

SUFFOLK COUNTY COMMUNITY COLLEGE
RIVERHEAD, NEW YORK

DTE 205: CHART INFORMATION RETRIEVAL FORM

9.5

Your Name: Deanna Torino

Assessment Date: [REDACTED]

Patient's Initials: [REDACTED]

Admission Date: [REDACTED]

Age: [REDACTED] Sex: [REDACTED]

Assessment # 910

Room #: [REDACTED]

DOB: [REDACTED]

Religion/Ethnic Status: [REDACTED]

Admitting Diagnosis: fever, weakness

Past Medical History: severe pneumonia, parotid gland surgery, peripheral vascular disease, resection of basal cell carcinomas and "pre" melanoma, Breast Cancer (PUD), COPD, dislocated @ hip

Current Medical Conditions: Breast Cancer @ sided mastectomy, peripheral neuropathy from spinal stenosis, osteomyelitis treated resection, s/p appendectomy, s/p cataract lenses replacement surgery, fever, leukocytosis, HTN 2° breast chemotherapy, COPD, MRSA

Current Medications Vitamins/Minerals/Herbs	Classification	Gastrointestinal Effects	Interactions with Dietary Substances	Effects on Blood Values	Effects on Weight Status (+/-)
Toprol XL 50mg PO Daily (metoprolol)	anti-HTN, anti Angina	Dry mouth, N/V, dyspepsia, flatulence, diarrhea, constipation	avoid natural licence;	Rare - ↑AST, ↑ALT, ↑LDH, ↑K, ↑T ₀ , -	-
Cilastazole 50mg BID	peripheral vascular disease treatment	Dyspepsia, nausea, ab. pain, diarrhea, flatulence, abnormal stool	avoid grapefruit juice/ citrus	↓ platelet aggression, ↓T ₀ , ↑HDL	-
Gabapentin PO BID	antiepileptic treatment of moderate- severe restless leg syndrome	gingivitis, Dry mouth or throat, dyspepsia, N/V, flatulence, diarrhea, constipation	-	<1% - WBC, ↑glu, dyscarnias	↑wt
1 Anastrozole	anti- neoplastic	Dry mouth, N/V, pain, diarrhea	-	↓ estradiol, anemia, ↓WBC, ↑AST, ↑ALT,	↓/↑wt

Current Medications Vitamins/Minerals/Herbs	Classification	Gastrointestinal Effects	Interactions with Dietary Substances	Effects on Blood Values	Effects on Weight Status (+/-)
Oscal + Vit D PO BID	ANTIACID, MINERAL SUPP., phosphate binder	Chalky taste, Dry mouth, ↓diarrhea, in excess → N/V, ↓abdominal cramps, constipation	-	Slightly ↑ Ca + P, ↓P, ↓PTD	-
Vit C 500 mg daily	Vitamin, anti- scurvy	N/V, dyspepsia, gastric cramp, diarrhea,	-	False ↓bil	-
Multi-Vit	-	-	-	-	-
Cefepime Q 12° (Cephalosporin)	anti- biotic	Oral candidiasis, sore mouth + tongue → CT use, N/V, diarrhea,	-	Dyscrasias, eosinophilia, ↑AST, ↑ALT, ↑BUN,	-
Vancomycin Vancomycin (to treat staph)	anti- biotic	little GI absorption, bitter taste, nausea,	-	↓WBC, ↑BUN, ↑creat, eosinophilia	-

Pertinent laboratory data for the past three months:

Type Of Test	Test Date	Reference Range	Abnormal Lab Value	Normal Lab Value
HgB 9.8	10/18	11.5-15.5	9.8 *L	
Hct 31.3	10/18	34.0-45.0	31.3 *Low	
Glucose 113	10/19	70-99	113 *H	
Hemoglobin A1C				
Bun 11	10/19	7-23	-	11
Creatinine .42	10/19	.5-1.3	-	.62
Albumin				
Prealbumin				
Sodium 140	10/18	132-145		140
Potassium 3.2	10/18	3.5-5.1	* 3.2 *Low	
Cholesterol				
Other				
Other				

Identify possible causes for the above abnormal lab values as related to the patient's diagnosis/medical condition(s)

Abnormal Lab(s)	Cause(s) related to medical condition
HgB (9.8) *low	Stage IV PU, blood loss
HcT (31.3) *low	Stage IV PU, blood loss
Glucose (113) *High	Stage IV PU, antihypertensive use.
Potassium (3.2) *low	history of recent draining wound to chest

Skin Integrity: MRSA present on PS PU SIV on buttocks
 Pressure Ulcers: () No () Yes, what stage: IV where: buttocks ...
 Skin turgor: () Good () Poor
 Edema: () Yes () No

Summary of pertinent information in the nurses notes for the past three months:

10/17 pt's husband in bedside, call bell available, 10/23 Dressing intact, cert to monitor; 10/23 Denis dentures, has hearing aid, husband @ bedside. 10/24 Dressing dislodged urine OOB to bathroom, reapplied & monitor;

Summary of pertinent information in the dietitian's notes for the past three months:

10/20 appetite ok, abdomen soft, OOB to bathroom, via u/c; Recante on NPO diet [10/23]

Summary of pertinent information in other disciplines (i.e. Speech, OT, PT, and Social Worker) notes for the past three months:

