledge def	icit				
	o. Self-monitoring deficit	***				

1	Nutrition Evaluation V 5
1	n) Jonson, Deligda (az-on)
	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
	E N. 131 101 to an addressed by actual/notential Weldni 1085/gail 10/actual
	Goal: Will consume appropriate amounts of food and fluids to maintain nutritional status
	Cook Will maintain weight of (specify) +/- 3% Infought flexi to view
	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
	Interpretation Administer medications as ordered
	Intervention: Administer vitamin/mineral supplements as ordered
	Intervention: Discourage between meal snacking
	Intervention: Discourage between meal snacking
	Intervention: Encourage and assist as needed to state
	hatuaan maak
	Intervention: Enteral nutrition per physicians orders
	Intervention: Fortified foods Intervention: Honor advance directives related to nutritional/hydration support
	" II food preferences
	Intervention: Honor lood preferences Intervention: If meals refused, offer/provide extra nourishment
	Intervention: I media visualized diet
	and responsible party of organization
	. to-conflow Obtain labs as ordered and notify projection
	Interception: Parenteral nutrition per physician order
	Intervention: Provide diet/supplements per orders Intervention: Provide diet/supplements per orders
	Intervention: Provide distributions food with meals Intervention: Provide nutrient dense food with meals Intervention: Provide routine snacks Treatment in the medical record for more detail
	Intervention: Provide routine snacks Intervention: Refer to the Therapy Plan of Treatment in the medical record for more detail Intervention: Refer to the Therapy Plan of Treatment in the medical record for more detail
	tions Bonort signs and symptoms of hyperosinolar roads
	Intervention: Therapy evaluation and treatment as ordered
	Intervention: Thickened liquids as ordered
	Intervention: Weights as ordered
	Recommendations
	Recommendations/Additional Comments:
	1. Peo intake w/ Prostal BID