

Progress Report Overview

Student: KaFai Li

Activity: Jorge Biro CS#2 - DM

Start Time: 11/09/2022 10:33:04

End Time: 11/18/2022 12:08:34

Total Time: 14:23:50

Actions

Note at 11/18/2022 12:03:03

Jorge Biro CS#2 - DM Documentation

Student: KaFai Li

 Activity Start:
 11/09/2022 10:33:04

 Activity Completion:
 11/18/2022 12:08:34

Activity Completion: 14:23:50

Patient Data



Patient: Jorge Biro
Age/Sex: 46 yo M

Location: General Hospital

DOB: 05/07/1976 **MR#:** MR1108

Admit Date: 11/06/2022

Notes

Note at 11/09/2022 10:33:25

ADIME Note

Basic Information
Date:
11/09/2022 10:33:25
Author: KaFai Li
Location:
Central Clinic
Patient name:
Jorge Biro
Date:
11/09/2022
Assessment
Diagnosis:
Admitted for DKA, intractable n/v/polyuria/polydipsia R/T new onset of T2DM
Age:
46

Gender:	
Male	
tace:	
/hita	
thnicity:	
lispanic	
Client History	
Medical history:	
S/P Vitamins D deficiency, pre-HTN, and obesity (class I)	
Medical diagnoses:	
Obesity x 2 yrs, new onset T2DM	
Family history:	
Father had heart disease and coronary artery bypass graft (CABG) at 72y. Grandmother w deceased. Mother and sisters are all alive and well.	as diagnosed DM before
Social history:	
College gradation. Still working as an IT specialist. Pt is living with his wife that no problem Both of them are non-smokers and non-drinker. Wife usually cookies the most.	ns about activities of daily living.
Current medications:	
None	
Nutrition-related medications:	
Cholecalciferol vitD3 (5000IU)/wk	
Metformin 1000mg/d	
Nebivolol 20mg/d	
Current supplements:	
None	

Anthropometric history
Height:
178 cm (70")
Weight at admission:
93.0 kg
Current Weight:
93.0 kg (204.6 lbs)
BMI:
29.4 kg/m^2 (overwt)
% Weight change:
-3%
IBW:
75.5 kg
% IBW:
123%
UBW:
95.5 kg
% UBW:
97%
Other:
None
Weight assessment:
Pt Hx shows wt loss 2.5 kg (3%) during staying 3 overnight in hospital d/t RN and RD reports pt c/o intractable n/v. Pt reports decreased po intake and low amount meal intake.
Biochemical history, medical tests, labs, and procedures:

Glu 217 (H) HgB A1c 9 (H) Vitamin B 326 (WNL) Vitamin D 32 (WNL) Cholesterol 230 (H)

Nutrition Focused Physical Exam
Skin Assessment
✓ Intact
Feeding Ability
☑ Independent
Oral Motor
☑ Intact
Muscle and fat store assessment:
WDWN
If other, please explain:
None
Food and Nutrition History
Current diet order:
Regular diet
Assessment of usual intake:
Kosher diet, there are three meals and two snack times per day. 2 small medialunas during weekday and 2 churros with dulce de leche during weekend. Wife cookies most of meals. Pt focus on high carb diet per day. No alcohol and smoking.
Assessment of current intake:
24-hour recall: the pt's daily diet always includes high amount of carb and sugar per meal. Beverage during each meals that includes 2tsp sugar with coffee/tea/energy drink.
Supplements/herbals:

None
Food allergies and intolerances:
NKA
Intake and digestive problems:
N/C
Assessment of Nutritional Status/Nutrition Risk
▼ No malnutrition noted
Nutrition Recommendations
kcal/day based on:
2363-2545 kcal/d based on 93 kg BW [(MS x AF 1.3-1.4 x IF 1.0)].
g protein/day based on:
93-121 gm/d (1-1.3gm/kg/d based on 93 kg wt)
mL fluid/day based on:
2363-2545 mL/d (mL/kcal/d)
Other:
None
utrition assessment summary:
DWN pt, new dx T2DM in need of nutrition counseling and education for carb management.

