

COUNSELING UNIT 2:

Assignment 2: Use the skills obtained from the counseling videos to complete 3 nutrition counseling sessions.

Establish SMART goals and create individualized action plans that acknowledges responsibility for self-care to treat an existing condition and promote health using culturally sensitive strategies. Identify educational materials that are suitable for patient/client needs and use for the counseling session. Include the steps you took to foster cultural sensitivity. Please include previous medical history (PMH), gender of patient, height, weight, available labs and medication.

#1. Food and Nutrition Department

Initial Nutrition Assessment (Adult)

Nutrition Assessment: *Done using motivational interviewing methods and SMART goals for better MNT. Considered pt's cultural and religious beliefs.*

HPI:

Food & Nutrition Hx: 68 y.o male w PMH of DM, ERSD on HD, admitted with hypoxia. Currently pt is on a p.o diet, and has a good appetite. Pt does not follow a renal diet at home. Eat a variety of refined carbs, do not consume fruits and vegetables.

Food intolerance: solid food

Food Allergy: No Known Allergy

Feeding ability: requires assistance

Appetite Evaluation: good (<75% PO Intake)

Factors Affecting PO intake: none

Pain interfering with orally intake: No

Anthropometrics:

Height: 170cm(5' 6.93")

Weight: 50.8 kg (111lb 15.9oz)

BMI: 17.6

BMI criteria: underweight

IBW: 61 kg (134 lb 1oz)

%IBW calculated: 83.28

UBW: n/a

Wt change calculated:

Wt loss criteria:

NFPE: at risk due to poor intake

Does the pt has malnutrition: At risk for

Nutrition Status and Requirements

Diagnosis: ESRD

Pertinent labs: elevated glucose, BUN, creatinine

Skin integrity: Intact

Estimated Nutrition requirements Based on : IBW(considering pt's PMH, anthropometric and lab data)

Calories	1830	kcal/day, Based on	30	kcal/kg
Protein	85.4(HD)	gm/day, Based on	1.4	gm/kg
Fluids	1220(HD)	ml/kkg, Based on	20	ml/kg

Current Nutrition Order Meets Estimated Needs: No

Nutrition Diagnosis:

PES: Altered Renal status RT to HD AEB diet history and labs

Nutrition Interventions

Recommendations: change diet into **Kosher/Renal** 80gm protein diet, medium CCD, Pureed Lvl4, fluid consistency, assist pt with feeding, provide water pitcher at bed side, monitor glucose.

Nutrition education: yes, provided educational materials on Renal diet in *Russian language*, considered pt's cultural beliefs and recommended Kosher food. Provided easy to understand and follow diagrams. Discussed about renal, diabetic diets and the importance of complying to diets. Also, the importance of calorie/protein needs to avoid malnutrition since pt on hemodialysis.

Verbalized understanding: yes

Expected compliance: poor

Monitoring and Evaluation:

SMART Goals: Since pt has chronic diseases such ESRD, DM, I have helped him to set SMART Goals to manage his blood sugar to avoid further complications. I have suggested replacing his daily white bread into whole grain bread every other day of the week, so 3 times per week for 3 months. Then pt can gradually eat whole grain bread for the long term. Currently in the hospital setting his intake has to be 75% or more, stay hydrated, tolerate nutrition Rx, maintain current weight + or -2%, maintain skin integrity.

Nutrition risk level : Moderate

Referral to outpatient clinic: Yes, pt needs further education.

#2. Initial Nutrition Assessment (Adult)

Nutrition Assessment: *Done using motivational interviewing methods and SMART goals for better MNT. Considered pt's cultural and religious beliefs.*

Food & Nutrition Hx: 62 y.o male w PMH of HTN, HIV, not compliant with medications admitted for dizziness, near syncope. Currently pt is on a p.o diet, and has a fair appetite.

Food intolerance: none

Food Allergy: NKA

Feeding ability: Independent

Appetite Evaluation: Good (<75 % PO Intake)

Factors Affecting PO intake: decreased appetite and p.o.intake related to medical condition

Pain interfering with orally intake: No

Anthropometrics:

Height: 170.2 cm(5' 7.01")

Weight: 60 kg (132lb 4.4oz)

BMI: 20.7

BMI criteria: normal weight

IBW: 67kg (147 lb 11oz)

%IBW calculated: 89.55

Wt change calculated:

Wt loss criteria: None

NFPE: no wasting

Does the pt has malnutrition: At risk for

Nutrition Status and Requirements

Med Diagnosis:

1. Congestive heart failure (CHF)
2. Weakness

Pertinent labs: low albumin

Skin integrity: Intact

Estimated Nutrition requirements Based on : IBW (considering pt's conditions, anthropometric and lab data)

Calories	2010	kcal/day, Based on	30	kcal/kg
Protein	80.4(low alb)	gm/day, Based on	1.2	gm/kg
Fluids	1340(CHF)	ml/kkg, Based on	20	ml/kg

Current Nutrition Order Meets Estimated Needs: Yes

Nutrition Diagnosis:

PES: Altered labs values RT disease processes AEB
observation and lab values

Nutrition Interventions

Recommendations: Halal/heart healthy diet, with 2gm of sodium/day, 300mg of chol , < 75gm of fat, and fluid restrictions.

