Progress Report Overview

Student:	**Xiaotong Fei**
Activity:	Ken Avalos - CS#3 - Acute MI
Start Time:	12/11/2023 22:08:48
End Time:	12/12/2023 20:56:06
Total Time:	21:55:13

Actions

Note at 12/12/2023 20:56:04

Ken Avalos - CS#3 - Acute MI Documentation

Student: Xiaotong Fei
Activity Start: 12/11/2023 22:08:48
Activity Completion: 12/12/2023 20:56:06
Activity Completion: 21:55:13

Patient Data

Patient: Ken Avalos
Age/Sex: 46 yo M
Location: General Hospital ER

DOB: 05/07/1977
MR#: MR1108
Admit Date: 12/11/2023

Notes

Note at 12/11/2023 22:08:57

ADIME Note

Basic Information

Date:
12/11/2023 22:08:57

Author:
Xiaotong Fei

Location:
General Hospital

Patient name:
Ken Avalos

Date:
12.12.2023

Assessment

Diagnosis:

Pt seen for s/p HTN r/t CVD and overweight r/t T2DM. Nutritional education on AHA/DASH with diet and motivational interviewing is ordered.

Age:
46

Gender:

Male

Race:

American Indian

Ethnicity:

American Indian

Client History

Medical history:

h/o obesity and DKA r/t T2DM, h/o vit D def

Medical diagnoses:

S/P HTN, new onset CVD, MI, hyperlipidemia, T2DM

Family history:

Pt has a family hx of DM since grandmother had DM. Father had heart disease and CABG at 72 y.
Grandmother deceased, Mother and sister A&W.

Social history:

Pt has a wife and 2 grown children. He is an IT specialist working full time in Home Depot. Wife does most of the cooking at home. Pt follows consistent CHO diet due to previous dx of T2DM 2 yrs ago. Traditional Indian American foods consumed sometimes at home with family members and friends for gathering or religious events. Walks 2-3 times/wk. No use of alcohol or illegal drugs. Pt reports feeling tired about closely watching to foods consumed every time.

Current medications:

Meds that end on 6.10.2024:
Metformin XR 1000mg/d, Bystolic 20 mg, Bystolic (nebivolol HCl) 10 mg oral tablet, Cholecalciferol (Vit D3) 5000 IU/wk, Prasugrel 10MG Oral tablet/d [Effient],

Med ends on 12.12.2023
Crestor Rosuvastatin calcium 10 MG Oral Tablet/d

Meds that end on 12.18.2023:
Ondansetron 2MG/ML Q6H, Hydrocodone Bitartrate 10 MG Oral tablet Q4H,

Nutrition-related medications:

Metformin XR/hydrochloride 1000 mg/d – glucosamine, chromium, coenzyme Q10, garlic, green tea, horse chestnut.
Crestor - Foods high in fat/cholesterol decrease drug's effect
Effient - Fish Oil increase bleeding risk

Current supplements:

none

Anthropometric history

Height:

173cm/(68.11 inch / 5'8")

Weight at admission:

88.6kg (194.9lb)

Current Weight:

88.6kg (194.9lb)

BMI:

29.6 kg/m2 - overweight

% Weight change:

1.6% weight change from 2 years ago

IBW:

70kg (154lb)

% IBW:

127%

UBW:

88.6kg (194.9lb)

% UBW:

100%

Other:

none

Weight assessment:

Pt's CBW was 90 kg 2 years ago. Pt's CBW on admission is 88.6kg. Pt has a 1.6% weight change in the last 2 years due to following CHO consistent diet and increased physical activity level (walks for 2-3x.wk for 30 mins). Pt's CBW and UBW stay the same for 3 mo since pt reports hard to lose weight in these 3 mo due to restrictions on diet.

Biochemical history, medical tests, labs, and procedures:

BP / (H), Glucose 122 mg/dL (H), total cholesterol 220 mg/dl (H), HDL 35 mg/dl (L), LDL 175 mg/dl (H), Triglycerides 151 mg/dL (H), BP 140/80 (H), waist circumference 97 cm (H)

Nutrition Focused Physical Exam

Skin Assessment

☑ Intact

Feeding Ability

☑ Independent

Oral Motor

☑ Intact

Muscle and fat store assessment:

WDWN

If other, please explain:

none

Food and Nutrition History

Current diet order:

Regular AHA/DASH with consistent CHO diet

Assessment of usual intake:

Pt follows consistent CHO diet and set no restriction on Na+. Wife prepares meals most of time for pt. For most of the meals, 5-6 ounces meat, 2-3 types of vegetables, and bread are consumed. On weekends, pt usually has large traditional Indian American meals. No consumption of alcohol or illegal drugs. Pt also reports tired of checking what he needs to eat and not to eat all the time.