Nutrition Diagnosis: Excessive carbohydrate intake (NI-5.8.2) Inconsistence intake of type of carbohydrate simple CHO (NI-5.8.3) PES Statement: Excessive carbohydrate intake (NI-5.8.2) R/T complex carb overconsumption AEB HgBA1c=9% (H), glu=217 (H), and 24-hour record excessive white bread products intake. PES Statement: Inconsistence intake of type of carbohydrate simple CHO (NI-5.8.3) R/T simple CHO overconsumption during snack
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Inconsistence intake of type of carbohydrate simple CHO (NILS 8.3) P/T simple CHO overconsumption during space
time AEB high glu conc=217 (H), adding extra sugar with sweat tea, and 1 pint of ice crease.
time / LB mgm gra come 2 // (mg adding chara bagai man bineactes), and if pine of recipies
Nutrition Intervention
Nutrition prescription:
Nutrition prescription.
To control T2DM by utilizing nutrition education on the meal patterns with low carb and sugar foods to improve
glucose consumption within the normal range.
Food and nutrition delivery:

Rec	'd:
1: R 2: R	ec'd reducing complex carbohydrate food: medialunas, pizza, sandwich (ND-1.2.4.3.1) ec'd having the fiber food intake/day: walnut, peanut veggie platters instead of simple CHO snack. (ND-1.2.7.4.1) ec'd limiting extra sugar with coffee, consider using 1-2 sugar per day (ND-1.2.4.3.2)
	rition education:
Nu	rition education.
Dis	cussed and rec'd measuring the amount of CHO per meal to improve the HgBA1c and glu conc (E-2.2)
Har	dout: Healthy Eating Plate, Hand-Size Portion Guide, Choose Your Food for Diabetes, and T2DMNT
Nu	rition counseling:
bas	vided motivational interviewing (C-2.1) blood glucose monitor and testing strips for self monitoring (C-2.3), and ed on social learning theory approach (C-1.3) and transtheoretical model stage of change approach (C-1.5) to rove abnormal blood glu conc.
1: P 2: P	avioral goals: t can use high fiber snack instead of simple CHO snack at least 3 times per week for 2 weeks. t can limit the 1/3 amount of complex CHO during lunch/dinner at least 3 days per week for 2 weeks. t can use carbohydrate counting for lunch/dinner at least 1 day per week for 2 weeks.
Cor Fair	npliance: compliance r/t pt slept 3 overnights in hospital and just able to be discharged, and pt's report anxious to go ne. (C-1.2) and Pt expected to be in the preparation stage in the transtheoretical stage of change. (C-1.4)
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Food and nutrient intake:

1: Monitor estimated carbohydrate intake via CHO counting and written dietary record. Pt will finish at least 3 days a week and show the record to next visit. (FH 1.5.5.1)
2: Monitor insulin to carbohydrate ratio via daily dietary record/ taking picture per meal, patient will do self- monitoring everyday and show the record to next visit. (FH 1.2.2.3.1)
Anthropometric measurements
Monitor wt (AD-1.1.2.1) 1x/2wk
Biochemical data:
1: Monitor glucose profile in fasting (BD-1.5.1) in a 1 mo.
2: Monitor vitamin D level (BD-1.13.3) in a 1 mo.
3: Monitor vitamin B12 level (BD-1.13.3) in a 1 mo. 4: Monitor HgB A1c level (BD-1.5.3)
Nutrition focused physical findings:
F/U in 2 wk in clinic.
Signature/credential/date:
KaFai Li, Clinical Nutrition Student, 11/18/2022

· Anthropometric History:

·) Height:

2) Current Weight:

3) % weight change:

4) 1BW= (106 16) + (6165 x 10 in)

= (204.6 16 1 166.0 16) × 100 = 123.2530% = 123%

5) % IBW = (CBW/IBW) & 100

7) Weight assement;

· Food and nutition distory

7) Energy Reguirement:

8) Potein Requirement:

Range = 93 - 121 sm/d

9) Huid Requirement: Mothed 1

- 1) the huerage of MSI Energy requirement:

 (2313+2545) | 2

 = 2454 | Kial I dag
- 2) CHO% 40-50% COYMY X 0.45) = 1104.7 KCA

(276 3 CHO) 115 = 18 CHO exchange

~ 18 Cyo exchange

- 5) Ken from CHO 283 x4 = 1132 ken
- 87 Total keel & % of keel from C10 (1132/2423) x100= 77%
- b) kent from Protein
- 4) Total keel & % of keel from 1436/2423) 2100 = 18%
- 7) Kcal from Fat 43 x 9 = 865 Kcal
- 10) Total Real & % of Real from
 (855/2423) = 35%