

NUTRITION ASSESSMENT

Client History:

Age: 89

Sex: MALE

Admitting Dx: AKI, HYPOTENSION, UTI

Reason for visit/chart review:

Veteran admitted for AKI, hypotension and UTI. Writer visited Veteran at bedside with RD Preceptor present.

Pertinent Medical History:

GERD - Gastro-Esophageal Reflux Disease

Aortic valve stenosis

Frank Hematuria

UTI - Urinary Tract Infection

Emphysematous cystitis

Acute Renal Failure

Hyperlipidemia

Hypothyroidism

Type 2 diabetes mellitus

Essential hypertension

Benign prostatic hyperplasia

Pertinent Active Medications:

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CEFTRIAZONE INJ,SOLN

DEXTROSE 50% INJ 50ML SYR INJ,SOLN

FINASTERIDE TAB

GLUCAGON INJ

GLUCOSE LIQUID,ORAL

HEPARIN SODIUM

INSULIN ASPART RAPID-ACT NovoLOG INJ SLIDING SCALE

LEVOTHYROXINE TAB

SITAGLIPTIN (EQ-ZITUVIO)

ANTHROPOMETRIC & NUTRITION FOCUSED PHYSICAL FINDINGS:

Height: 71 in [180.3 cm] (03/03/2025)

Weight: 124.8 lb [56.61 kg] (09/12/2025)

Target Weight: 172 lbs (78.2 kg)

BMI: Patient's BMI is 17 on Sep 12, 2025

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

WEIGHT CHANGE/SIGNIFICANCE:

Veteran lost 10.2 lb (7.5%) in 6 months and is not significant.

* Important to note: Wt loss of 19.2 lbs (13%) in 7 months.

BIOCHEMICAL, MEDICAL TESTS/PROCEDURES, LABS:

UREA NITROGEN	25 H mg/dL	9 - 20	15-Sep-25
SODIUM	142 mmol/L	135 - 145	15-Sep-25
ALBUMIN	3.4 L g/dL	3.5 - 5.0	15-Sep-25
WBC	5.48 k/cmm	4.6 - 10.8	15-Sep-25
RBC	3.79 L M/cmm	4.44 - 6.1	15-Sep-25
HGB	12.9 L g/dL	13.9 - 18.0	15-Sep-25
HCT	37.8 L %	41.0 - 52.0	15-Sep-25
MCV	99.7 H um3	80 - 98	15-Sep-25
PLT	150 k/cmm	130 - 440	15-Sep-25
LYMPH #	0.75 L k/cmm	1.2 - 3.6	15-Sep-25
POTASSIUM	3.4 L mmol/L	3.5 - 5.0	15-Sep-25
CALCIUM	9.4 mg/dL	8.4 - 10.5	15-Sep-25
CREATININE	1.0 mg/dL	0.5 - 1.2	15-Sep-25
HEMOGLOBIN %A1C	7.4 %		15-Sep-25
GLUCOSE	169 H mg/dL	65 - 99	15-Sep-25
eGFR(2021 CKD-EPI)	69 mL/min		15-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

Triceps - severe

Chest - moderate

Bilateral muscle depletion noted in the following areas:

Temple - severe

Clavicle - severe

Shoulder - moderate

Quadriceps - moderate

Calf - moderate

SKIN/WOUND:

Skin is intact and free of pressure injuries per 09/14 VAAES Acute Inpatient NSG Shift Assessment

CHEWING/SWALLOWING:

Veteran reports no difficulty

GI SYMPTOMS:

No symptoms reported

LAST BM: 09/13

FOOD AND NUTRITION HISTORY:

Current Diet Order: CARDIAC, CHO-75 GM/MEAL, Nepro TID, 1 can w/ each meal tray

Appetite/% PO Intake:

Veteran reports good appetite and consuming 100% of most meals.

Allergies: SIMVASTATIN

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

ESTIMATED ENERGY REQUIREMENTS:

Energy Requirements: 1955-2345 Kcal/day 25-30 kcal/kg Target Body Wt. (78.2 kg)

Protein Requirements: 45-56 gm/day 0.8-1 g/kg Actual Body Wt.

Fluid Requirements: 1 mL/1 kcal or per MD

Nutrition Status: Moderately Compromised

NUTRITION DIAGNOSIS:

Diagnosis: Chronic disease or condition related malnutrition related to physiological causes resulting in anorexia or diminished intake (physiologic-metabolic etiology) as evidenced by moderate depletion of subcutaneous fat and muscle stores.

- 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:

Nutrition Prescription: Consistent CHO 75 gm/meal, CARDIAC

Modification of diet for specific food and/or ingredient

- Diet modified for low sodium/ fat for heart comorbidities
- Diet modified for 75 gm consistent CHO per meal for blood glucose regulation
- Food preferences updated in computation

Commercial beverage medical food supplement therapy

- Veteran will receive Nepro Carb Steady (420 kcal, 19 g PRO, 38 g CHO) TID to provide additional kcals and protein needed to arrest further wt loss.

Collaboration of nutrition professional with other providers

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

GOALS TO MONITOR PROGRESS TOWARD:

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

MONITORING:

Fluid measured intake from oral nutrition in 24 hours

- Veteran will maintain adequate hydration without overhydration.

Estimated percent of meals eaten in 24 hours

- Veteran will consume at least 60% of provided meals per day.

Medical food intake

- Veteran will consume 60% of Nepro Carb Steady (430 kcal, 19g PRO, 38 g CHO) per day.

Modified diet order

- Veteran will tolerate current diet order without complication.

Measured weight

- Veteran will avoid unintentional, significant weight changes.

Clinically indicated follow up date:

Date: 09/25