Michelle Hyman
Sample Nutrition Chart Form Using A-D-I-M-E Format

ASSESSMENT: Summary of subjective and objective data from chart review and patient/caregiver.

Pt- C.G. on B Unit

Pt's age 40 y.o. female Dx: cellulitis of abdominal wall Medical Problems/PMH: asthma, anxiety, depression, hepatitis c, h/o drug use

Ht.	Current Wt	Usual Weight	IBW range /%IBW	BMI
5'7"	334 # (2/14/12) (151.8 kg)	No recent wt. changes per pt.	135#±10% 225% (using high end of IBW range)	52.3 (class III obesity)

Adjusted body weight for obesity: 207.9 # (94.5 kg)

Estimated energy needs: 1890-2360 kcal (20-25 kcal/kg ABW)	Estimated protein needs: 75-95 g 0.8-1.0 g/kg ABW
Other nutrient needs : N/A	Fluid needs: 1890-2360 mL 20-25 mL/kg ABW

Summary of Diet History (24 recall):

B: 8 oz coffee with1% milk (1/4 c?), 3 sugar packets
2 c sugary cereal
S: Fruit, 1 small container yogurt
L: 6 ounces (?) baked chicken
Steamed mixed vegetables with 1 Tbsp. oil
2 cups pasta, plain
S: Fruit
D: Turkey, roasted with gravy
2 cups stuffing
Steamed vegetables, no dressing
Tea, 3 sugar packets
S: 3-4 cookies, packaged

Diet order: Regular
Intake approximately ~100% at meals (per pt.)and/or _____% from TF and/or _____% from PN
May be not applicable (NA) for non-hospitalized persons

Pertinent lab values (Date 2/16/12, ↑ or ↓)

Glucose: 108 ↑ may be due to prolonged physical inactivity, stress, medications (Seroquel, Neurontin)
Hgb: 10.9↓
Hct: 33.5↓
Na: 138 (WNL) K+:4.2 (WNL) BUN: 18 (WNL) Creat: 0.9 (WNL) Lipid panel: not available

Hgb and Hct remain lower than the acceptable range, however trending upward since admission.

Nutritional Risk Factors (GI, chewing/swallowing difficulties, etc.)

Class III obesity

Usual Meds or Dietary supplements

Seroquel, buspar, Percocet, cymbalta

Current Meds/implications/pertinent side effects

Lovenox- anticoagulant
Seroquel- antipsychotic-↑appetite, ↑wt, obesity, ↑glucose. Rare-anemia
Cymbalta-antidepresseant, antianxiety. May cause ↑wt, ↓gluocse,↓appetite, anorexia, n/v, constipation. Pt does not c/o these symptoms.
Toradol-NSAID for pain Nicoderm- for smoking cessation Neurontin- antiepileptic, used as mood stabilizer. ↑wt, ↑appetite, ↑glucose

Food allergies NKFA
Food intolerances:She avoids consuming large amounts of dairy products as she thinks they give her diarrhea. She drinks regular skim milk, but limits it to one cup per day. She rarely consumes cheese, but she tolerates yogurt.

Other Comments:She was admitted from psychiatric rehab/drug facility where she was an in-patient for 1 month PTA. She tested positive for drug use at time of admission. She states wanting to stop using drugs and re-claim her health. She was receptive to diet education on a general healthy diet and weight loss. Although she does not currently have DM or heart disease, she is concerned that her obesity will cause health problems later on because she has a family history of these diseases. She states that she "was always big." She skips breakfast 3-4 times per week and often consumes multiple snacks between meals. She reports binging on foods, such as pasta, and said she has eaten 1 pound of pasta in one sitting. PTA, pt. admitted to selling her food stamps to get drugs. She says she plans to use her food stamps to cook healthier meals for herself after she is discharged from the hospital.

NUTRITION DIAGNOSIS(ES):

Problem Etiology (*related to*) Signs and Symptoms (*as evidenced by)*

P-E-S Statements:

Overweight/obesity (NC-3.3) related to excessive energy intake and physical inactivity as evidenced by
diet recall and BMI of 52.3.

INTERVENTIONS (Food/and/or Nutrient Delivery; Nutrition Education; Nutrition Counseling; Coordination of Nutrition Care)

GOALS	PLANS
1. Patient will verbalize and demonstrate undersanding of general healthy diet guidelines for weight loss.	-Provided verbal diet education and written educational materials on general healthy diet.
	-Discussed portion sizes, food groups, label reading.
	-Explained importance of eating breakfast, regular

	meal times, and healthy snacking between meals.
2. Pt will lose 2-4# per month.	-Encouraged safe, reasonable weight loss through discussed dietary changes and increasing physical activity.
3. Improve H/H to within acceptable range.	-Suggest anemia study

MONITORING: √ all that apply

☒Weight ☒food intake at meals _____supplement intake

☒Labs (specify) F/U c next CBC

Other: Continue to monitor skin

EVALUATION: (only for follow-up)

Previous Problems -- Clinical Concerns:
Comment on Progress_____

Previous Problems -- Behavioral-Environmental Concerns:
Comment on Progress_____

Previous Intake compared with Current Intake:_____
Comment on Progress_____

Previous Educational Needs and Sessions Provided:_____
Comment on Progress_____

Other Evaluations and Plans or Recommendations:

Date:2/17/12Dietitian Name: Michelle Hyman, Dietetic Intern

Comparison of Adult weight recommendations to Evidence Analysis Library:
Eating Breakfast: Randomized controlled trials have shown that skipping breakfast is associated with a higher BMI and increased obesity risk, despite lower reported daily energy intakes. People who ate breakfast regularly had a greater reduction in impulsive snacking and ate less at later meals. Subjects with normal BMI and people maintaining weight loss tend to eat breakfast regularly and generally consume a breakfast consisting of high-fiber cereal that contributes approximately 20% of daily energy intake. However, breakfasts that are very high in calories have also been associated with higher BMI. (grade II).

Consuming snacks: Studies showed that consumption of four to five meals or snacks per day was associated with reduced or no obesity risk, while three or fewer and six or more meals or snacks per day

may result in increased risk of obesity, depending on gender. Higher eating frequency is associated with reduced total daily calorie intake and body weights in men, but the data is less conclusive for women.

Portion Control: Two randomized controlled trials showed that portion control at meals and snacks resulted in weight loss. Five studies showed that as portion size increased at a meal, calorie intake increased. Despite an increase in energy intake, increased consumption of food is not associated with increased feelings of fullness. Two studies have showed that increased energy intake at one meal did not result in decreased energy intake at later meals, which can result in a significant increase in daily calorie intake. (grade III).

Label reading: Eight cross-sectional studies (including analyses from data from the 1994-1996 Continuing Survey of Food Intake by Individuals and the Diet and Health Knowledge Survey) reported that up to 80% of healthy people read nutrition information on food labels on a regular basis. These studies found that women generally read food labels more than men. Label reading is associated with lower fat diets. However, five clinical trials had conflicting results concerning whether nutrition information had an impact on food choices (Grade III).