

## Progress Report Overview

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**Student:** Penina Langer

**Activity:** Mary Corbet

**Start Time:** 04/12/2019 10:17:45

**End Time:** 04/14/2019 20:41:22

**Total Time:** 42:20:40

### Actions

Note at 04/14/2019 20:41:20

# Mary Corbet Documentation



Student: Penina Langer  
Activity Start: 04/12/2019 10:17:45  
Activity Completion: 04/14/2019 20:41:22  
Activity Completion: 42:20:40

## Patient Data



Patient: Mary Corbet  
Age/Sex: 60 yo F  
Location: Valley View Therapy Center

DOB: 04/18/1958

MR#: MR101955

## Notes

Note at 04/13/2019 23:01:37

### ADIME Note

#### Basic Information

Date:

04/13/2019 23:01:37

Author:

Penina Langer

Location:

Valley View Therapy Center

Patient name:

Mary Corbet

Date:

4/10/2019

## Assessment

### Diagnosis:

r/o memory loss, insomnia, general fatigue and weight loss, pain in knees and back

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### Age:

60

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### Gender:

Female

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### Race:

White

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### Ethnicity:

Caucasian

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## Client History

### Medical history:

2 vaginal births  
Tonsillectomy  
Cholecystectomy  
Bilateral knee arthroscopy  
Took Zoloft 100 mg for 3 years 10 years ago

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### Medical diagnoses:

Osteoarthritis  
Acute GI distress (subjective report)  
Acute insomnia  
Chronic back pain  
Chronic type 2 diabetes  
Chronic obesity

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**Family history:**

Father- alcoholic, died 5 years ago of liver cirrhosis

Mother- died 3 years ago of breast cancer

Son- alcoholic like his father

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**Social history:**

Childhood/developmental- Born and raised in Springfield, Illinois, youngest of 5, parents of 2nd generation immigrants, no early childhood or developmental issues, no academic issues, normal peer relationships

Adult relationships- divorced ten years ago, had a horrible marriage, husband was an alcoholic, no serious relationships since the divorce

Current significant family and/or peer group relationships- friends with a few female co-workers, less so since she retired. Golfs with a number of women. Has 2 children- a daughter with 2 children who she sees but lately lacks energy to babysit for, and a son whom she has some estrangement from because of his alcoholic tendencies

Financial status, housing, employment, leisure time issues- financially stable, got a generous severance package from work and has an existing IRA retirement account, has savings to maintain her current living situation for many years, was financially prepared for an early retirement

Religious/spiritual or cultural issues that might influence treatment- patient is Catholic, typically attends Church every Sunday but hasn't gone for about 2 months

Usually plans the annual fundraising event for the ladies auxiliary at the local hospital but did not this year, letting everyone down

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**Current medications:**

Celebrex 200 mg PO QD

Advil 800 mg "most days"

Metformin 1000 mg PO QD

Maalox and Pepcid PRN (takes them most days)

Melatonin 5-10mg HS PRN or

Benadryl 25 mg HS PRN

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**Nutrition-related medications:**

n/a

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**Current supplements:**

n/a

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**Anthropometric history**

**Height:**

66"

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**Weight at admission:**

n/a

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**Current Weight:**

186lbs / 84kg

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**BMI:**

30.0 (obesity class I)

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**% Weight change:**

n/a

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**IBW:**

130 lbs

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**% IBW:**

143% (obesity)

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**UBW:**

206

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**% UBW:**

90% (mild nutrition risk)

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**Other:**

The patient states she has lost about 20 pounds over the past three months, so she has had 9.7% BWL

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**Weight assessment:**

Patient reports a weight loss of 20 pounds within the last 3 months.

