

## NUTRITION ASSESSMENT

Client History:

Age: 79

Sex: MALE

Admitting Dx: OSTEO, HYPERKALEMIA

Reason for visit/chart review:

Veteran admitted for hyperkalemia and osteomyelitis of L4-5,L1-2 with arachnoiditis and discitis. Writer visited Veteran at bedside with RD Preceptor.

Pertinent Medical History:

Primary malignant neoplasm of posterior wall of urinary bladder

Chronic Kidney Disease Stage 3A

CHF - Congestive Heart Failure

Constipation

Hemorrhoid

Anaemia due to chronic infectious disease

Atelectasis

Hyperkalaemia

Acute on chronic diastolic heart failure

Chronic heart failure

Acid reflux

Impacted cerumen

Multiple nodules of lung

Hyperglycemia due to type 2 diabetes mellitus

Infection caused by methicillin sensitive Staphylococcus aureus

Gangrene of toe of right foot

Osteomyelitis

Cellulitis

COPD - Chronic Obstructive Pulmonary Disease

Diabetes Mellitus Type 2

HTN - Hypertension

Hyperlipidemia

History of alcohol abuse

Peripheral arterial occlusive disease

Diabetic peripheral neuropathy associated with type II diabetes mellitus

Benign essential hypertension

Pertinent Active Medications:

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ACETAMINOPHEN TAB

ALBUTEROL INHL,ORAL 2 PUFFS INHL ORAL Q4H PRN

ALLOPURINOL TAB

ALTEPLASE FOR CATH CLEARANCE INJ,LYPHL  
AMLODIPINE TAB  
BUPRENORPHINE FILM,BUCCAL  
CEFTRIAXONE INJ,SOLN  
DEXTROSE 50% INJ 50ML SYR INJ,SOLN  
DOCUSATE/SENNOSIDES TAB  
GABAPENTIN CAP,  
GLUCAGON INJ  
GLUCOSE LIQUID,ORAL  
HEPARIN FLUSH INJ,SOLN  
HEPARIN SODIUM, PORCINE GUT INJ,SOLN  
INSULIN ASPART RAPID-ACT NovoLOG INJ SLIDING SCALE  
INSULIN GLARGINE (EQV-LANTUS) VIAL INJ  
2MELATONIN CAP/  
METOPROLOL (REGULAR RELEASE)  
ONDANSETRON TAB 4MG  
PANTOPRAZOLE TAB,EC  
SORBITOL SOLN,ORAL  
TAMSULOSIN CAP,ORAL  
TIOTROPIUM \*RESPIMAT INHL,ORAL  
TRAZODONE TAB  
VANCOMYCIN INJ

ANTHROPOMETRIC & NUTRITION FOCUSED PHYSICAL FINDINGS:

Height: 71 in [180.3 cm] (10/15/2024)  
Weight: 233.8 lb [106.05 kg] (09/08/2025)  
Target Weight: 172 lbs [78.2 kg]  
BMI: Patient's BMI is 33 on Sep 08, 2025  
BMI status: Obesity class I (31-34.9)

WEIGHT CHANGE/SIGNIFICANCE:

No significant weight gain or loss

BIOCHEMICAL, MEDICAL TESTS/PROCEDURES, LABS:

UREA NITROGEN	31 H	mg/dL	9 - 20	9-Sep-25
SODIUM	136	mmol/L	135 - 145	9-Sep-25
PO4	4.3	mg/dL	2.5 - 4.6	8-Sep-25
CHOLESTEROL	83	mg/dL	0 - 199	8-Sep-25
ALBUMIN	3.4	L g/dL	3.5 - 5.0	8-Sep-25
MAGNESIUM	2.0	mg/dL	1.7 - 2.5	9-Sep-25
TRIGLYCERIDE	104.0	mg/dL	0 - 149	8-Sep-25
LDL CHOLESTEROL	33	mg/dL	- 129	8-Sep-25
WBC	8.78	k/cmm	4.6 - 10.8	9-Sep-25
RBC	2.74	L M/cmm	4.44 - 6.1	9-Sep-25

HGB	8.5 L g/dL	13.9 - 18.0	9-Sep-25
HCT	27.5 L %	41.0 - 52.0	9-Sep-25
MCV	100.4 H um3	80 - 98	9-Sep-25
PLT	293 k/cmm	130 - 440	9-Sep-25
LYMPH #	0.79 L k/cmm	1.2 - 3.6	9-Sep-25
POTASSIUM	5.2 H mmol/L	3.5 - 5.0	9-Sep-25
CALCIUM	8.8 mg/dL	8.4 - 10.5	9-Sep-25
CREATININE	1.4 H mg/dL	0.5 - 1.2	9-Sep-25
HEMOGLOBIN %A1C	6.3 %		8-Sep-25
TRANSFERRIN	173 L mg/dL	175 - 340	26-Aug-25
HDL CHOLESTEROL	29 L mg/dL	40	8-Sep-25
GLUCOSE	105 H mg/dL	65 - 99	9-Sep-25
CRP	3.8 H mg/dL	<0.3 - 0.5	7-Sep-25
eGFR(2021 CKD-EPI)	52 mL/min		9-Sep-25

