

NUTRITION ASSESSMENT

Client History:

Age: 64

Sex: MALE

Admitting Dx: Sepsis, unspecified Organism

Reason for visit/chart review:

Writer visited Veteran at bedside before lunch with RD Preceptor. Veteran was admitted on 08/25 2/2 sepsis from lower left extremity cellulitis with chronic left foot ulcer.

Pertinent Medical History:

Mixed hyperlipidemia

Chronic fatigue syndrome

Exposure to Potentially Hazardous Substance

Long-term current use of anticoagulant

Open wound of lower leg

Venous stasis ulcer of left lower leg co-occur with edema of left lower leg

Lymphoedema of limbs due to immobility, chronic dependency and/or venous insufficiency

Chronic atrial fibrillation

GERD - Gastro-Esophageal Reflux Disease

Peripheral vascular disease

Steatosis of liver

Chronic Diastolic Heart Failure

HTN-Hypertension

Vitamin D Deficiency

Cellulitis and abscess of lower limb

Morbid obesity

COPD - Chronic obstructive pulmonary disease

Pertinent Active Medications:

ACETAMINOPHEN TAB

ALBUTEROL/IPRATROPIUM (COMB.RESPIMAT

ALBUTEROL/IPRATROPIUM (EQV-DUONEB) NEB

APIXABAN TAB,ORAL

ATORVASTATIN TAB

BUSPIRONE TAB

CALCIUM CARBONATE

CEFEPIME INJ,PWDR CEFEPIME

CHOLECALCIFEROL (VITAMIN D3) TAB

DIGOXIN TAB
DOCUSATE CAP,ORAL
GUAIFENESIN (ALCOHOL FREE, SUGAR FREE)
OMEPRAZOLE CAP,
POLYETHYLENE GLYCOL 3350 POWDER,ORAL
TOPIRAMATE
TRAZODONE TAB
VANCOMYCIN INJ VANCOMYCIN

ANTHROPOMETRIC & NUTRITION FOCUSED PHYSICAL FINDINGS:

Height: 72 in [182.9 cm] (04/24/2024)
Weight: 440.8 lb [199.94 kg] (08/25/2025)
Target Weight: 172 lbs (78.2 kg) % Target Wt: 256%
BMI: Patient's BMI is 60 on Aug 25, 2025
- BMI status: Obesity class III

WEIGHT CHANGE/SIGNIFICANCE:

No significant weight gain or loss

NUTRITION-FOCUSED PHYSICAL FINDINGS:

Appearance/Physical Assessment:
No significant physical signs of nutrient excesses or deficits
Body habitus:
- Android obesity - apple shape

SKIN/WOUND:

08/24/2025 Skin Integrity - Wound
left lower leg, appr 5inches- red in middle with white
colored tissue surrounding

* Veteran declining further skin inspection.

CHEWING/SWALLOWING:

Veteran reports no difficulty

GI SYMPTOMS:

No symptoms reported

FOOD AND NUTRITION HISTORY:

Current Diet Order: CARDIAC

Appetite/% PO Intake:

Appetite less than ideal. Per 08/25, appetite poor 0-25% most meals, Veteran noted for sleeping most of the day. Noted during assessment 08/26, appetite improving, eating 75%-100% of most meals per Veteran.

Allergies: Patient has answered NKA

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

ESTIMATED ENERGY REQUIREMENTS:

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

Protein Requirements: 78 gm/day 1.0 /kg Target Body Wt (78.2 kg)

Fluid Requirements: 1 ml/kcal or per MD

Nutrition Status: Mildly Compromised

NUTRITION DIAGNOSIS:

Diagnosis: Increased nutrient needs (protein) related to increased demand for nutrient e.g., wound healing (physiologic-metabolic etiology) as evidenced by open wound exacerbated by chronic lymphedema.

- Status: New nutrition diagnosis

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

- Status: New nutrition diagnosis

MALNUTRITION DIAGNOSIS:

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

INTERVENTION:

Veteran will consume 75%-100% of all meals.

Nutrition Prescription: CARDIAC

Modification of diet for specific food and/or ingredient

- Diet modified for low sodium/ fat for heart comorbidities
- Food preferences updated in computrition

Commercial beverage medical food supplement therapy

- Veteran will receive LiquaCel (100 kcal, 16 g PRO) TID to provide protein and vitamins needed for wound healing.

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 re-assessment.

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 75% of provided meals per day.

Medical food intake

- Veteran will consume at least 2 LiquaCel per day.

Modified diet order

- Veteran will tolerate current diet order without complication.

Measured weight

- Veteran will avoid unintentional, significant weight changes.

Clinically indicated date for re-assessment:

Date: 08/09/2025