Nutrition education: yes, provided educational materials on heart healthy diet such as low cholesterol diet sheet, My plate diagram.

Verbalized understanding:yes

Expected compliance: poor

Unable to provide nutrition education not ready to learn

Monitoring and Evaluation:

SMART Goals: Meal intake intake 75% or more, improve Nutrition related labs, improve hydration, Tolerate nutrition Rx, Maintain skin integrity in the hospital settings, I have suggested to patient to set SMART Goals to eat less sodium containing foods, to achieve this goal, pt needs to reduce salt intake to less than 1500mg per day, 2x a week. Then gradually transfer into 3,4,5,6 and 7 days a week to manage his hypertension.

Nutrition risk level : Moderate

Referral to outpatient clinic: Yes

#3. Initial Nutrition Assessment (Adult)

Nutrition Assessment: *Done using motivational interviewing methods and SMART goals for better MNT. Considered pt's cultural and religious beliefs.*

HPI: ETOH abuse, hyponatremia

Food & Nutrition Hx: 68 y.o male admitted with hyponatremia, and witnessed tonic-clonic seizures at home. Per MD notes pt w ETOH disorders(2-3 drinks/day), however, pt was drinking excess water more than 3 /day as per wife last 3 days.

Food intolerance: Beef

Food Allergy: No Known Allergy

Feeding ability: independent

Appetite Evaluation: Others (Pt was advanced to oral diet from NPO, will monitor intake and appetite)

Factors Affecting PO intake: none

Pain interfering with orally intake: No

Anthropometrics:

Height: 182.9cm(6'0.01")

Weight: 116 kg.8 kg (255 lb 11.7oz)

BMI: 34.7

BMI criteria: obese

IBW: 89kg (196 lb 3.4oz)

%IBW calculated: 130.34

NFPE: no wasting observed

Does the pt has malnutrition: no

Nutrition Status and Requirements

Diagnosis: Hyponatremia, Seizure, delirium, tremens(HCC).

Potential food-drug interactions: Levothyroxine (synthroid)-
Administer consistently in the morning on an empty stomach at

least 30 to 60 minutes before food or alternatively, may consistently administer at night 3 to 4 hrs after last meal; do not administer within 4 hrs of calcium or iron containing products.

Pertinent labs: Low Phos, K+, BUN, increased sodium

Skin integrity: Intact

Estimated Nutrition requirements Based on : IBW(considering pt's PMH, anthropometric and lab data)

Calories	2400	kcal/day, Based on	30	kcal/kg
Protein	80	gm/day, Based on	1	gm/kg
Fluids	2000(age)	ml/kkg, Based on	25	ml/kg

Current Nutrition Order Meets Estimated Needs: yes

Nutrition Diagnosis:

PES: Decreased fluid needs RT hyponatremia likely 2/2 excess fluid intake AEB MD note: pt with excess water intake prior to admission reported by wife, increased sodium labs

Nutrition Interventions

Recommendations: Change diet into **Heart Healthy diet** 2gm of Sodium, 300 mg cholesterol, <75gm fat, not more than 1500 ml of Fluid/day. Multivitamin therapy for 12 days including Thiamine and B12. Monitor labs and fluid intake. Do not serve beef or beef related foods.

Nutrition education: yes, provided educational materials on heart healthy diet in **Hindu language using an interpreter**, considering pt's cultural beliefs such as avoiding beef. Provided easy to

understand and follow diagrams. Discussed about heart healthy healthy low fat, low cholesterol diet and the importance of complying to diets. Talked about ETOH's complications

Verbalized understanding:yes

Expected compliance: fair

Monitoring and Evaluation:

SMART Goals: Maintain weight, +or -2%, meal intake intake 75% or more, improve nutrition related labs, tolerate nutrition Rx, maintain skin integrity, monitor fluid intake, considering age/ gender having no more than 1 drink in a single day or no more than 7 drinks per week.

Nutrition risk level : High

Referral to outpatient clinic: Yes, working on alcohol withdrawal and achieving smart goals.