

Kathleen Villarino
Springfield Dialysis Center
Clinical Rotation
Atlantic Dialysis Note Protocol
Renal Chart

01-DIETICIAN INITIAL NOTE

Patient Name: [redacted] Unit Name: SPRINGFIELD DIALYSIS CENTER Form Date: 05/08/2018
DOB: 08/21/1958 Nephrologist: [redacted] (718) 899-0060 Next Form Date:
MR #: Prev Form Date:
Admit Date: 05/03/2018 Ref Form Date:
Remarks:

Version - 1.2

Status: Not Addressed Assessed By:

Patient Name: [redacted]

MRN: [redacted]

Food and Nutrition Related History:

Present Appetite: [X] Good [] Improving [] Poor [] Fair [] Declining
Home glucose monitoring: Diabetic: Home glucose monitoring: Times/day:
Nutritional problems: [] Nausea [] Vomiting [] Constipation [] Swallowing [] Early satiety
[X] None [] Chewing [] Diarrhea [] Other:
Food allergies:
If yes Specify:
Food Intolerances:
Religious / Cultural food preferences:
Tube feeding / Supplements:
Dietary intake assessment (indicate method used) Typical Day Recall
Breakfast: 2 slices rye toast, 2 scrambled eggs, 1 slice American cheese, no liquids to drink
Lunch: Egg sandwich with seltzer or apple juice
Dinner: chicken leg with rice and gravy, candied mashed sweet potato, and broccoli, ginger ale
Snack: 2 green Granny Smith apples
Comments: Patient sometimes skips lunch
Patient eats apples when he does not feel like eating

Past Medical History:
Comments:

Current Medications: Norvasc
Comments:

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Functional Status

Living situation: Living at home Home care: Agency: [REDACTED]
 Primarily eats at: Home / Outside
 Who does food shopping? Self Other: Cooking: Self Other:
 Patient receives food assistance: Source:
 Mobility: Mobile Hearing: Good
 Vision: Good Dentures: Has all of his teeth Own teeth: Good Fair Poor
 Comments:

Anthropometrics

Height: 182.88 cm Weight: 95.9 kg >115% SBW <95% SBW BMI: 28.6 kg/m² %UBW: %IBW:
 EDW: 98 kg ABW: kg UBW:
 SBW: 90 kg IBW: kg Amputation:
 Comments:

Estimated Calculations for:

Calorie: kcal / day kcal / kg Based on:
 Protein: g / day g / kg Based on:
 Comments: AVG IDWG goal:

Labs:

BUN: BUN: 65 mg/dL (05/03/2018)	iPTH: PTH: 963 pg/mL (05/03/2018)	K: K: 4.3 mEq/L (05/03/2018)
GLU: GLUC: 120 mg/dL (05/03/2018)	In Range: Range: 150-300 pg/mL	In Range: Range: 3.5-5.5 mEq/L
PO4: PHO: 6.4 mg/dL (05/03/2018)	Ca: CA: 7.4 mg/dL (05/03/2018)	Chol: CHOL: 168 mg/dL (05/03/2018)
In Range: Range: 3.5-5.5 mg/dL	In Range: Range: 8.4-10.2 mg/dL	In Range: Range: <200 mg/dL
Vit D: VITD125: 26.4 ng/mL (05/03/2018)	Cor Ca: CACORRE: 8.3 mg/dL (05/03/2018)	LDL:
In Range: Range: >30	In Range: Range: 8.4-10.2 mg/dL	In Range: Range: <100 mg/dL
Trig: TRIGLY: 150 mg/dL (05/03/2018)	Albumin: ALBUMIN: 2.9 g/dL (05/03/2018)	HDL: HDL: 51 mg/dL (05/03/2018)
In Range: Range: <150 mg/dL	In Range: Range: >=4.0 g/dL	In Range: Range: >40 mg/dL
Hgb: HGB: 7.1 g/dL (05/03/2018)	HGBA1C:	
In Range: Range: 10-11.5 g/dL	In Range: Range: <6.0 %	

Comments: Low Albumin (2.9 g/dL) High Phosphorus (6.4 mg/dL) Low VIT D (26.4 ng/mL)
low calcium (7.4 mg/dL) High iPTH (963 pg/mL)

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Unit Name: SPRINGFIELD DIALYSIS CENTER
 Nephrologist: ██████████
 (718) 899-0060

Form Date: 05/08/2018
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Nutrition Education:

Diet recommendation:	Na:	K:	PO4:	Pro:	Calories:	Fluid:
<input type="checkbox"/> Protein	<input checked="" type="checkbox"/> Phosphorus / Bone Disease	<input type="checkbox"/> Sodium	<input type="checkbox"/> Potassium	<input type="checkbox"/> Label reading	<input type="checkbox"/> Fluid management	<input type="checkbox"/> Diabetes management
<input type="checkbox"/> Ways to increase calories	<input type="checkbox"/> Appropriate exercise	<input type="checkbox"/> Medication compliance	<input type="checkbox"/> Supplements:			
<input type="checkbox"/> Weight loss	If patient not educated, reason why:					
<input type="checkbox"/> Diet low in saturated fat and total fat						
Person educated: <u>Yes</u>						
<input checked="" type="checkbox"/> Response to education: <u>receptive</u>						
Barriers to education:						
<input type="checkbox"/> Interpreter Needed? If Yes, by whom: Name/ID #:						
<input checked="" type="checkbox"/> Provide education						
<input checked="" type="checkbox"/> Verbally <input type="checkbox"/> Via Handouts <input type="checkbox"/> Via Video <input type="checkbox"/> Via Internet						
Comments: <u>Patient stated that he remembered everything the RD told him.</u>						

Plan of Care

Refer to:

Monitor for changes in nutritional status/knowledge/diet adherence via labs/weight/diet history/verbal interview

Review monthly labs with patient via report card

Reinforce diet adherence Reinforced treatment time adherence

Reinforce binder adherence

Plan of care communicated to: Preceptor If other, describe:

Comments:

Recommendations:

- Educate patient regarding the importance of maintaining adequate levels of albumin, calcium, phosphorus, and PTH.

