

Progress Report Overview

Student: KaFai Li

Activity: Ann Campbell

Start Time: 03/06/2023 19:12:27

End Time: 03/10/2023 18:44:54

Total Time: 15:23:05

Actions

Note at 03/10/2023 18:44:43

Ann Campbell Documentation

Student: KaFai Li

 Activity Start:
 03/06/2023 19:12:27

 Activity Completion:
 03/10/2023 18:44:54

Activity Completion: 15:23:05

Patient Data



Patient: Ann Campbell
Age/Sex: 76 yo F

Location: General Hospital

DOB: 09/01/1946 **MR#:** MR18744

Admit Date: 02/23/2023

Notes

Note at 03/06/2023 19:13:21

ADIME Note

Basic Information
Date:
03/06/2023 19:13:21
Author:
KaFai Li
Location: General Hospital
Patient name:
Ann Campbell
Date:
02/23/2023
Assessment
Diagnosis:
Admitted for patrial gastric resection r/t stage IA gastric carcinoma. MD ordered consult for nutrition education.
Age:
76

Female	
Race:	
aucasian	
thnicity:	
I/A	
lient History	
Medical history:	
S/P partial gastric resection d/t stage IA gastric carcinoma.	
Medical diagnoses:	
chronic gastritis x 5yr , pernicious anemia x 4yr, and S/P stage IA gastric carcinoma.	
Family history:	
Mother and aunt had died of breast cancer. Sister passed away d/t ovarian cancer. Husband has passed away. Unl family history of gastric cancer.	known
Social history:	
Retired teacher. Live alone but neighbor visits daily. Monitor lifestyle and walking exercise daily. Family have alcoh drinks/d and coffee 3-4 cups/d. No tobacco and drug use.	ol 1-2
Nutrition-related medications:	
Digoxin 0.25 MG: flaxseed, psyllium, foxglove, goldenseal, hawthorn, rue, St. John's wort. Heparin sodium, porcine 5000 UNT/ML: arnica, anise, chamomile, clove, dong qual, garlic, ginger, ginkgo, feverfew horse chestnut. Percocet 2 tabs: St. John's wort 1 ML Morphine Sulfate 2 MG/ML prefilled syringe: chamomile, hops, kava, St. John's wort, valerian Ondansetron 4MG/2ML prefilled syringe 5-5-fluorouracil 50MG/ML	, green,
Current supplements:	
N/A	
IVA	

Height:				
163 cm (5'4)				
Weight at admiss	sion:			
_				
Current Weight:				
52.0 kg				
ВМІ:				
19.6 kg/m^2 (Norr	mal weight)			
% Weight change	::			
-5%				
IBW:				
54.5kg				
% IBW:				
95%				
UBW:				
55.0 kg				
% UBW:				
95%				
Other:				
N/A				
Veight assessment				
3 kg wt loss (5%) in p	bass week r/t lately partial gastric resection of the lower curvature of the stomach.			
Biochemical history	y, medical tests, labs, and procedures:			
PTT (Activated) 65 se	ec (H)			
·				
Nutrition Focused I	Physical Exam			
Skin Assessment				
✓ Intact				

Edema None
Feeding Ability
✓ Independent
Oral Motor
✓ Intact
Muscle and fat store assessment:
WDWN
If other, please explain:
N/A
Food and Nutrition History
Current diet order:
Soft diet
Assessment of usual intake:
Having alcohol 1-2 drinks/d and coffee 3-4 cups/d
riaving dicorior 12 drinks/d drid correct 5 4 caps/d
Assessment of current intake:
Soft diet
Supplements/herbals:
N/A
Food allergies and intolerances:
NKA
INTA
Intake and digestive problems:
n/v

Assessment of Nutritional Status/Nutrition Risk					
反 No malnutri	tion noted				
Nutrition Reco	ommendations				
kcal/day ba	sed on:				
1427-1881 ko	ral/d based on 52 kg BW [(MSJ x AF 1.3 x IF 1.1-1.45)]				
g protein/da	y based on:				
	1.0 -1.5)gm/kg/d based on 52 kg wt)				
mL fluid/da					
1427-1881 ko	ral/d (mL/kcal/d)				
N/A	ment summary:				
DWN, s/p partia	l gastric resection, c/o n/v, and anorexia. Pt is distressed d/t diagnoses of gastric cancer.				
nosis					
utrition Diagno	sis:				
edicted inadequ	uate energy intake (NI1.4)				
PES Stateme	ent:				

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i	on Intervention
ı	Nutrition prescription:
	To prevent further wt loss by providing nutrition education and counseling to ensure adequate energy intake and maintain lean muscle mass after doing partial gastric resection.
I	Food and nutrition delivery:
[Diet Rx: Soft diet (ND-1.2.1.8) with nutrition rec'd 1427-1881 kcal, 52-78 gm protein, 1427-1881 mL fluid per day.
F	Rec'd
	l: Rec'd SFM q3-4hr (ND-1.5)
	2: Rec'd keep maintaining soft diet (ND-1.2) 3: Rec'd cool, low-odor soft food for n/v.
-	
ı	Nutrition education:
	Discussed and rec'd increase energy intake and improve n/v and anorexia conditions in order to prevent lean muscle oss after partial gastric resection.
1	Nutrition Handout: Post gastrectomy nutritional management's handout
ſ	Nutrition counseling:
	Provided motivational interviewing (C-2.1) based on goal setting (C-2.2) and health belief model (C-1.2) to encourage patient to increase energy intake.
9	Smart Goals:
	l: Pt can have post-dinner snacks at least 2d/wk for 2wk. 2: Pt can choose high calorie-dense soft diet during lunch/dinner at least 3d/wk for 2wk.
(Compliance:
	Poor compliance r/t pt's reported depression after she's diagnosed by gastric caner, but she believes the diagnosis is
ć	mistake. And pt expected to be in the pre-contemplation state in the transtheoretical stage of change (C-1.4) d/t continuously have soft diet.
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IV	Monitoring and Evaluation					
	Food and nutrient intake:					
	Monitor energy estimated intake from soft diet in 24 hours daily (FH-1.5.3.1.11)					
	Anthropometric measurements					
	Monitor wt (AD-1.1.2.1) daily					
	Biochemical data:					
	N/A					
	Nutrition focused physical findings:					
	F/U daily in hospital.					
Si	Signature/credential/date:					
K	aFai Li, Clinical Nutrition Student, 03/10/2022					

None