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**Biochemical history, medical tests, labs, and procedures:**

ALP - 150 H

ALT - 45 H

AST - 38 H

Glu - 150 H

TP - 7.5 H

Chol - 210 H

LDL - 170 H

TG - 155 H

Labs may be high because of diabetes, obesity, and alcohol intake

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**Nutrition Focused Physical Exam**

**Skin Assessment**

Intact

**Feeding Ability**

Independent

**Oral Motor**

Intact

**Muscle and fat store assessment:**

Patient appears obese

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**If other, please explain:**

n/a  
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**Food and Nutrition History**

**Current diet order:**

n/a  
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**Assessment of usual intake:**

Patient lives alone. Only eats 2 meals a day but will often skip meals. Typical diet recall includes 3-4 cups coffee for breakfast, granola bar as a mid-morning snack, light late lunch of a salad and diet cola, and for dinner about 3oz of protein with 1 cup starchy vegetables, and a dinner roll with butter. Has 2-3 glasses of wine a night. Bedtime snack of ice cream or an aperitif.

Overall assessment: the patient is consuming a high calorie low nutrient diet. She is drinking excessive alcohol (Contributing a lot of calories) and not getting enough protein or fruits/vegetables.  
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**Assessment of current intake:**

n/a  
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**Supplements/herbals:**

n/a  
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**Food allergies and intolerances:**

n/a  
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**Intake and digestive problems:**

None reported

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**Assessment of Nutritional Status/Nutrition Risk**

No malnutrition noted

Weight loss

**Specify:**

Patient reports a weight loss of 20 pounds over the past three months (9.7%)

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**Nutrition Recommendations**

**kcal/day based on:**

1475-1770 kcal/day based on 25-30kcal/kg using patient's IBW of 59kg

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**g protein/day based on:**

59-71g/day based on 1.0-1.2g/kg using patients IBW of 59kg

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**mL fluid/day based on:**

1475-1770 mL fluid/day based on 1mL/kcal

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**Other:**

n/a

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**Nutrition assessment summary:**

Patient has a history of obesity. Divorced and lives alone for 10 years, but can cook and take care of herself. Recently retired so her alcohol has increased and food intake has decreased. Now tends to skip meals. Diet recall reveals diet high in calories, but low in protein, fruits, and nutrients. Patient plays golf but did not report how often.

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**Diagnosis**

**Nutrition Diagnosis:**

Excessive alcohol intake and predicted inadequate nutrient intake

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**PES Statement:**

Excessive alcohol intake related to "retiring" from her job as evidenced by the alcohol audit which states she drinks 1-2 drinks 4 or more times a week and abnormal lab values (ALP 150, ALT 45, AST 38).

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**PES Statement:**

Predicted inadequate nutrient intake related to excessive alcohol consumption as evidenced by the alcohol audit which states she drinks 1-2 drinks at least 4 times a week and abnormal lab values (ALP 150, ALT 45, AST 38).

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## Nutrition Intervention

### Food and nutrition delivery:

modify composition of meals/snacks; general healthful diet  
consistent carbohydrate diet  
increased protein diet

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### Nutrition education:

nutrition influence on health education  
provide patient with verbal/written education on tips for gradual weight loss  
provide patient with verbal/written education on FDI with alcohol (Advil, Celebrex, Metformin)  
provide patient with verbal/written education on decreasing alcohol intake

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### Nutrition counseling:

goal setting, self monitoring, cognitive restructuring, relapse prevention

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### Coordination of care:

referral of nutrition care, referral to RD with different expertise  
refer patient to outpatient RD for counseling on long term weight loss  
refer patient to community program such as alcoholics anonymous

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## Monitoring and Evaluation

### Food and nutrient intake:

Types of food/meals- patient will eat three meals a day

Alcohol intake- patient will limit alcohol intake to one drink a day 2-3 times a week

Protein intake- include protein with breakfast and lunch to reach estimated requirements

Carbohydrate intake- lower amount of carbohydrates eaten to decrease glucose levels

Medications/prescription medication use- educate patient on risks of mixing medications with alcohol

Cholesterol intake- patient will choose chicken/fish over meat as animal proteins to lower cholesterol

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### Anthropometric measurements

Weight change/loss- patient will aim to lose 1-2 pounds a week

Long term goal of reaching 150 pounds in the next 6 months

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### Biochemical data:

Gastrointestinal profile- goal to have WNL lab values within next 2 months

Glucose- goal to have WNL values within next 2 weeks

Lipid profile- goal to have WNL lab values within next two months

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### Signature/credential/date:

Penina Langer Future RD 4/14/19

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