Assessment of current intake:

Per 24-hr recall with DTR pt's meals normally contain meat 3x per day, vegetables 3x and one fruit per day, high-fat food like butter, margarine, and mayonnaise 5x per day. Pt also has one sugar-free snack, and > 4c sweetened drinks using sweetener substitutes like Equal.

Supplements/herbals:

N/A

Food allergies and intolerances:

NKFA

Intake and digestive problems:

Pt reports feeling hungry. Otherwise, N/C

Assessment of Nutritional Status/Nutrition Risk

☑ No malnutrition noted

Nutrition Recommendations

kcal/day based on:

1882-2300 kcal/d based on 88.6 kg BW [1742.25 kcal/d x 1.2 AF x 1.0 IF +/- 10%]

g protein/day based on:

89-97 g pro/kg/d based on 88.6kg [1.0g : 1 kg/BW +/- 10%]

mL fluid/day based on:

1882-2300 mL/kcal/d based on [1mL : 1 kcal fed]

Other:

none

Nutrition assessment summary:

Pt with CVD, HTN, T2DM in need of nutrition education on AHA/DASH diet and motivational interviewing

Diagnosis

Nutrition Diagnosis:

Excessive fat intake (NI-5.5.2)
Excessive oral intake (NI-2.2)

PES Statement:

Excessive fat intake (NI-5.5.2) r/t high fat diet AEB pt's total cholesterol 220 mg/dl (H), 24-hr dietary recall indicating > 40% fat consumption, Indian American style meals.

PES Statement:

Excessive oral intake (NI-2.2) r/t large portion size AEB fasting glucose 119 mg/dL (H), pt reports hard to lose weight for 3 mo due to diet restrictions, 24-hr dietary recall indicating > 3000 kcals/d consumed.

Nutrition Intervention

Nutrition prescription:

To prevent further elevation in total cholesterol by providing nutrition education on high-fat food, AHA/DASH diet with consistent CHO diet. To prevent further excessive oral intake by reviewing and modifying pt's diet.

Food and nutrition delivery:

Diet rx: Regular AHA/DASH with consistent CHO diet
Nutrition rec'd:
Kcal: 1882-2300 kcal/d [1742.25 kcal/d x 1.2 AF x 1.0 IF +/- 10%]
Protein: 89-97 g pro/d. [1.0g : 1 kg/BW]
Fluids: 1882-2300 mL/d [1mL : 1 kcal fed]
Rec'd decreased cholesterol diet (ND-1.2.6.1) to reduce cholesterol intake and total cholesterol in pt.
Rec'd increase intake of high fiber foods (ND-1.2.7.1) to help improve cholesterol and help pt feel satiated longer in case of excessive oral intake.
Rec'd increase MUFAs (ND-1.2.5.3.1)/PUFAs (ND-1.2.5.4.1) intake from fish, seeds, and nuts while decreasing total fat intake and oral intake.

Nutrition education:

Discussed and rec'd nutrition education on portion sizes to decrease total oral intake (E-1.1).
Discussed and rec'd nutrition education on how to switch fat sources to healthier foods like replacing a portion of mayonnaise to nuts, seeds, and fatty fish (E-1.1).
Discussed and rec'd nutrition education on why being consistent to ordered diet is important for pt like excessive fat intake may lead to heart disease (E-1.2).
Using the handout "Low Fat Eating" to educate pt on how to incorporate the idea of using less fat into everyday like, such as providing detailed instructions on how to reduce fat intake: peeling skin off from poultry or avoiding fried food, etc.

Nutrition counseling:

Provided motivational interviewing (C-2.1) and goal setting strategies (C-2.2) to motivate and help pt to stick with AHA/DASH with consistent CHO diet.

Trim off fat from meat before cooking for 4 days/wk to reduce fat intake.
Skip morning, pm, and evening snacks for 3 days/wk to reduce oral intake.
Coordination of care: none

Compliance of pt is expected to be low since pt reports being tired of watching diet closely for every meal, motivational interviewing (C-2.1) is ordered.

Coordination of care:

none

Monitoring and Evaluation

Food and nutrient intake:

Monitor times of consumption on snacks per day for 1 mo (FH-1.2.2.3.1.2).
Monitor times of consumption on fat per day for 1 mo (FH-1.5.1.1.1).

