

(栄養再アセスメント)

Adult Nutrition Reassessment Note

Patient Name: (患者さん名)
Patient MRN: (診療記録番号)
Patient DOB: (生年月日)
Patient Room: (病室の番号)

Pertinent Medical History (患者履歴・既往歴)

45 y.o. male with unknown PMH who presents s/p cardiac arrest with bystander CPR ~20 minutes PTA. S/p VA ECMO cannulation 3/30/24. Elevated LA.

Reason for Assessment: Reassessment **(本アセスメントを行う理由)**

Nutrition Visit Conducted by: Registered Dietitian Nutritionist **(アセスメント者)**

The information here was gathered from: In-person visit with patient; Chart Review; Conversation with RN or other team member; **(情報源/提供者)**

Nutrition Updates : **(栄養チーム用アップデート)**

4/1: VA ECMO continues, flow decreased to 3L today. Impella in place with ultimate goal to wean ECMO flow and assess if impella CP will be enough for support vs need for impella 5.5. Extubated this AM, intermittently on BiPAP and now on HFNC. Pressure support continues. No plan for Nutrition Support initiation today. Propofol providing 485 kcal in the last 24 hrs.

4/2: Pt re-intubated yesterday afternoon. S/p RHC/Swan placement. VA ECMO and Impella CP continue. On VASO. Diuresing. Ok per MD to initiate TF via NGT; ordered Vital AF@ 10 ml/hr. Propofol providing 364 kcal in the last 24 hrs.

4/3: Potential ECMO decannulation today. Ongoing SBTs. Weaning off sedation. Pt is tolerating TF at trickle.

4/5: Weaned off ECMO yesterday AM. Off vent support, now on Airvo. Pt drowsy. TF running at 40 ml/hr. RN shared concern for GRV but <250 ml. KUB normal. MD ordered Reglan. Continue to advance TF gastrically as tolerated to a goal of 65 ml/hr.

Pre-hospital Nutrition & Diet History (入院前の栄養・食事に関する履歴)

Unable to obtain at this time. Pt is intubated. No family at bedside. No past notes available in EMR for review

Diet allergies: Unknown **(食物アレルギーの有無)**

Factors affecting intake: Critical illness, need for intubation/NPO. **(栄養摂取に影響している又はしていたと思われる身体または環境要因)**

Anthropometrics (身体測定値)

Height: 177.8 cm (70")

Ideal Body Weight (IBW) (kg): 75

% Ideal Body Weight: 156

Admit weight: 117.0 kg (257.94 lb)

Usual body weight (UBW) : UTA

Weight change since admission: +2.06 lbs x 6 days (fluid related fluctuations anticipated- was on ECMO + CRRT, Bed scale used) (入院後の体重変化)

3/30: 257.94 lb

4/1: 262.37 lb

4/3: 264.40 lb

4/5: 260.00 lb

Weight change since last nutrition assessment: -4.4 lbs x 2 days

BMI (kg/m²): 37.0

BMI adjusted for amputation?: N/A

Today's In-hospital Physical Exam Findings (身体所見)

- Overall Physical Findings: loss of muscle mass
- trace BLE edema
- Obese
- On mechanical ventilation
- On VA ECMO

Factors Currently Affecting Nutritional Intake: compromised airway/NPO and hemodynamic instability (4/2: Lactate trending down)-> improved (4/5) (現時点で考えられる十分な栄養摂取へのバリアー)

Edema: +1 BLE edema (浮腫のレベル)

LBM: 4/3 x2 (soft); on scheduled bowel regimen (便通)

Skin: abrasions elbow, wound R heel, redness to L heel and sacrum(創傷や褥瘡の有無)

***Presence of new wound or skin breakdown since last nutrition assessment?** No

I/O: 1986/3675=-1689mLx24hrs

(ルート/ドレーン/気道)

GI Tubes: NG tube

Lines: CVCx2, art line, pulmonary art cath

Drains: foley

Airway: Airvo

Malnutrition Assessment (低栄養アセスメント)

Malnutrition Criteria met: Yes

Malnutrition Type: **Meets criteria for acute moderate protein-calorie malnutrition**

Muscle Wasting which is Moderate (筋肉量の減少の度合い)

Muscle loss is noted on physical exam in the following regions: Temporal and Clavicular

Subcutaneous Fat Loss which is mild (脂肪組織の減少の度合い)

Subcutaneous fat loss is noted on physical exam in the following regions: Orbital

Weight Loss which is Not able to be assessed this visit (体重減少の度合い):

Energy Intake (栄養摂取量の減少の度合い)

The patient's history supports that their recent energy intake has been: meeting less than 50% of needs for at least 5 days (x >6 days as of 4/5)

Fluid Accumulation (浮腫のレベル)

+1 BLE edema

Micronutrient Assessment (微量栄養素アセスメント)

History: Not able to be assessed this visit

Physical exam with findings: multiple skin breakdowns, flaky skin

Evaluation: suspected deficiency -thiamine 100mg, Folic acid 1mg in place

Labs/Meds/Diagnostic tests and procedures (血液検査結果、薬剤、診断テスト結果等)

Lab Results (単位省略...)

