

Laryessa England Mini Case Study 1

Patient: Ms. G presented to the ER on 01/30/08 with slurred speech. She is an 84 year old white female (Franciscan sister). She has had no previous symptoms but was talking to a friend and suddenly started slurring her speech.

Dx: CVA

PMH: DM, CVA -2001, Hypothyroid, possible arrhythmias, HTN

PES: Inadequate oral food/beverage intake r/t low alertness, lethargic as evidenced by SLP evaluation.

Medications:

1. Heparin (IV – blood thinner)
2. Metoprolol (IV – beta-blocker used to treat blood flow through arteries and veins)
3. Hydralazine (IV—vasodilator that widens the arteries and veins and is easier on the heart to pump blood)
4. Nitro Patch (patch – nitrate vasodilator that relaxes the blood vessels in the body which allows them to widen and makes blood flow easier)
5. Vasotec -- (IV – ACE inhibitor used to treat HBP and kidney problems caused by diabetes)
6. Protonix -- (IV – proton pump inhibitor that decreases the acid produced in the stomach)
7. Synthroid – (replacement hormone for hypothyroidism)
8. Regular Humulin (SSI)

Anthropometrics:

Ht: 5'4" (64 inches and 163 cm)

Wt: 213 lbs (97 kg)

IBW: 55 kg %IBW: 176% BMI: 36 (obese)

Nutritional Requirements:

- Estimated Energy Needs (15-20 kcals/kg) = 1455-1940 kcals
- Estimated Protein Needs (1.0-1.2 g/kg) = 55-66 g
- Estimated Fluid Needs: (15-20 cc/kg) = 1455-1940 cc/day
- Hydration Status: Noted

Labs	Normal Range	1/30	1/31	2/1	2/3	2/6	2/12	2/14
BUN	7-17 mg/dl				29 ↑	25 ↑	22 ↑	26 ↑
Creatinine	0.7-1.2 mg/dl	1.3			1.0	0.8	1.1	0.9
Glucose	74-106 mg/dl	284 ↑	226 ↑		200 ↑	128 ↑	177 ↑	250
Albumin	3.5-5.0 mg/dl			3.3 ↓				
HgbA1C	4.6-6.5 mg/dl		8.7 ↑					
Hemoglobin	12-16 mg/dl			13.3	13.6	11.4 ↓	9.8 ↓	9.6 ↓
Hematocrit	35-47%			40.3	41.6		31.5 ↓	31.7 ↓
RBCs	4.10-5.40			4.14	4.21	3.55 ↓	3.14 ↓	3.08 ↓
MPV	7.5-10.4	10.8 ↑	10.8 ↑	11.4 ↑	11.4 ↑	11.3 ↑	12.2 ↑	13.2 ↑
WBC	4.8-10.8		11.3 ↑	15.2 ↑	14.2 ↑	9.8	7.1	6.8
PTT	23.0-35.0	122.5 ↑		66.7 ↑	47.3 ↑		35.5 ↑	93.5 ↑

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<u>Date</u>	<u>Diet</u>	<u>Nutrition Note</u>
1/31/08	NPO	Initial assessment done on patient. Unable to eat at this time due to low alertness. PES: Inadequate oral/food beverage intake related to low alertness, lethargic as evidenced by SLP evaluation.
02/01/08	NPO	F/u after SLP evaluation. Patient to begin on PSS at 75 ml/hr providing 804 kcal (~45% kcal needs), 51g PRO (~90% PRO needs) and 1800 ml fluid for temporary nutrition support. Recommended decreasing the amt. of fluid patient getting from IVF to prevent excess fluid build-up.
02/05/08	NPO	Patient NPO x 4 days. Patient on PSS for ~5 days. Per SLP recs, patient left as NPO status with strict oral care.
02/06/08	NPO	Per SLP note, patient will be receiving a PEG on 02/07/08 for therapeutic feeds. Nutrition Services will see patient on 02/07/08 to write TF orders.
02/06/08	NPO	Geriatric Consult – Patient seen with sister superior. Patient has history of recurrent strokes and now aphasia with paralyzed tongues. Patient understands and agrees to PEG tube placement with hope she will recover sufficiently to pleasure feeds and aware tube can be removed when no longer needed or wanted.
02/07/08	NPO	Patient still NPO and on PSS x 7 days. Patient scheduled for PEG Placement but postponed. Wrote tube feeding order for when PEG is placed for Jevity 1.2 @ 20 ml/hr. Advance 10 ml/hr q6 ⁰ to goal rate of 60 ml/hr. Goal rate will provide 1728 kcal, 80 g PRO and 1166 free H ₂ O. H ₂ O flush of 150 ml q6 ⁰
02/11/08	NPO	Patient received PEG today. Nursing will begin tube feeding at 20 ml/hr in beginning to determine if patient tolerates tube feeds.
2/12/08	TF	MBS completed by SLP. Recommended patient use PEG as primary source of nutrition. May introduce small ice chips with supervision. Will continue to try therapeutic feeds with SLP. Will follow-up.
02/13/08	TF	Patients TF was started but had not advanced past 30 ml/hr. Per nursing chart, patient is tolerating TF with scant residuals. TF was to be advanced from 30 ml/hr to goal feed at 10 ml q4h as tolerated.