Michelle Hyman
Sample Nutrition Chart Form Using A-D-I-M-E Format

ASSESSMENT: Summary of subjective and objective data from chart review and patient/caregiver.

Pt's initials: N.R. Pt's age:57 y.o. Dx: Pancreatitis Medical Problems/PMH: hyperlipidemia, DM, HTN, recurrent pancreatitis

Ht.	Current Wt	Usual Weight	IBW range /%IBW	BMI
58"	55.8 kg (122.7#)	120# No recent wt. changes per pt's daughter	96-119# 114%	25.6 (overweight)

Estimated energy needs:1395 kcal (25 kcal/kg current BW)	Estimated protein needs: 56 g (1g/kg current BW)
Other nutrient needs :	Fluid needs:1953 mL (35 mL/kg current BW)

Summary of Diet History (24 recall):

Pt. has been NPO since admission. Currently, consuming 0% of energy, protein, fluid needs due to NPO Rx.

Intake approximately 0% at meals and/or _____% from TF and/or _____% from PN NPO
May be not applicable (NA) for non-hospitalized persons

Pertinent lab values (Date, ↑ or ↓) 2/5/12

Na 141 (WNL); K+ 3.5 (WNL); BUN 16 (WNL), Creat 1.1 (WNL), Glucose 97 (WNL), Hgb 10.7↓
Hct 31.5↓, MCV 79.9↓, Hgb A1c 8.9↑, Trig 377↑, HDL 33↓,amylase 242↑, lipase 4320↑.
↓Hct, MCV, Hgb may suggest iron deficiency. ↑ Hgb A1c may be due to poorly controlled DM or questionable iron deficiency (MD order for Fe study pending). ↑ trig may be due to hyperlipidemia, pancreatitis, or poorly controlled DM. ↓HDL may be due to DM. ↑amylase and lipase 2° to pancreatitis dx.

Nutritional Risk Factors (GI, chewing/swallowing difficulties, etc.)

NPO x 3 days
Hgb A1c ↑

Usual Meds or Dietary supplements

Solumedrol, metformin, glipizide, vasotec, avelox, lovenox, apidra

Current Meds/implications/pertinent side effects

Insulin: antidiabetic, hypoglycemic
Amlodipine:antihypertensive, antiangina, Ca channel blocker; ↓Na, ↓cal diet may be recommended, may cause nausea. Avoid natural licorice. Pt. s hypotension, edema at this time.
Atorvastatin calcium: antihyperlipidemic; ↓fat, ↓chol diet. Avoid grapefruit/related citrus. May cause nausea. Pt denies constipation/diarrhea.
Gemfibrozil: antihyperlipidemic; ↓fat, low sucrose, cal controlled diet. May cause n/v. pt. denies constipation and diarrhea. Caution c diabetes- may cause ↑ glucose. Enoxaparin:anticoagulant Carvedilol:Antihypertensive; may cause n/v. Pt. denies diarrhea. May ↑wt. ↓Na, cal may be recommended. Pt s. hypotension and edema at this time. Morphine:analgesic, narcotic, opioid; May cause n/v. pt. denies constipation/diarrhea. May cause ↑ amylase, ↑lipase, and anemia.

Food allergies: NKFA
Food intolerances:Does not consume pork due to religious reasons.

Other Comments:Pt is from Bangledesh and does not speak or understand english. Her daughter was present at the time of the initial nutrition interview and provided the subjective information. N.R.'s daughter states that N.R. was checking her blood sugars regularly PTA. Pt. was following a diabetic, low-fat diet PTA. She avoided spicy foods because she didn't want to aggrevate her pancreatitis. She also does not eat pork due to religious reasons.N.R.'s daughter states that N.R. had n/v on 2/6/12, but not the day of the initial nutrition interview (2/7/12), as is confirmed by the pt's medical chart. According to the pt's daughter, the n/v occured after administration of pain medicine, morphine. No c/o constipation or diarrhea. MD order for anemia study.
Clinical findings:Skin intact. Lipase and amylase trending downward.

NUTRITION DIAGNOSIS(ES):

Problem Etiology (*related to*) Signs and Symptoms (*as evidenced by)*

P-E-S Statements:

Inadequate oral intake (NI-2.1) related to lack of access to diet as evidenced by NPO Rx.

INTERVENTIONS (Food/and/or Nutrient Delivery; Nutrition Education; Nutrition Counseling; Coordination of Nutrition Care)

GOALS	PLANS
Pt's diet will be upgraded when medically feasible .	-Monitor for changes in medical status, labs, and
	advancement of diet
	-Suggest diet change to clear liquids → soft
	2gm Na, 1500 kcal Diabetic, low fat/low cholesterol diet when medically feasible.

	- Monitor for appropriate time for review of diabetic low sodium, low-fat/low cholesterol diet

MONITORING: √ all that apply

✔Weight _____food intake at meals _____supplement intake

✔Labs (specify) F/U c results of MD ordered Fe study

Other: Advancement of diet, diet tolerance and p.o. intake when diet is upgraded

EVALUATION: (only for follow-up)

Previous Problems -- Clinical Concerns:
Comment on Progress_____

Previous Problems -- Behavioral-Environmental Concerns:
Comment on Progress_____

Previous Intake compared with Current Intake:_____
Comment on Progress_____

Previous Educational Needs and Sessions Provided:_____
Comment on Progress_____

Other Evaluations and Plans or Recommendations:

Date:2/7/12Dietitian Name: Michelle Hyman, Dietetic Intern
