

Progress Report Overview

Student: Jade Makua

Activity: Fiti Achy

Start Time: 11/30/2021 20:16:20

End Time: 12/05/2021 22:14:31

Total Time: 05:47:34

Actions

Note at 12/05/2021 22:14:25

Fiti Achy Documentation



Student: Jade Makua
Activity Start: 11/30/2021 20:16:20
Activity Completion: 12/05/2021 22:14:31
Activity Completion: 05:47:34

Patient Data



Patient: Fiti Achy
Age/Sex: 59 yo M

DOB: 12/06/1961
MR#:

Notes

Note at 11/30/2021 20:16:42

ADIME Comprehensive

Basic Information

Date:

11/30/2021 20:16:42

Author:

Jade Makua

Location:

General Hospital

Patient name:

Fiti Achy

Visit type:

Inpatient

Assessment

Vitals

Blood pressure:

148/88 sitting

Pulse:

82 regular

Respiration:

15 unlabored

Temperature:

99

Pain:

6

Other:

97% pulse oximetry RA

Client History

Age:

59

Gender:

Male

Race/Ethnicity:

Other

Primary language:

Chuukese

Is an interpreter needed

Yes

Was an interpreter used for this encounter

Yes

Social history:

Pt lives in Dededo, Guam with his family. His family consists of his wife, 19 yo son, 16 yo daughter (daughter recently gave birth to a 7 lb boy), and a 13 yo daughter. His mother is living with them due to the death of her husband 1 year ago. Pt works part-time as a parking attendant during the day and an airport security guard at night (evening shift).

Family medical history:

Familial history HTN and T2D (maternal). Mother is alive and has renal failure from her diabetes. Father died from a heart attack.

Personal medical history:

Pt has a history of T2D, onset at age 38 yo and has HTN.

Current medical diagnosis:

Sore on his right foot which hasn't healed for the past month. Pt was in good health until 2 months ago when he stepped on a nail doing yard work. The foot was left untreated and pt noticed that it was getting "hard to walk" and affected his ability to work. Pt went to the podiatrist's office yesterday and upon examination, the doctor noticed a foul smell and yellow purulent drainage to his right foot. Admitted to hospital due for wound care, HgbA1c of 10. Incision and drainage and open amputation of 2nd and 3rd digits of the right foot.

Current home medications:

Metformin 1,000mg extended-release tablet qd with an evening meal.

Current facility medications:

None noted

Current dietary supplements:

None noted

Complementary/alternative medicine:

None noted

Tobacco use:

None noted

Other:

None noted

Food and Nutrition Related History

Food allergies and intolerances:

NKA

Diet history:

Home eating habits consists of eating protein such as (fish, octopus and steak, sometimes canned meats) and some starchy vegetables. He consumes minimal low carbohydrate vegetables, or fruits. He does not like to snack.

His drinks throughout the day include 20 oz pepsi, 20 oz Lemon King Car tea or creates his own Tang orange drink to his preferred sweetness. Not as fond of plain water. He likes to grill some of his protein or cook in coconut milk. He likes to eat local vegetables (taro, yam cooked in coconut milk, and pounded and or preserved breadfruit) but he feels sometimes it is too costly to buy. His family does have SNAP for assistance with obtaining food. He does not follow any eating plan to help with to control blood sugars and has never had nutrition education.

Breakfast: skips

Lunch and/or dinner: seafood (such as fish or or sea clams), taro cooked in coconut milk/oil, 20 oz soda or 2-3 slices of spam (or other canned meat), 1 small local apple banana, 1 cup preserved breadfruit

Nutrition related knowledge, beliefs, attitudes, behavior:

Considers himself to be in ok health. "I have Diabetes but I have to deal with it."

Current diet:

Regular diet but RD consult for diabetic diet.

Assessment of usual intake:

Go to PacTrac3

Assessment of current intake:

According to PacTrac patients food group recommendations:

3 cups or equivalent of milk

Meat and beans intake exceeds the recommendation

2 cups or equivalent vegetables

2 cups or equivalent fruits

7 oz or equivalent of grains

Nutrient Intake (PacTrac)

Food Energy/Total Calories: 1795 kcal intake; 2217 kcal recommendation

Protein: 52 gm intake; 56 gm recommendation

Carbohydrates: 187 gm intake; 130 gm recommended - exceeds

Total Fiber: 15 gm intake; 30 gm recommendation

Fat grams: 97.8 gm intake; 39.9-69.8 gm recommendation - exceeds

Saturated fat: 60.3 gm intake; <19.9 gm recommendation - exceeds

Folate: 79.9 mcg intake; 400 mcg intake recommendation

Calcium: 153.7 mg intake; 1200 mg intake recommendation

Phosphorus: 1138.2 mg intake; 700 mg intake recommendation - exceeds

Sodium: 2521 mg intake; 1300-2300 recommendation - exceeds

Physical activity:

None noted due to injury

Assessment of potential barrier to nutrition self-management:

Pt is working 2 part-time jobs, has to take care of his family as well as being the main wage earner for his extended family, and does not have insurance.

