

NUTRITION ASSESSMENT

Client History:

Age: 60

Sex: MALE

Admitting Dx: CURRENT FALLS

Reason for visit/chart review:

Veteran admitted for multiple falls. Writer visited Veteran at bedside with RD Preceptor present.

Pertinent Medical History:

Fall

Chews tobacco

Long-term current use of anticoagulant

Impaired cognition

Hyperlipidemia

Exposure to Potentially Hazardous Substance

DM - Diabetes mellitus)

AF - Paroxysmal atrial fibrillation

Hypertension

Pertinent Active Medications:

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ACETAMINOPHEN TAB

AMIODARONE TAB

AMLODIPINE

APIXABAN TAB,ORAL

ATORVASTATIN TAB

DEXTROSE 50% INJ 50ML SYR INJ,SOLN

GLUCAGON INJ

GLUCOSE LIQUID,

INSULIN ASPART RAPID-ACT NovoLOG INJ SLIDING SCALE

INSULIN GLARGINE (EQV-LANTUS) VIAL INJ

INSULIN GLARGINE (EQV-LANTUS) VIAL INJ

LISINOPRIL TAB

SEMAGLUTIDE (EQV-OZEMPIC

ANTHROPOMETRIC & NUTRITION FOCUSED PHYSICAL FINDINGS:

Height: 76 in [193.0 cm] (07/22/2025)

Weight: 354.5 lb [160.80 kg] (09/15/2025)

Target Weight: 202 lbs (91.8 kg)

BMI: Patient's BMI is 43 on Sep 15, 2025

BMI status: Obesity class III (BMI ≥ 40)

WEIGHT CHANGE/SIGNIFICANCE:

Comment: Important to note: Veteran gained 53.8 lb (17.1%) in 6 months. Veteran reports UBW is ~300 lbs. Per EHR, UBW is ~340 lbs.

Important to note: Per EHR, wt loss of 30.5# in 3 days. Writer suspects fluid imbalance and will continue to monitor.

BIOCHEMICAL, MEDICAL TESTS/PROCEDURES, LABS:

UREA NITROGEN	24 H mg/dL	9 - 20	13-Sep-25
SODIUM	135 mmol/L	135 - 145	13-Sep-25
PO4	3.7 mg/dL	2.5 - 4.6	12-Sep-25
ALBUMIN	4.0 g/dL	3.5 - 5.0	12-Sep-25
MAGNESIUM	2.4 mg/dL	1.7 - 2.5	12-Sep-25
WBC	11.28 H k/cmm	4.6 - 10.8	14-Sep-25
RBC	5.03 M/cmm	4.44 - 6.1	14-Sep-25
HGB	13.2 L g/dL	13.9 - 18.0	14-Sep-25
HCT	40.9 L %	41.0 - 52.0	14-Sep-25
MCV	81.3 um3	80 - 98	14-Sep-25
PLT	236 k/cmm	130 - 440	14-Sep-25
LYMPH #	2.01 k/cmm	1.2 - 3.6	14-Sep-25
POTASSIUM	4.3 mmol/L	3.5 - 5.0	13-Sep-25
CALCIUM	9.4 mg/dL	8.4 - 10.5	13-Sep-25
CREATININE	1.1 mg/dL	0.5 - 1.2	13-Sep-25
HEMOGLOBIN %A1C	8.6 %		12-Sep-25
GLUCOSE	157 H mg/dL	65 - 99	13-Sep-25
CRP	2.1 H mg/dL	<0.3 - 0.5	14-Sep-25
eGFR(2021 CKD-EPI)	79 mL/min		13-Sep-25

NUTRITION-FOCUSED PHYSICAL FINDINGS:

Appearance/Physical Assessment:

Normal age-related changes

SKIN/WOUND:

Skin is intact per 09/14 VAAES acute Inpatient NSG Shift Assessment note

CHEWING/SWALLOWING:

Veteran reports no difficulty

GI SYMPTOMS:

No symptoms reported

LAST BM: 09/13

FOOD AND NUTRITION HISTORY:

Diet followed prior to admission:

Current Diet Order: CARDIAC, CHO 75 GM

Appetite/% PO Intake:

Veteran reports good appetite and consuming 75% of most meals. Veteran was receiving double portions but was informed by Writer and RD Preceptor that he will no longer receive double portions but suggested Veteran receive double vegetables. Veteran acknowledged that double portions would no longer be served and agreed to double portions of vegetables.

Allergies: METFORMIN

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

ESTIMATED ENERGY REQUIREMENTS:

Energy Requirements: 2295-2754 Kcal/day 25-30 kcal/kg Target Body Wt (91.8 kg)

Protein Requirements: 73 gm/day 0.8 g/kg Target Body Wt (91.8 kg)

Fluid Requirements: 1 mL/1 kcal or per MD

Nutrition Status: Mildly Compromised

NUTRITION DIAGNOSIS:

Diagnosis: Decreased Nutrient Needs (Na+) related to heart failure (Physiologic metabolic etiology) as evidenced by need for Na+ restriction, CARDIAC diet.

- Status: New nutrition diagnosis

- Diagnosis: Food and nutrition related knowledge deficit related to Limited prior nutrition-related education

(knowledge etiology) as evidenced by HbA1c

8.6% and Veteran acknowledgement of receiving T2DM nutrition education previously.

- Status: New nutrition diagnosis

MALNUTRITION DIAGNOSIS:

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

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 computrition

Nutrition education

- Content related nutrition education
- Provided Veteran with diabetes self-management techniques. Writer provided

Veteran with 3 handouts, one explaining the basics of diabetes: What a carbohydrate is, the importance of medication management, physical activity, checking blood glucose regularly, what ideal blood glucose ranges are, "tips and tricks" to reading a nutrition facts label. and some examples of different types of carbohydrates.

The second handout was a sample menu providing examples of 60g CHO/meal.

The third handout was a booklet with a list of serving sizes of a variety of different CHO choices that are common. This list provides examples of almost anything CHO source a Veteran might use on a normal day and can help provide examples and idea for Veterans.

The writer explained the importance of consuming 3 meals per day spaced out with about 3-4 servings or 45-60 grams of CHO per meal. The writer explained that 1 serving of carbohydrates is equivalent to about 15g of carbohydrates and provided some sample meal ideas to help the Veteran understand. Veteran expressed gratitude for the options. The writer explained that medication, diet and physical activity are the best ways to manage diabetes. Veteran reported understanding and that Veteran had seen this material before.

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:

Estimated percent of meals eaten in 24 hours

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

Fluid measured intake from oral nutrition in 24 hours

- Veteran will maintain adequate hydration without complication.

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: 09/29