

FCS 5154 -- Pulmonary NCP
Patient: DB
DOB: 11/27/1942, 75 YO male

Nutrition Note: Initial Assessment:

Assessment: Pt is a 75 YO male that reports symptoms of shortness of breath. He has no nausea, vomiting, or diarrhea, and states that his appetite is normal eating all of his meals. Pt reports that his appetite is the same at home, however, his usual foods are much different at home. He stated that he typically consumes eggs with a lot of cheese, extra bacon, and other high fat and high sodium foods for lunch and dinner. His wife stated that he gained 12 lbs overnight, reason unknown in chart, and needs to now watch his sodium intake. Pt has just had surgery to place his fistula to start dialysis and has abnormal GFR, BUN and creatinine levels. He is also currently on a cardiac, 2g sodium diet.

Medical Dx: one specific medical Dx was not specified -- shortness of breath, A-fib, CKD, hypertension

PMH: CKD stage 4, hypertension, atrial fibrillation, allergic rhinitis, chronic HCC, BPH, chronic anticoagulation, dyslipidemia, gout, hearing deficit

Past surgeries: prostate surgery, dialysis fistula creation, cataract removal

Ht: 67in **Wt:** 104.5kg **BMI:** 36.2 **Class:** III

UBW: 99.8kg **IBW:** (Hamwi's) 106 + 6(7) = 148 lbs (67.3kg)

Diet: Cardiac, 2g Na

Intake (24 hour dietary recall; macros/micros via Supertracker in PDF):

Breakfast: 1 cup oatmeal w/ 2 tbsp raisins
6 oz coffee, black

Lunch: 1 sweet potato w/ 1 tbsp brown sugar and butter
Baked chicken w/ 2 tbsp gravy
1 cup of orange sherbet
½ cup corn
8 oz water

Dinner (he ordered the same thing because he liked it minus the corn):
1 sweet potato w/ 1 tbsp brown sugar and butter
Baked chicken w/ 1 oz gravy
1 cup of orange sherbet
8 oz water

Labs: BUN 70 (H)

Creatinine 4.87 (H)

Protein 5.9 (L)

Albumin 3.0 (L)

Glucose 100 (H)

GFR 12 (L)

Medications: norvasc, rocaltrol, phos binder, lopressor, hytrin, vitamin D, warfarin

Pain Affecting PO Intake? No.

Need for education? Yes. Patient would benefit from education on sodium restriction, how to identify sodium in products, and how to choose low-sodium options (<140 mg/serving). He reports that he currently consumes high-fat/sodium meals such as bacon and eggs prepared by his wife. Additionally, pt would benefit from education on fluid restriction. 1500 mL is prescribed per day, which equals about 6 ¼ cups. Pt should learn to limit his fluid intake between meals and drink smaller portions.

Nutrition prescription/estimated energy needs: Patient should remain on a 2g Na diet due to his report of high sodium food intake, hypertension and end-stage renal disease. Additionally, pt is obese and should reduce caloric intake by 500-1000 kcals/day to lose 1-2 lbs/week. Pt will most likely begin dialysis as his fistula has recently been placed and his lab values are abnormal. Because of this, fluid restrictions are also recommended in order to avoid excess weight gain since his kidneys are not properly working and protein requirements are 1.2g/kg once on dialysis.

Energy needs are based on pt IBW since pt is obese.

Mifflin-St. Jeor: $10(67.3) + 6.25(170.18) - 5(75) + 5 = 1366 \text{ kcal/day}$

Protein: $1.2\text{g}(67.3\text{kg}) = 96.84 \text{ g Pro/day}$

Fluid: **1500 mL/day**

Nutrition Diagnosis: Altered nutrition-related laboratory values related to kidney dysfunction as evidenced by abnormal BUN, creatinine and GFR and rapid weight changes.

Intervention:

- Pt should restrict his fluid intake to 1500mL/day
- Pt should follow 2g Na diet
- Pt will be educated on sodium and fluid restriction
- 1366 kcal/day, 96.84g pro/day, and 1500 mL fluid/day

Goals:

1. After education, pt will be able to correctly identify packaged food items with <140 mg sodium with 100% accuracy.

2. After education, pt will adhere to a 1500 mL fluid restriction diet until the start of dialysis by limiting his drinks between meals.

Monitoring/Evaluation:

At one month follow-up, we will assess patient's weight to ensure that no more weight has been gained. Pt's appetite will be evaluated as well as any N/V/D symptoms. We will also assess his lab values to monitor kidney function. We will evaluate pt's command on identifying packaged food items with <140 mg Na/serving (low-sodium foods). Pt will keep a log of fluid consumption and we will review that with him as well.

Diet Plan (via Supertracker, all macros and micros in PDF):

Breakfast: 1 hard boiled egg

1 cup oatmeal w/ 2 tbsp raisins

6 oz coffee, black

Lunch: 1 chicken salad (½ cup) wrap on whole wheat tortilla

½ corn

1 bag of baked chips

6 oz water

Dinner: baked chicken w/ 2 tbsp gravy

1 sweet potato w/ 1 tbsp brown sugar and butter

½ cup peas

6 oz water

Snacks: 2 tbsp hummus w/ 3 oz of carrots, ¼ cup sherbet