Other:

Consumes 25-50% of meals and is on an ADA diet, 50% meals per nursing.

Anthropometric Measurements

Height:

63 in (160 cm)

Current weight:

175 lb (79.5 kg)

BMI:

$79.5 / 1.6^2 = 31$ (Grade I obesity)

UBW:

None noted

Weight history:

None noted

% weight change:

None noted

Biochemical Data, Medical Tests and Procedures

Glucose/HgbA1c:

Glucose: 237 (high); HgbA1c of 10

Lipid profile:

Cholesterol: 395 (High); Triglycerides: 330 (High)

Electrolytes:

Cl: 101 (WNL); K: 3.6 (WNL); Na: 136 (WNL)

Renal:

BUN: 15 (WNL); Creatinine: 0.8 (WNL)

Liver function:

Bilirubin: 1 (WNL)

Thyroid function:

None noted

CBC/anemia profile:

Hemoglobin: 14.1 (WNL); Hematocrit: 42.2 (WNL); RBC's: 4.6 (WNL); MCV: 87.9 (WNL); MCH: 31 (WNL); MCHC %: 35 (WNL); Platelet count: 202 (Low) WBC: 11.3 (Low); Segmented neutrophils: 52 (Low); Basophils: 1 (WNL); Eosinophils: 2 (WNL)

Protein profile:

Albumin: 3.5 (WNL)

Other:

CO2: 29 (WNL); Ca: 8.6 (WNL); Urinalysis - all WNL

Nutrition Focused Physical Findings

Skin/hair/nails:

Wound on right foot (5 x 5 cm) with yellow/brown purulent drainage, foul-smelling. Skin shows no rashes, ecchymoses, or hyperpigmentation. Neck has no bruits or thyromegaly.

Intra-oral:

Pharynx clear

Extra-oral:

Nares and tympanic membranes clear
Neck has no bruits or thyromegaly.

Oral motor function:

None noted

Nerve:

Alert and oriented X3
Cranial nerves II-XII intact
Strength 5/5 throughout
Sensory to light touch diminished to anterior soles of both feet.
Deep tendon reflexes 1+ and symmetrical throughout
Gait normal

Feeding ability:

WNL

Functional status:

Patient is having a hard time walking due to injury of right foot.

Adipose tissue:

Grade 1 obese

Muscle:

Has difficulty with walking due to injury on the right foot.

Fluid (edema):

1+ pitting edema (abnormal)

Cardiac:

Cardiac exam with distant heart tones and regular rate and rhythm.

Pulmonary:

Lungs clear to auscultation and percussion.

Abdominal:

Abdomen moderately distended with bowel sounds in all 4 quadrants: no abdominal bruits, tenderness, masses, or organomegaly.

Other:

PERRLA, fundi with mild vascular narrowing.

Comparative Standards and Case Example Indicators

Estimated energy needs:

MSJ: $10 (79 \text{ kg}) + 6.25 (160 \text{ cm}) - 5 (59 \text{ years}) + 5 = 1500 \text{ kcal} \times (1.5 \text{ stress factor}) = 2250 \text{ kcal}$

Estimated protein needs:

$1.5 \times 79 \text{ kg} = 118.5 \text{ g/day}$ $2.0 \times 79 \text{ kg} = 158 \text{ g/day}$

Estimated fluid needs:

$35 \times 79 \text{ kg} = 2765 \text{ ml}$

Estimated micronutrient needs:

Vitamin b12: 22.4 mcg/d; folate >79.9 mcg/d (need 400 mcg/d); vit C.: 90 mcg/d; sodium: <2521 mg/d; Calcium >153.7 mg/d (need 1200 mg/d); phosphorus <1138 mg/d(need 700 mg/d); vitamin A >28.7mcg/d (need 900 mcg/d); folate >79.9 mcg/d; Zinc >5.8 mg/d (need 11 mg/d)

Weight and growth recommendations:

Lose weight to reach optimal BMI range

Other estimated needs:

Carbohydrate intake: 130 to 253 g/d fat intake: 50 to 69.8 g/d

Nutrition Diagnosis

PES statement

Excessive carbohydrate intake related to food and nutrition-related knowledge deficit, frequent consumption of carbohydrate-dense food, and psychological causes as evidenced by dietary recall history of starchy vegetables and sugar-sweetened beverages, Glucose serum: 237 High; HgbA1c of 10, no nutritional education, distress, tired and worrisome of being the primary earner in his family and pain from right foot injury.

