

NUTRITION ASSESSMENT

Client History:

Age: 73

Sex: MALE

Admitting Dx: SOB, CHRONIC SYSTOLIC HF

Reason for visit/chart review:

Veteran admitted for acute on chronic ischemic/systolic HF. Writer visited Veteran at bedside with RD Preceptor.

Pertinent Medical History:

Exposure to potentially hazardous substance

H/O: Stroke

Neuropathy

Noncompliance with treatment

Kidney stone

Diabetic macular edema

Ischaemic congestive cardiomyopathy due to coronary artery disease

Hyperlipidemia

Diabetes mellitus

Active Inpatient Medications

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ATORVASTATIN

CLOPIDOGREL

FUROSEMIDE

INSULIN ASPART RAPID-ACT NovoLOG INJ SLIDING SCALE

POLYETHYLENE GLYCOL 3350 POWDER, ORAL

POTASSIUM CHLORIDE-DISSOLVING

SACUBITRIL/VALSARTAN

ANTHROPOMETRIC & NUTRITION FOCUSED PHYSICAL FINDINGS:

Height: 73.0 in [185.4 cm] (09/11/2025)

Weight: 178.7 lb [81.06 kg] (09/12/2025)

Target Weight: 190 lbs (86.4 kg)

BMI: Patient's BMI is 24

BMI status: Adequate for older age (23-30)

WEIGHT CHANGE/SIGNIFICANCE:

Veteran reports 35 lb unintentional wt loss since 11/2024. Per EMR, Veteran lost 17.3 lbs (8.8%) in one year and is not significant.

BIOCHEMICAL, MEDICAL TESTS/PROCEDURES, LABS:

UREA NITROGEN	20	mg/dL	9 - 20	12-Sep-25
SODIUM	145	mmol/L	135 - 145	12-Sep-25
PO4	3.3	mg/dL	2.5 - 4.6	11-Sep-25
CHOLESTEROL	178	mg/dL	0 - 199	11-Sep-25
ALBUMIN	4.2	g/dL	3.5 - 5.0	11-Sep-25
MAGNESIUM	2.7 H	mg/dL	1.7 - 2.5	12-Sep-25
TRIGLYCERIDE	90.1	mg/dL	0 - 149	11-Sep-25
LDL CHOLESTEROL	129	mg/dL	- 129	11-Sep-25
WBC	5.97	k/cmm	4.6 - 10.8	12-Sep-25
RBC	5.08	M/cmm	4.44 - 6.1	12-Sep-25
HGB	13.4 L	g/dL	13.9 - 18.0	12-Sep-25
HCT	41.9	%	41.0 - 52.0	12-Sep-25
MCV	82.5	um3	80 - 98	12-Sep-25
PLT	251	k/cmm	130 - 440	12-Sep-25
LYMPH #	1.15 L	k/cmm	1.2 - 3.6	12-Sep-25
POTASSIUM	3.8	mmol/L	3.5 - 5.0	12-Sep-25
CALCIUM	9.6	mg/dL	8.4 - 10.5	12-Sep-25
CREATININE	1.3 H	mg/dL	0.5 - 1.2	12-Sep-25
HEMOGLOBIN %A1C	6.3	%		11-Sep-25
HDL CHOLESTEROL	31 L	mg/dL	40	11-Sep-25
GLUCOSE	173 H	mg/dL	65 - 99	12-Sep-25
eGFR(2021 CKD-EPI)	59	mL/min		12-Sep-25

NUTRITION-FOCUSED PHYSICAL FINDINGS:

Appearance/Physical Assessment:

Positive physical signs of malnutrition:

Subcutaneous fat loss noted in the following areas:

Orbital fat pads - moderate

Perioral - moderate

Chest - moderate

Bilateral muscle depletion noted in the following areas:

Temple - moderate

Shoulder - moderate

SKIN/WOUND:

Skin is intact per 09/12 VAAES Acute Inpatient NSG Shift Assessment

CHEWING/SWALLOWING:

Veteran reports the following:

Veteran reports difficulty swallowing and states food will "get stuck"

And he has to "cough it out." Veteran stated that he sometimes chokes.

GI SYMPTOMS:

Veteran reports constipation.

LAST BM: Per 09/12 VAAES Acute Inpatient NSG Shift Assessment:
"pt states 2 weeks ago, Dr. aware." Veteran reports last BM was "two weeks ago" and reports that constipation has occurred since stent placement in 11/2024.

FOOD AND NUTRITION HISTORY:

Diet followed prior to admission: Veteran reports consuming 1 meal/day for ~1-year to "control diabetes." Veteran reports consuming "One-TV dinner" each night and consumes for convenience.

Current Diet Order: CARDIAC, 1500 ML FR

Appetite/% PO Intake:

Veteran reports consuming 75% of all meals.

Allergies: LISINAPRIL, ATORVASTATIN, METFORMIN

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

ESTIMATED ENERGY REQUIREMENTS:

Energy Requirements: 2159-2592 kcal (25-30 kcal/kg TBW)

Protein Requirements: 86 g (1 g/kg TBW)

Fluid Requirements: 1500 mL/day or per MD

NUTRITION DIAGNOSIS:

Diagnosis: Moderate starvation related malnutrition related to limited food and nutrition related skill (behavior etiology) as evidenced by moderate loss of body fat, moderate loss of muscle mass and estimated energy intake <75% of estimated energy requirement for ≥ 3 months and Veteran reporting consuming 1 meal/day.

- Status: New nutrition diagnosis

Diagnosis: Food and nutrition related knowledge deficit related to belief finding that hinders food and/or nutrition behavior change (knowledge etiology) as evidenced by Veteran reporting fasting to "control diabetes" and Veteran declining diabetes nutrition education.

- Status: New nutrition diagnosis

MALNUTRITION DIAGNOSIS:

Pt meets ≥ 2 of 6 of the ASPEN/AND malnutrition criteria for Moderate Protein-Calorie Malnutrition; advise adding Moderate Protein-Calorie Malnutrition to the patient's progress note.

INTERVENTION:

CARDIAC, 1500 mL Fluid Restriction

Nutrition Prescription:

Manage composition of oral intake: Veteran will consume CARDIAC, 1500 mL fluid restriction without complication.

Modification of diet for specific food and/or ingredient

- Diet modified for low sodium/ fat for heart comorbidities.
- Food preferences updated in computation
- Veteran will adhere to CARDIAC and fluid restrictions

Commercial beverage medical food supplement therapy

- Veteran offered ONS but declined at this time.

Nutrition education

- Veteran offered diabetes education and declined
- Writer and RD will reattempt diabetes education next week.

Referral by nutrition professional

- RD placed SLP consult.

GOALS TO MONITOR PROGRESS TOWARD:

* Time frame for completing monitoring items is through the nutrition re-assessment.

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 at least 75% 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.

Clinically indicated follow up date:

Date: 09/19

/es/ EMMA CECILIA BECKER

DIETETIC STUDENT

Signed: [REDACTED] 14:29

/es/ [REDACTED]

Clinical Dietitian

Cosigned: [REDACTED] 14:34

STATUS: COMPLETED

I participated in the management of this patient with the dietetic intern. I reviewed this note and agree with the documented assessment and plan of care.

/es/

Clinical Dietitian

Signed:

09/12/2025 ADDENDUM

STATUS: COMPLETED

Malnutrition Addendum:

Your patient has been assessed by a dietitian and found to meet the criteria for moderate protein-calorie malnutrition. If in agreement with this nutrition diagnosis, please add to provider documentation.

/es/

Clinical Dietitian

Signed:

Receipt Acknowledged By:

Hospitalist