Anthropometric measurements

Monitor wt (AD-1.1.2.1) 1x/wk.

Biochemical data:

Monitor lipid profile (1.7), such as total cholesterol (BD-1.7.1) and TGs (BD-1.7.7), and fasting blood glucose (BD-1.5.1) 1x/mo.

Nutrition focused physical findings:

F/U in hospital in1 mo

Signature/credential/date:

Xiaotong Fei, Clinical Nutrition student, Dec.12.2023

2.2 lb = 1 kg
1 inch = 2.54 cm

Xiaotong fei

Ken Avalos 46 yrs Ht = 173 cm wt = 88.6 kg BMI = 29.6 waist circ = 97 cm

Ht : $\frac{173\text{ cm}}{2.2\text{ cm/inch}} = 68.11\text{ inch}$

$\frac{68.11\text{ inch}}{12\text{ inch/ft}} = 5.6758\text{ ft}$.

$0.6758\text{ ft} \times 12\text{ inch/ft} = 8.1096\text{ inch}$

$5\text{ ft} + 8.1096\text{ inch}$

5' 8"

wt : $\frac{88.6\text{ kg}}{2.2\text{ lb/kg}} = 194.92\text{ lbs} = 194.9\text{ lbs}$

CBW : 88.6 kg (194.9 lbs)

UBW : 88.6 kg (194.9 lbs)

% weight change from 2 yrs ago : $\frac{90\text{ kg} - 88.6\text{ kg}}{90\text{ kg}} \times 100\%$

$= 1.555\%$

$= 1.6\%$

IBW : 106 lbs + 6 lbs × 8 inch

$= 106\text{ lbs} + 48\text{ lbs}$

$= 154\text{ lbs}$ / $\frac{154\text{ lbs}}{2.2\text{ lb/kg}} = 70.0\text{ kg}$ (154 lb)

% IBW : $\frac{194.9\text{ lbs}}{154\text{ lbs}} \times 100\%$

$= 1.2655 \times 100\%$

$= 127\%$

$\frac{88.6\text{ kg}}{70\text{ kg}} \times 100\%$

$= 1.2657 \times 100\%$

$= 126.5\%$

$= 127\%$

% UBW : $\frac{88.6\text{ kg}}{88.6\text{ kg}} \times 100\%$

$= 100\%$

Xiaotong Fei

1. kcal needs for wt maintaining using CBW, AF(1.3), IF(1.0)

Men: $10 \times 88.6\ kg + (6.25 \times 173\ cm) - (5 \times 46\ yrs) + 5$

$= 886\ kg + 1081.25\ cm - 230\ yrs + 5$

$= 1742.25\ kcal/d$

$1742.25 \times \frac{1.2}{AF} = 2090.7\ kcal$

$2090.7\ kcal \times \frac{1.0}{IF} = 2090.7\ kcal \approx 2091\ kcal.$

Range (±10%): $2091\ kcal - 2091\ kcal \times 10\% = 1881.9\ kcal = 1882\ kcal$

$2091\ kcal + 2091\ kcal \times 10\% = 2300.1\ kcal = 2300\ kcal$

$1882\ kcal \sim 2300\ kcal.$

1882 - 2300 kcal/d [1742.25 kcal/d × 1.2 AF × 1.0 IF]

g Protein / day: $1.0\ g\ protein / kg\ BW \times 88.6\ kg$

$= 88.6\ g\ protein$

$= 88.6\ g\ protein$

Range (±10%): $88.6\ g\ protein - 88.6\ g\ protein \times 10\%$ (8.86)

$= 79.74\ g\ protein / kg\ BW$

$88.6\ g\ protein + 88.6\ g\ protein \times 10\%$

$= 97.46\ g\ protein$

$\frac{79.74\ g\ protein}{88.6\ kg} = 0.9\ g\ protein/kg\ BW$

$\frac{97.46\ g\ protein}{88.6\ kg} = 1.1\ g\ protein/kg\ BW$

· acceptable range for g protein / day: 89 g protein/day – 97 g protein/day [1.0 g : 1 kg BW] → minor surgery

fluid:

$1882\ kcal \times 1\ mL\ fluid/kcal = 1882\ mL\ fluid/d$

$2300\ kcal \times 1\ mL\ fluid/kcal = 2300\ mL\ fluid/d$

1882 - 2300 mL/d [1 mL : 1 kcal fed]