PES statement

Excessive mineral intake of sodium related to intake of processed foods as evidenced by 24-hour recall with (2521 mg/dL (Pactrac nutrient analysis) and elevated blood pressure of 148/88 mmHg.

PES statement

Excessive fat intake related to Food-and nutrition-related knowledge deficit regarding the appropriate amount of dietary fat needed as evidenced by habitual consumption of high-fat foods as per 24-hour dietary recall, and elevated lipid profile (cholesterol: 395 mg/dL high; triglycerides 330 mg/dL high).

Nutrition Intervention

Nutrition prescription

Recommend to reduce simple carbohydrates intake
Recommend to reduce saturated fat intake
Recommend to reduce sodium intake <2300 mg/d
Maintain optimal Vitamin b12: 22.4 mcg/d; folate 400 mcg/d; vit C.: 90 mcg/d; Calcium 1200 mg/d; phosphorus 700 mg/d; vitamin A 900 mcg/d; Zinc 11 mg/d
Encourage intake lean protein or plant protein for wound healing 5-10% weight loss

Food and/or Nutrition Delivery

Intervention

Intake at least 2 or 3 servings of vegetable and fruit intake per day

Rationale

increase fiber intake and healthier fats (with plant stanols and sterols)

Goal(s)

Help decrease blood sugar and blood lipid levels

Intervention

Recommend reduced intake of processed foods and reduce simple carbohydrates

Rationale

Elevated blood glucose and lipid levels

Goal(s)

Recommend carbohydrate intake of 130g/d

Intervention

Recommend reduced energy intake

Rationale

high energy intake, family history of maternal diabetes type 2

Goal(s)

Decrease BMI to normal range

Intervention

Recommend DASH diet

Rationale

Current blood pressure reading of 148/88 mmHg and has family history of and high blood pressure

Goal(s)

Reduce sodium intake to less than 2300mg/d

Nutrition Education

Intervention

Education pt on the importance of increasing fruits and vegetables, decreasing the amount of coconut milk (saturated fat), processed meat (sodium), and sugar-sweetened beverages (simple carbohydrates)

Rationale

Patient family medical history of HTN, type 2 diabetes. Current elevated blood glucose, lipid level, and dietary intake of high sodium foods.

Goal(s)

Pt will understand the health risk and how it associated with his current intake.

Nutrition Counseling

Intervention

Counsel Pt using the Social Support Strategy for diet modifications

Rationale

Pt is unable to take proper care of himself with the burden of his family and extended family depending on him financially. Asking for support from wife and kids and extended family.

Goal(s)

Gaining support from family and community to help with pt healing and diet modification and also taking into consideration pt Chuukese culture

Coordination of Care

Intervention

Referral to a physical therapist and podiatrist for physical activity recommendations

Rationale

Sedentary due to injury has high blood pressure and is considered grade 1 obesity

Goal(s)

Treatment of wound healing of the right foot and 5 to 10% weight loss and reduced blood pressure and diabetes risk

Monitoring and Evaluation

Food/Nutrient Intake

Indicator

Intake of vegetables and fruits

Criteria

2-3 servings per day via 24 hour dietary recall

Indicator

intake of carbohydrates

.....

Criteria

within the range of 130g/d to 253 g/d via 24-hour dietary recall (pactrac3)

.....

Indicator

Energy intake

.....

Criteria

WNL as per MSJ equation above

.....

Indicator

Saturated fat intake

.....

Criteria

Within range of 50 to 69.8 g/d as per 24-hour dietary recall via pactrac3

.....

Anthropometric Measurements

Indicator

weight

Criteria

reach normal BMI levels

Biochemical data, Medical Tests and Procedures

Indicator

Blood glucose (serum glucose and A1c)

Criteria

WNL

Indicator

lipid profile (cholesterol and triglycerides)

Criteria

WNL

Indicator

Blood Pressure

Criteria

WNL

Nutrition Focused Physical Findings

Indicator

right foot

Criteria

wound no longer foul-smelling and not present

Signature/Credential/Date

Jade Makua RD 12/05/2021
