

Kathleen Villarino
Martha McKittrick Nutrition
Clinical Rotation
ADIME
Obesity Chart

- 1) More sleep
- less liquid at night
- 2) Look for Koster From Denny's
- 3) No rolls at breakfast
- 4) Use your own salad dressing
- 5) Drink more water/seltzer during the day
- 6) Exercise - 3x/week - 30 min cardio
- 7) Keep a mental log of food + exercise
- 8) Measure starch on occasion
- 9) Be aware of alcohol
- 10) Limit snack at night - 100 calories
- 11) Eat large amounts of vegetables

Breakfast

Cheerios
+
skim milk

8 oz cottage cheese

2% Greek Yogurt
+
Berries

2 HB eggs

omelet + veggies
Egg whites Dry

1/2 Bg-1
+
protein

snacks unlimited vegetables

Lunch

Turkey
on
100 calorie wrap
+
soup

sushi
+
soup

Salad
Veggies
Tuna
* use
your
own dressing

snacks 125 cal

or 655

string cheese
4 oz cottage cheese

1 oz cheese on vegetables
100 calorie pack pistachios/nuts

Obesity Chart Notes

Assessment

The client is a 61-year-old Caucasian male. He was referred by the RD's old client who has had success losing weight. The client stated that he would like to lose weight because he wants to feel good. He said that his primary problem is controlling his carbohydrate cravings. The client follows a Kosher diet. He said he has done Weight Watchers twice and has lost 25-30 lbs each time (last time was in 2011). However, due to lack of time and motivation, the client stated that the weight gradually came back.

From the food questionnaire, the client generally follows a healthy diet. The client brings food from home for lunch (turkey wrap) and he stated that he eats either miso soup or vegetable soup every day. However, the client also stated that he consumes 10-12 drinks/week which he did acknowledge as excessive. The client stated that he enjoys eating salty and savory foods and does not particularly enjoy sweets. The client states that his main problem is consuming large amounts of carbohydrate foods (specifically starches). He tends to snack a lot in his office since he has snacks readily available. For dinner, he also consumes excessive amounts of pasta or rice (whole plate) and drinks chocolate milk before he goes to bed.

The patient is currently taking the following medications:

Levothyroxine 125 mcg, Allopurinol 300 mg, Simvastatin 20 mg, Lisinopril 10 mg, Finasteride 1 mg, Zolpidem 10 mg, and multi-vitamins.

Anthropometric data:

Weight: 192 lbs

Height: 5'6"

BMI: 31.1 (Obesity I)

Pertinent lab values: Not provided

Diagnosis

Excessive carbohydrate intake related to large consumption of starchy foods and lack of knowledge regarding proper carbohydrate portions as evidenced by BMI of 31.1 (Obesity I).

Intervention

1. Educate the client regarding proper portion sizes.
2. Educate the client regarding the potential health effects of obesity.
3. Reduce starch consumption at dinner.
4. Exercise 3 times/week.
5. Reduce alcohol consumption to 1 drink/day.

*↑ vegetables
planned sample meals
5 snacks*

Monitoring & Evaluation

1. Communicate with the RD (weekly e-mails) to keep her informed of progress.
2. Next visit in 6-months or if the client feels like the meal plan needs to be updated.

goal note!

Written by: Kathleen Villarino

Corrected by: *M*

Date: *4/24/18*

COMPREHENSIVE METABOLIC PAN...