#### NUTRITION-FOCUSED PHYSICAL FINDINGS:

##### Appearance/Physical Assessment:

Normal age-related changes

##### SKIN/WOUND:

##### Per 09/08 VAAES Skin Inspection/Assessment:

Denuded (raw skin):

Location(s): RLE. Small area denuded but dry to top of right hand

Erythema blanchable:

Location(s): coccyx

Scratches:

Location(s): BUE, BLE, outer side of right knee.

Tear:

Location(s): Small, round area to top of right hand

Dry skin noted right and left side of head

##### Right Lower Extremity

Front of lower leg has denuded areas x3

Right lower extremity erythema noted and top of right foot

Right foot - missing 5th digit, scabs on top of right great toe

##### Left Foot- 2nd and 5th toe nail is black color

Hard, dark brown area to plantar aspect of left foot near 5th toe

##### CHEWING/SWALLOWING:

##### Per 09/08 Speech Pathology Treatment Note:

RECOMMENDATIONS: DOSS LEVEL 5 Mild dysphagia

- Diet recommendations: IDDSI 7 ETC/0 thin liquids

- Pill recommendations: whole with water or in puree

- Safe swallow and promotility strategies:
  - Upright with all PO intake & for at least 1 hour afterwards
  - No PO 3 hours before bed
  - Eat slowly
  - Small bites/sips
  - Alternate bites/sips
- SLP will follow

#### GI SYMPTOMS:

No symptoms reported

LAST BM: 09/07

#### FOOD AND NUTRITION HISTORY:

Current Diet Order: 7 EASY CHEW, 50 MEQ K, CONS CHO 60

##### Appetite/% PO Intake:

Veteran reported "great" appetite and consuming 75-100% of most meals.

Allergies: LISINOPRIL, METFORMIN

Ethnic/Religious/Other Food Preferences discussed and updated in Computrition as possible.

#### ESTIMATED ENERGY REQUIREMENTS:

Energy Requirements: 1955-2190 Kcal/day 25-28 kcal/kg Target Body Wt.

Protein Requirements: 47-63 gm/day 0.6-0.8 g/kg Target Body Wt.

Fluid Requirements: 1 mL/1 kcal or per MD

Nutrition Status: Mildly Compromised

#### NUTRITION DIAGNOSIS:

Diagnosis: Excessive vitamin intake (K+) related to physiological causes decreasing nutrient needs due to prolonged immobility or chronic renal disease(physiologic-metabolic etiology) as evidenced by elevated potassium serum levels of >5.0 mmol/L and need for low potassium diet.

- Status: New nutrition diagnosis

Diagnosis: Altered nutrition related laboratory values related to kidney, cardiac, endocrine, and/or pulmonary dysfunction (physiologic-metabolic etiology) as evidenced by 5.2 serum potassium level, 31 BUN, and 1.4 creatinine.

- Status: New nutrition diagnosis

#### MALNUTRITION DIAGNOSIS:

Pt meets 0-1 of 6 of the ASPEN/AND malnutrition criteria; no malnutrition diagnosis.

**INTERVENTION:**

Nutrition Prescription: IDDSI 7 (Easy to Chew), Consistent CHO-60 gm/meal, low potassium diet.

Manage composition of oral intake: Veteran will continue to consume IDDSI 7 (Easy to Chew)/O Thin Liquids diet without complication.

Nutrition education

- Nutrition related laboratory result interpretation education
- Veteran provided education for reduced potassium diet. Education included lists of high potassium foods and low potassium foods.

Collaboration of nutrition professional with other providers

- Please record po intake and tolerance, wt changes, BMs.

**MONITORING:**

Fluid measured intake from oral nutrition in 24 hours

- Veteran will maintain adequate hydration without complication.

Estimated percent of meals eaten in 24 hours

- Veteran will consume 75-100% of provided meals each day.

Modified diet order

- Veteran will tolerate current diet order without complication.

Measured weight

- Veteran will avoid unintentional, significant wt changes.

Electrolyte and renal profile

- Veteran's BUN will trend towards WNL.
- Veteran's potassium will trend towards WNL.
- Veteran's creatinine will trend towards WNL.

Clinically indicated follow up date:

Date: 09/23

/es/ EMMA CECILIA BECKER

DIETETIC STUDENT

Signed: 09/09/2025 16:03