- Educate the patient about renal diet. Provide examples of foods to eat and foods to avoid.

Goal:

1.) For the patient to have a good report card (acceptable lab values)

Completed By: Kathleen Villarino

Patient 1

DOB: 8/21/1958

Patient is a 59-year-old male on hemodialysis. Prior to first meeting, the patient has gotten dialysis 7 times (previous location not specified). The patient has good appetite and reports no nausea, no vomiting, no diarrhea, and no constipation but does report not being able to urinate a lot (quantity unknown). The patient also has high blood pressure which he stated is somewhat controlled. He takes Norvasc for his blood pressure. During the patient interview the patient provided the following information regarding his food intake on typical day (see below).

Breakfast: 2 slices of rye toast, 2 scrambled eggs, 1 slice of American cheese, no liquids
Lunch: Egg sandwich with seltzer or apple juice
Snack: 2 green apples
Dinner: Chicken leg with rice and gravy, candied mashed sweet potatoes, broccoli, and ginger ale.

The patient stated that he sometimes skips lunch and only eats apples when he does not have a strong appetite. The patient currently lives at home. He eats both at home and outside on a typical day and does the food shopping and cooking himself. The patient is mobile, reports having good vision and hearing. The patient has good dentition.

The patient is 6 feet (182.88 cm). He has a weight of 96.3 kg (pre-dialysis), and a SBW of 90 kg (107% SBW). The patient has a BMI of 28.7 which classifies him as overweight.

Nutrition needs:

Calories: 35 kcals/kg body weight = 35 kcals x 96.3 kg = 3,370 kcals

Protein: ≥ 1.2 kg/kg body weight = 115 g

Sodium: 2g/day

Potassium: 2g/day

Phosphorus: 1g/day

Fluids: 1 L + however much they urinate

The patient has low albumin levels (2.9 g/dL), low calcium levels (7.4 mg/dL), low Vitamin D levels (26.4 ng/mL), high phosphorus levels (6.4 mg/dL), and high PTH levels (963 pg/mL). PTH is related to high phosphorus levels. *level*

Nutrition education for this patient consisted of verbally discussing the importance of maintaining appropriate levels of albumin (by consuming high biological protein foods), calcium (supplement or a calcium-based binder), Vitamin D (supplement), phosphorus (consumption of low phosphorus foods), and PTH (discuss phosphorus consumption). The patient was receptive to this information.

Plan of care for this patient will consist of reviewing his monthly report card to look at his lab values. Another plan is to continue to monitor any changes in his nutritional status (knowledge, pertinent lab values, diet) by continually conducting verbal interviews.

Recommendations for this patient include, continued education regarding the importance of his lab values by going over his monthly report card and highlighting any areas that need improvement (ex. Counsel accordingly depending on his phosphorus levels). Another recommendation is to continue to educate the patient about the renal diet by providing examples of foods to eat and foods to avoid. The goal for this patient is to prevent any medical complications associated with abnormal lab values.

Changes in the back →

Patient 1

Pt is a 59 y/o male on hemodialysis.

Anthropometrics:

Ht: 6 feet (182.88 cm) Wt: 96.3 kg (pre-dialysis) SBW: 90 kg.
% SBW: 107%. BMI: 28.7 (overweight)

Medications:

Hectorol 3mcg qd

Liquacel 30 mL qd

Lab Values:

Albumin: 2.9 g/dL ; Calcium 7.4 mg/dL ; Vit D 26.4 ng/mL ;

Phosphorus: 6.4 mg/dL ; PTH 963 pg/mL ,

Medical History:

High BP (somewhat controlled)

Diet History:

Pt has good appetite. Typical day (below):

Breakfast: 2 slices rye toast, 2 eggs (scrambled) 1 slice of American cheese, no liquids.

Lunch: Egg sandwich w/ seltzer or apple juice

Dinner: Chicken leg w/ rice + gravy, candied mashed sweet potatoes, broccoli, + ginger ale.

Snack: 2 green apples

No nausea, vomiting, ^{diarrhea} or constipation. Good dentition. Pt is mobile and does food shopping/cooking sometimes.

Intervention: Nutrition education - to ↑ albumin, calcium, + Vit D. Educated pt on how to lower phosphorus.

Goal: Normal levels for lab values. Follow-up: Go over pt report card.

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 was somewhat receptive to the nutrition intervention. He said he understood that his diet needs to change but he did not seem too concerned about the consequences stated to him regarding not adhering to the renal diet. The patient lives alone at home, so he does the shopping and cooking. It was unclear how much support the patient gets.

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

During follow-up (during rounds), the patient stated that he is feeling good. The patient stated that he adheres to the renal diet most of the time. However, his next blood work result will not be out until the first week of June, so I am unable to provide definitive proof that he has followed the diet discussed.

Glossary of unfamiliar terms:

iPTH – stands for Intact Parathyroid Hormone.

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.