Component Results

Component	Your Value	Standard Range
GLUCOSE	84 mg/dL	65 - 125 mg/dL
BLOOD UREA NITROGEN	19 mg/dL	8 - 23 mg/dL
SODIUM	142 mmol/L	135 - 148 mmol/L
CREATININE	0.93 mg/dL	0.40 - 1.40 mg/dL
GFR CALCULATION(CKD-EPI)	88 ml/min/1.73m ²	>59 ml/min/1.73m ²
GFR IN AFRICAN AMERICAN(CKD-EPI)	102	>59
POTASSIUM	4.5 mmol/L	3.5 - 5.4 mmol/L
CHLORIDE	100 mmol/L	96 - 107 mmol/L
CARBON DIOXIDE	24 mmol/L	18 - 32 mmol/L
CALCIUM	9.5 mg/dL	8.6 - 10.5 mg/dL
PROTEIN, TOTAL	7.0 g/dL	6.0 - 8.3 g/dL
ALBUMIN	4.6 g/dL	3.5 - 5.2 g/dL
GLOBULIN	2.4 g/dL	1.8 - 3.8 g/dL
A/G RATIO	1.9 RATIO	1.0 - 2.5 RATIO
ALKALINE PHOSPHATASE	53 U/L	39 - 118 U/L



LIPID PANEL - Details

Component Results

Component	Your Value	Standard Range
CHOLESTEROL, TOTAL	202 mg/dL	100 - 199 mg/dL
HDL CHOLESTEROL	57 mg/dL	≥ 40 mg/dL
LDL CHOL, CALCULATED	90 mg/dL	< 130 mg/dL

ADULT LDL CHOLESTEROL CLASSIFICATION

< 100 mg/dL _____ Optimal

100-129 _____ Near/Above Optimal

130-159 mg/dL _____ Borderline High

> 160 mg/dL _____ High Risk

Desirable range < 100 mg/dL for patients with CHD or diabetes and

< 70 mg/dL for diabetic patients with known heart disease.

Direct LDL is recommended for patients with triglycerides > 400 .

VLDL CHOLESTEROL, TOTAL DIRECT	55 mg/dL	< 30 mg/dL
TRIGLYCERIDES	274 mg/dL	20 - 149 mg/dL
CHOLESTEROL/HDL RATIO	3.5	2.0 - 4.5

General Information

Collected:

12/15/2017 1:06 PM

Resulted:

12/16/2017 2:34 AM

Ordered By:

Component	Your Value	Standard Range
**** New reference range as of 10/23/2017 ****		
AST	24 U/L	<41 U/L
ALT	31 U/L	<42 U/L
BILIRUBIN TOTAL	0.4 mg/dL	<1.3 mg/dL

General Information

Collected:

12/15/2017 1:06 PM

Resulted:

12/16/2017 2:34 AM

Ordered By:

[REDACTED]

Result Status:

Edited Result - FINAL

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Note: Patient provided labs AFTER the counseling session and after the notes have been corrected.

Questions:

1. Intern's comments about nutritional intervention(s) for this patient. How receptive was / were the patient and family to nutrition intervention? What were the factors that influenced this the most? Patient/family factors? Institutional/environmental factors?

The patient seemed hesitant regarding coming in for counseling. The client listed and asked questions during the counseling session. The patient has great motivation since he stated that he is doing this because wants to lose weight before his daughter's wedding. Using this motivation, the patient said he wants to try what he learns during this counseling session. The patient also knows that his work environment has a negative effect on his snacking habits. After some nutrition education, the patient developed an understanding regarding portion sizes and carbohydrates which he stated that he would follow.

2. Was the nutrition intervention successful? Why/Why not?

Although the patient seemed receptive to the information presented, he did not schedule a follow-up appointment. Therefore, it's hard to know for sure if the patient will follow through with the intervention.

Glossary of unfamiliar terms:

A/G Ratio – stands for Albumin / Globulin Ratio. This test measures the level of proteins in the body.

AST – stands for Aspartate Aminotransferase. This is a type of enzyme that is released when there is damage to the liver and muscles. High levels of this enzyme indicate liver disease.

ALT – stands for Alanine Aminotransferase. This is a type enzyme that is released when there is liver damage. High levels indicate liver disease.

Applies to:

CRDN 1.6 Incorporate critical-thinking skills in overall practice.

CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.

CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.

CRDN 2.11 Show cultural competence/ sensitivity in interactions with clients, colleagues and staff.

CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.

CRDN 3.3 Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.

CRDN 4.10 Analyze risk in nutrition and dietetics practice.