

*Penn State Hershey Medical Center Clinical Nutrition*  
Inpatient Adult Nutrition Support  
Sample Documentation

SAMPLE NOTE #1

**3/11/14**

**NUTRITION SUPPORT**

**DATA**

PROBLEMS: Sacral decubitus ulcer (unstageable)

PMH: Acute-on-chronic renal failure, LVAD, multiorgan failure after myocardial infarction, left vocal cord paralysis

VITAL SIGNS: Tmax 38.5 C

Minute ventilation 8.0 L/min, now on trach collar

ANTHROPOMETRICS: Ht 183 cm

Wt 80 kg (10% wt loss during last admission)

Body mass index 24.8 kg/meter squared

FEEDING: None

GI: Abdomen non-distended, BM x1

MEDS: SSI (Critical Care)

LABS: Cr 2.65 BUN 43

COMPARATIVE STANDARDS: Energy 2250 kcal/day (PSU equation x 1.1)

Protein 170 g/day (2.0 g/kg body wt)

**ASSESSMENT**

1. Increased nutrient needs related to inflammatory response as evidenced by fever  
Energy needs are elevated by about 40%; protein needs may be doubled.
2. Patient is unable to take nutrition by mouth at present.

**PLAN**

1. Recommend using Nutren 2.0, rate 60 mL/hr. Beneprotein 5 scoops/L feeding Nutrisource Fiber 2 scoops in 50 mL water four times per day.
2. To aid in wound healing, consider using enteral glutamine 10 g four times per day.
3. If the glutamine option is not taken, increase the Beneprotein in the tube feeding to 10 scoops/L. Nutrisource Fiber 2 scoops in 50 mL water four times per day.

**Larissa Chapkovich, Dietetic Intern**

**3/11/14**

**NUTRITION SUPPORT**

**Data, assessment, and plan discussed and reviewed. Note revised as needed. Agree with above.**

**David Frankenfield, MS, RD**

SAMPLE NOTE #2

3/20/14

**NUTRITION SUPPORT**

**DATA**

PROBLEMS: Ulcerative colitis

PMH: 2 month history of bloody diarrhea

VITAL SIGNS: Tmax 37 C

Heart rate 67 beats per minute

ANTHROPOMETRICS: Ht 170 cm

Wt 73 kg (6% wt loss in one month)

Wt 78 kg (2/19/14)

Body mass index 25.1 kg/meter squared

FEEDING: Standard TPN ordered

GI: Pain and diarrhea with eating reported, bowel movement 1 x noted, abdomen distended and soft/tender per chart

INTAKE/OUTPUT: Incontinent

MEDS: SSI (Low), Methylpredisolone

LABS: Bicarbonate 33 Cret 0.57 WBC 12.24

COMPARATIVE STANDARDS: Energy 2130 kcal/day (Mifflin St Jeor x 1.25)  
Protein 130 g/day (1.75 g/kg body wt)

**ASSESSMENT**

1. Malnutrition as evidenced by 6% weight loss in 1 month.
2. Altered GI function.

**PLAN**

1. Next TPN:

Amino acid 130 g

Dextrose 1400 kcal (if hyperglycemic tomorrow, keep at 900 kcal)

Lipid 200 kcal

Volume 2280 mL

Sodium 225 mEq

Acetate 0 mEq (50 mEq when serum bicarb <30)

Potassium 90 mEq

Phosphorous 20 mMol (no lab data available)

Calcium 0 mEq

Magnesium 24 mEq

2. Monitor ionized calcium and give IV calcium boluses as needed (or use oral if he can tolerate)
3. If he becomes hyperglycemic when TPN is started, add insulin to the bag tomorrow (dose based on the amount of SSI he uses).
4. Transition back to enteral nutrition as quickly as possible; then wean TPN.

**Larissa Chapkovich, Dietetic Intern**

3/20/14

**NUTRITION SUPPORT**

Data, assessment, and plan discussed and reviewed. Note revised as needed. Agree with above.

**David Frankenfield, MS, RD**