10/17 physician: previous hospitalization developed draining wound on chest after surgery for breast cancer + presumptive osteomyelitis in foot. 1 breast reconstructed, wound healed, yet full incision she developed on buttock; peripheral neuropathy (spinal stenosis) wheelchair bound. "just haven't felt good today". Wound Care 10/20 affected Stage IV PU buttocks, 10/23 on isotretinoin @ buttocks MRSA,

Circle those that apply:

Nausea Constipation Diarrhea Difficulty Swallowing Difficulty Chewing Difficulty self-feeding

Dentition Status: Check Which Applies

Dentures Own Teeth
 Full Partial
 Ill Fitting Will Not Wear

Patient's Food Likes & Dislikes: _____

Food Allergies/Sensitivities: Penicillin

Present Diet Order: 2g Na, No sugar

Diet Consistency: Regular Mechanical Soft Puree Liquid

Supplement Order: prosource BID

Snacks: _____ a.m. _____ p.m. _____ H.S.

Evaluation of Dietary Intake:

Approximate P.O. Intake: _____ 100% 75% 50% _____ 25% _____ 0%

Appetite: _____ Excellent Good Fair _____ Poor _____ NPO

But she is not consuming 100%. Calculate this based on what she is actually consuming.

Approximate Daily Food Intake:	kcal	Protein (g)
Diet	2000 kcal	87g
Supplements	prosource BID 60cal x2 120 kcal.	prosource - 15g pro x2 30g
Snacks		
Total	2060 kcal	102g pro

Patient's Height: 65 (in) 165.1 (cm) 1.65 (m) Current Weight (ABW): ~~126~~¹²⁶ (lbs) 57.3 (kg)

Body Mass Index: $\frac{wt (kg)}{Ht (m)^2} = \frac{wt \times 703}{in \times in} = \frac{(126 \times 703)}{65 \times 65} = \boxed{20.1}$

DBW: 125 lb 57 kg UBW: 126

% DBW: 100.8% % UBW: 100%

5 100 = 5ft (5 x 5) = 125 lbs

$\frac{actual\ weight}{desired\ weight} \times 100 = \frac{126}{125} \times 100$

The Mifflin-St Jeor Equations:

Male: $RMR = (10 \times \text{weight kg}) + (6.25 \times \text{height cm}) - (5 \times \text{age}) + 5$

Female: $RMR = (10 \times \text{weight kg}) + (6.25 \times \text{height cm}) - (5 \times \text{age}) - 161$

To determine your total daily calorie needs, the RMR has to be multiplied by:

Activity Factor: (circle)

- 1.000 = confined to bed
- 1.100 = wheelchair bound
- 1.200 = sedentary (little or no exercise)
- 1.375 = lightly active (light exercise/sports 1-3 days/week)
- 1.550 = moderately active (moderate exercise/sports 3-5 days/week)
- 1.725 = very active (hard exercise/sports 6-7 days a week)
- 1.900 = extra active (very hard exercise/sports and physical job)

Stress Factor: (circle)

- Post operative stress (no complications) 1.0 to 1.05
- Peritonitis: 1.05-1.25
- Cancer: 1.1 to 1.45
- Long bone fracture: 1.25 to 1.30
- Sever infection: 1.3 to 1.55
- Multiple trauma: 1.3 to 1.55
- Burns (over 40% of body surface): 2.0

Calorie needs based on RMR: 1043.875 kcal/day

Stress Factor: 1.4 2° (secondary to): MRSA; Stage IV pu + cancer.

Activity Factor: 1.1 2°: w/e bound

Adjustment for obesity, if necessary: —

Total Daily Calorie Needs 1607.5 cal/day

Protein Needs: 103.14 based on: 1.8 g pro/kg ABW 1.8×57.3

Fluid Needs: 2005.5 based on: 35 cc fluid/kg ABW $35 \times 57.3 = 1432.5$

Show Your Math:

$$(10 \times 57.3) + (6.25 \times 165.1) - (5 \times 80) - 161$$

$$573 + 1031.875 - 400 - 161$$

$$1043.875 \times 1.1 = 1148.191 \times 1.4$$

$$= \boxed{1607.5}^{SF}$$

Date	Weight	+/- Change
10/16	126 lbs	P

Comment on patient's weight status for the past six months: Pt arrived @ hospital on
10/16; one wt recorded so far.

Nutrition Diagnosis PES Statement	Goals	Intervention/Education Plans/Actions
<p>1. Increased nutrient ^{protein} needs related to Stage 4 pressure ulcer on sacrum, wound healing and immune system as evident by healing Stage II PU, MRSA, + cancer.</p>	<p>- Keep Hgb range 11.5 - 15.5 - Hct range (34-45) Creatine (-5-1.15) - Increase protein intake to 103.14g/day</p>	<p>- monitor po intake - monitor labs - which ones? - monitor po intake of protein - Encourage good po intake.</p>
2.		<p>- Provide food preferences to improve po intake.</p>
3.		<p>- Continue prosoeure BID - Consider adding Ensure x 2 day</p>
4.		
5.		

Nutrition Monitoring and Evaluation:

- Monitor po intake/tube feeding/parenteral nutrition
- Monitor body weight
- Monitor labs Hgb, Hct, Creatinine
- Referrals: _____
- Discharge Plan: _____