

AH - Quarterly

Nutrition Evaluation. - V 5

Initial Admission: 02/16/2022

Effective Date: 02/17/2022 10:09

Location: 1 north 103 w

Score: NA

Admission: 02/16/2022

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: 64.8 58"    Date: 02/17/2022 09:51

Method: Lying down

3. Most Recent Weight

Weight: 108 108 lb    Date: 02/17/2022 09:38

Scale: Wheelchair

4. Usual body weight (UBW) if known:

113 lb (~YR)

5. Body Mass Index (BMI):

22.56

6. Weight status per BMI:

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

7. Allergies

Codine

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  
o. Reduced Concentrated Sweets

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- 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
- Healthshake, TID

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
- edentulous

D. Diseases/Conditions

1. Relevant Diagnoses:

Dementia, osteoarthritis, dysphagia, bipolar, hypothyroidism, constipation

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

Levothyroxine, Senna, Bisacodyl

1. Are there any medications impacting nutrition?

- a. Yes       b. No

Laboratory Values

2. Are there any recent Laboratory values impacting nutrition?

2/8/22

- a. Yes       b. No

Hgb = 11.3

Hct = 34.9

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:

- 8%, 9 lbs

Estimated Nutritional Needs

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

- a. Yes       b. No

Kcals = 980 - 1,225 kcal/d

mL = 980 - 1,225 mL/d

PRO = 39 - 49 g/d

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 = 47.2 kg

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

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- 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: