

*Penn State Hershey Medical Center Clinical Nutrition*  
Inpatient Pediatric  
Sample Documentation

SAMPLE NOTE #1: PEDIATRIC NUTRITION SUPPORT

**Pediatric Nutrition**

**Performed On: 05/12/2014 10:48 by Chapkovich, Larissa**

**Pediatric Nutritional Assessment**

*Admission diagnosis:* fatigue, dehydration

*PMH:* Congenital hydrocephalus with VP shunt, premature, 30 3/7 wks gestation, speech delay, BPD, hypoplastic corpus callosum, G-tube, Nissen

*Anthropometrics:* Ht: 71 cm, <2%

*Calorie count:* 500 kcal, 14 g protein

*Nut Peds Current Intake:* Eating at customary level, tube feeding

*Nut Peds Weight History:* Weight: 8.55 kg      8/15/13  
8.6 kg, <2%      5/10/14

*Nut Peds GI Data:* 0 stools, abdomen distended per nurse

I/O: 1050/1000

*Nut Peds Nutrient Needs:* RDA

Energy: 110 kcal/kg/d

Protein: 2 g/kg/d

Fluid: 100 ml/kg/d (maintenance needs)

*Nut Peds Calorie and Protein Intake:* Regular diet

G-tube feeds: Nutren Junior 1/2 strength @ 6 mL/hr

*Nut Peds Pertinent Medications:* Phos-NAK

*Nut Peds Pertinent Laboratory Values:* Na 135, K 3.7, BUN 3, Cret 0.26, PO4 3.1

Mother states that patient consumes 3 meals/day and snacks throughout the day and appetite varies. Typical intake of food: egg/yogurt, sandwich/chips, potato/meat/corn/peach, crackers/apple. G-tube was only being used to administer 45 ml whole milk mixed with 15 ml water 4-5 times/day as patient does not like to drink by mouth. Also 1/2 tsp coconut oil was given 2-3 times/week via g-tube. Some free water may be given via g-tube if patient is not drinking. Mother confirms previous use of pump for tube feedings which stopped 6 months ago.

Mother prefers bolus feeds during the day instead of overnight. Patient has a bowel movement every 2-3 days which are formed and hard.

**Pediatric Nutrition Diagnosis**

Inadequate protein-energy Intake related to poor oral intake and limited use of g-tube feeds for nutrition as evidenced by poor weight gain and intake not meeting RDA per diet recall.

**Pediatric Nutrition Recommendations**

1. Recommend goal of 1000 kcal/day from PO and tube feedings.
2. If tolerating half strength Nutren Junior, consider increasing to 3/4 strength. Monitor labs for electrolyte shifts.
3. If patient continues to consume 500 kcal PO, 500 kcal to be provided by tube feeding. Full strength Nutren Jr goal rate of 21 mL/hr.
4. When patient ready to start bolus feeding regimen, recommended goal of 300 kcal consumed at each meal 3x/day with 2 snacks/day. Offer food first then bolus as necessary depending on oral intake. Will discuss with mother the best way to determine bolus volume at home (calories vs. amount of food).

**Will continue to monitor.**

**Larissa Chapkovich, Dietetic Intern**

**Note reviewed, discussed, and revised as necessary.**

**Nancy Frankenfield, MS, RD**

## SAMPLE NOTE #2: NICU NUTRITION

### **Pediatric Nutrition**

**Performed On: 05/08/2014 11:01 by Chapkovich, Larissa**

### **DATA**

Diagnosis: NAS

Age: 18 days

Weight: 3.48 kg, 29.46%ile

Weight gain of 20 g/day (over 6 days)

Length: 49.2 cm, 7.69%

Head circumference: 35.5 cm, 53%ile - 35 cm at birth

Current feeding: Similac Advance with iron, 20 kcal/oz. ad lib

24-hour intake totals:

Fluid: 154 ml/kg

Kcal: 105 kcal/kg

Protein: 2.16 g/kg

GI: 2 brown loose and pasty stools per chart, no emesis noted

Medications: Morphine

Biochemical: None available per chart

### **ASSESSMENT/PLAN**

Patient appears to be gaining adequate weight for age. Patient has a length increase of only 0.2 cm since birth. Patient is meeting total fluid needs. Increase in NAS symptoms was noted in the past 24 hours. Per chart, patient is feeding ad lib approximately 6-8x/day with 80-120 ml per feeding. Patient seems to be tolerating feeds well. Recommend continuing with current feeding regimen of Similac Advance with iron ad lib. Will continue to monitor for intake and growth.

**Larissa Chapkovich, Dietetic Intern**

**Greecher, Coleen P - 05/08/2014**