SODIUM	136
POTASSIUM	3.5
CHLORIDE	93 (L)
CARBON DIOXIDE	28
BUN	60 (H)
GLUCOSE	165 (H)

Lab Results

CALCIUM	9.2
SGOT (AST)	546 (H)
SGPT (ALT)	222 (H)
BILIRUBIN, TOTAL	6.8 (H)
CREATININE	1.85 (H)
MAGNESIUM	2.4
PHOSPHORUS	4.3

Meds Reviewed (薬の投与量はscope of practice外なので省略)

Scheduled Meds:

- sodium chloride
- 0.9% sodium chloride (NaCl) – mL Intravenous
- calcium gluconate IV –g Intravenous
- insulin 0-10 Units Subcutaneous Q6H SCH
- oxyCODONE – mg Oral Q6H
- potassium –mEq Intravenous
- thiamine 100 mg Intravenous
- Folic acid 1 mg Intravenous
- traZODone –mg Oral Nightly
- vancomycin – mg Oral 4 times daily

.....etc.....

Continuous Infusions:

- DOButamine — mcg/kg/min
- EPINEPHrine — mcg/kg/min
- heparin – units/mL for impella device

PRN Meds: -----

Diagnostic tests/procedures Reviewed

Estimated Nutritional Needs -Adjust as appropriate (エネルギーの推定必要量)

Current Weight Weight: 117.0 kg (258 lb)

Calorie dosing Weight: 117.0kg

Calorie dosing weight method:Admit BW

Method to assess calorie needs: 11 - 14 kcal/kg (60–70% of the patient's target energy requirements per ASPEN)

Estimated Calorie needs: 1287-1638 kcal/day

Protein dosing weight: 75.0 kg

(タンパク質の推定必要量)

Protein dosing weight method: IBW

Method to assess protein needs: 1.5 - 2 gm/kg (on CRRT)

Estimated Protein needs: 113-151 gPro/day

Fluid Requirements
per physician

(水分の推定必要量)

Current Diet Prescription/Intake

(現在の食事箋)

Diet Orders- NPO meds and ice-chips: NPO since 03/31 0000

Feeding Route: Enteral (栄養摂取のルート)

(経腸栄養処方)

EN prescription: Vital HP 60mL/hr (1440mL) to provide 1440 kcal, 126 gPro, 1204 mL free H2O/24hr

(実際の経腸栄養供給量)

EN pump history: 24hrs 920 mL; 48hrs 1160 mL; 72hrs 1320 mL; Average 3 days (440 ml: 31% of prescribed order): 155 kcal, 38 gPro

Meeting Estimated Calories: no (progressing)

Meeting Estimated Protein: no (progressing)

Meeting Estimated Fluid: yes per I/O documentation

Nutrition Diagnosis (PES診断)

Problem #1: Inadequate protein-energy intake

Etiology: compromised airway/ventilation

Signs and Symptoms: NPO without nutrition support

Diagnosis status: **Resolved** (EN initiated on 4/2/24)

Problem #2: Inadequate protein-energy intake

Etiology: increased demands d/t catabolic phase of critical illness

Signs and Symptoms: inadequate EN infusion, on CRRT support, moderate muscle wasting (upper body), mild facial fat loss

Diagnosis status: Ongoing

Interventions (栄養介入)

Intervention: Continue enteral nutrition/advance to a goal rate as tolerated, Team meeting, and Collaboration with other providers

Nutrition Monitoring and evaluation: (栄養モニタリングと評価項目)

Total energy estimated intake

Enteral nutrition order

BUN/Creatinine

Glucose

Magnesium

Phosphorus

Potassium

Sodium

Digestive system

Bowel movements

Edema

Skin

Vital signs

Changes in weight

Nutrition Care Level (栄養ケアレベル : Level 1 = 軽度、 2 = 中程度、 3 = 重度)

NCL 3 - severe nutritional risk (follow up due in 1-4 days)

Discharge Considerations(退院に際しての考慮事項)

The patient will benefit after discharge from: the discharge POC cannot yet be determined

Nutrition Goals:(目下の栄養ゴール)

Meet estimated nutritional needs

Timeframe for achievement of goals: within 24-48 hours

Recommendations (栄養ケアプラン)

S/p Cardiac arrest. Off VA ECMO/Extubated. Not meeting nutritional needs x >6 days.

1. Continue to advance TF (Vital High Protein) via DHT as tolerated to a goal of 60mL/hr (total 1440mL) to provide 1440 kcal, 126 gPro, 1204 mL free H₂O/24-hour infusion. FWF 30 mL q 4 hr for tube patency. Defer adjustments in IVF's to MD. Monitor feeding tolerance.

2. Continue scheduled bowel regimen and anti-emetic PRN

3. Glycemic control through insulin regimen

4. Replete lytes PRN (daily lytes replacement protocol ordered).

5. Continue Thiamine 100 mg and Folic acid 1mg as ordered).

6. RDN following

*4/5/24: Patient meets criteria for acute, moderate PCM criteria

Yoko ---(last name)---, MCN, RDN, LD, CNSC (担当したRDのサインと資格情報)

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