

Progress Report Overview

Student: Penina Langer

Activity: Meridith Dewietz

Start Time: 05/03/2019 10:04:30

End Time: 05/05/2019 23:26:39

Total Time: 60:28:22

Actions

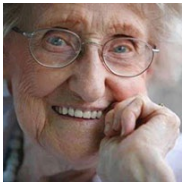
Note at 05/05/2019 23:26:33

Meridith Dewietz Documentation



Student: Penina Langer
Activity Start: 05/03/2019 10:04:30
Activity Completion: 05/05/2019 23:26:39
Activity Completion: 60:28:22

Patient Data



Patient: Meridith Dewietz
Age/Sex: 82 yo F
Location: Central Clinic

DOB: 07/31/1936
MR#: MR0987

Notes

Note at 05/05/2019 16:07:55

ADIME Note

Basic Information

Date:

05/05/2019 16:07:55

Author:

Penina Langer

Location:

Central Clinic

Patient name:

Meridith Dewietz

Date:

02/05/2017

Assessment

Diagnosis:

r/o long standing symptoms of numbness, tingling, weakness, lack of coordination, clumsiness, impaired memory, tingling in lower extremities
also r/o memory loss, word searching, fatigue and myalgia with shortness of breath, decreased appetite, sometimes too tired to eat

Age:

82

Gender:

Female

Race:

White

Ethnicity:

Caucasian

Client History

Medical history:

minor CVA
duodenal ulcer
hiatal hernia
Schatzki ring
hypertension
osteoporosis
headache syndromes
low back pain with osteoarthritis (lumbago)
osteoarthritis
diaphragmatic hernia without mention of obstruction or gangrene

Medical diagnoses:

vitamin B12 deficiency anemia
disorders of esophagus

Family history:

n/a

Social history:

n/a

Current medications:

Zestril- FDI: warn about high potassium supplement/diet, avoid salt substitutions and natural licorice, limit alcohol, adequate fluid
Plavix- FDI: warn about increased food bioavailability, take with food if GI distress occurs, avoid grapefruit/related citrus, replace fluids and electrolytes for diarrhea
Norvasc- FDI: warn about avoiding natural licorice and reducing sodium intake
Hydrochlorothiazide- FDI: need to maintain diet high in zinc, magnesium and potassium, avoid natural licorice, monitor electrolytes and supplement as necessary
Potassium chloride- FDI: take med with full meal and a glass of water/other liquid
Hydrocodone- FDI: can't take with alcohol
Colace- FDI: can't take with mineral oil

Nutrition-related medications:

Cyanocobalamin- no FDIs

Current supplements:

n/a

Anthropometric history

Height:

61"

Weight at admission:

n/a

Current Weight:

114 lb / 52kg

BMI:

21.5 (normal)

% Weight change:

n/a

IBW:

105 lbs

% IBW:

109% (no risk)

UBW:

n/a

% UBW:

n/a

Weight assessment:

Patient has normal BMI and % IBW is no risk.
Doesn't think she has had weight loss but not certain

Biochemical history, medical tests, labs, and procedures:

Methylmalonate- 7 H

BUN- 22 H
Serum sodium- 147 H
Hemoglobin- 10.4 L
Hematocrit- 30.6 L
MCV- 107 H
Platelet count- 99000 L
WBC- 4100 L

EKG- sinus rate 90, normal rhythm

Nutrition Focused Physical Exam

Skin Assessment

Intact

Feeding Ability

Independent

Oral Motor

Intact

Food and Nutrition History

Current diet order:

n/a

Assessment of usual intake:

n/a

Assessment of current intake:

n/a

Supplements/herbals:

n/a

Food allergies and intolerances:

n/a

Intake and digestive problems:

r/o decreased appetite, sometimes too tired to eat

Assessment of Nutritional Status/Nutrition Risk

No malnutrition noted

Nutrition Recommendations

kcal/day based on:

1440-1680 kcal/day based on 30-35 kcal/day using patient's IBW of 48kg

g protein/day based on:

48-72 g/day based on 1.0-1.5 g/kg using patient's IBW of 48kg

mL fluid/day based on:

1440-1680 mL fluid/day based on 1mL/kcal

Other:

n/a

Nutrition assessment summary:

Don't have a diet history for the patient. She came in today and is able to sit upright on the examination table and has excellent personal hygiene. Patient has a decreased appetite and is sometimes too tired to eat but does not think she has had any weight loss.

Diagnosis

Nutrition Diagnosis:

predicted inadequate energy intake

PES Statement:

predicted inadequate energy intake related to decreased appetite and being too tired to eat as evidenced by megaloblastic anemia and vitamin B12 deficiency.

Nutrition Intervention

Food and nutrition delivery:

increased energy diet
increased protein diet
increased vitamin B12 diet
medical food supplement therapy- modified beverage
vitamin B12 supplement therapy
over the counter medication, appetite stimulant

Coordination of care:

Collaboration with other nutrition professionals
Referral to other providers
Referral to community agencies/programs

Monitoring and Evaluation

Food and nutrient intake:

Total energy estimated intake in 24 hours- didn't have a food recall, go through food record or 24-hour recall with patient to estimate what she is actually eating. Patient will aim to meet minimum of 1440 calories daily.

Types of food/meals- go through 24-hour recall/food record, see the breakdown of what the patient is eating. Patient will try to eat protein at least three times a day.

Food variety- go through 24-hour recall/food record, see the breakdown of what the patient is eating. Patient will eat at least one animal protein a day.

Total protein from diet- calculate using 24-hour recall/food record, see if patient is meeting estimated protein needs. Increase protein as necessary. Patient will include animal proteins. On days where she is not hungry, patient will drink Ensure.

Vitamin B12 estimated intake 24 hours- calculate using 24-hour recall/food record, see how many animal products the patient is eating a day. Work with total protein from diet and increase both; patient will begin to eat more animal protein.

General, healthful diet order- go through a typical day with patient, see what she usually eats and where/what she can add more of. Patient will include a modified drink (such as Ensure) to supplement with to eat more calories. Patient knows that it's important to eat, no matter what it is.

Eating environment locations and atmosphere- patient lives at home, recommended that she goes to community center to eat meals. Patient will begin to eat out of the home and see if that helps

Patient fatigue during feeding process resulting in inadequate intake- patient claims she is sometimes too tired to eat. As discussed, the patient will not only sit down for structured meals. She will keep a protein drink with her and take sips throughout the day to up her caloric intake.

Nutrition quality of life responses- patient is older, so quantity is more important than quality. Patient will eat foods she enjoys throughout the day.

Anthropometric measurements

Measured weight- measure the patient's weight at next visit to make sure she is not losing weight

Biochemical data:

Electrolyte and renal profile- aim to be WNL in the next 3 months
Nutritional anemia profile- aim to be WNL in the next year

Nutrition focused physical findings:

Pale complexion- most likely due to anemia, monitor as B12 levels improve
Tingling of foot- should go away with B12 therapy, monitor to make sure it's getting better

Signature/credential/date:

Penina Langer, Future RD, 05/05/2019
