[redacted]

S. Did not have a chance to speak c̄ pt 2° early discharge. Ø complaints swallowing / chewing difficulties. Pt reports shellfish allergy and iodine allergy. Ø reports special diet @ home. Ø reports N/V/D/C. Pt reports intake of 4+ scotches/day to I.D. Pt reports usual wt of 185 lbs. Pt reported flu vaccine 2w ago; started having sudden fever/chills

O. [redacted] admitted c̄ pneumonia, fever @ 103.5°F, weakness, cough on [redacted]. PMHx: ~~PBI~~ DM2, CAD, s/p coronary stent, hyperlipidemia, ASHD, HTN, anxiety, ↑chol, bilateral inguenal hernia repair. Diet Order: Reg Diabetic Diet (2400 kcal, 87g pro) Ht: 5'7; wt: 185 lbs (10/17) IBW: 148 lbs % IBW: 125%. BMI = 29. Labs: 10/22 HgB: 12.6 (↓); HCT: 36.1 (↓); GLU: 129 (↑); BUN: 11; Creat (1.38), Albumin: 2.7 (↓); Sodium: 134; Potassium: 4.7 Meds: Plavix, Nicotine Patch, Pepcid, Lewenox, Mycolox, Troche, Levaquin, Metaprolol, Clotimazole, Augmentin, Ø orange juice 2° Levaquin.

A: Pt has nutritional risk 2° regualar excessive drinking (4 scotch/day). Excellent PO intake / appetite. 125% IBW suggest con't Red cal/diabetic

Diet Order. Glucose ↑ (129) → may be casal to pt DM and present ETOH w/D. Con't monitor. Albumin low (2.7) → maybe casual to ETOH w/D, dehydration. HgB (12.6) and HCT (36.1) noted low → causal to ETOH w/D. Creatinine (1.38) maybe causal ↓ kidney function 2° ETOH w/D. Con't Meds as needed.

u could
ommend
CAL
00 Diet

Cal needs: 2296 kcal: Protein Needs: 63.075 g protein. Diet Order: 2400 kcal, potential to Nutritional Diagnosis: Excessive Alcohol Intake related to Alcohol Addiction as evidence by pt reporting intake 4+ scotches / day. Goals: limit to 2 drinks / day. Intervention: refer to counseling; Monitor adequate PO intake of nutrients.

P:

P: (1) Monitor PO intake
(2) Refer pt to Counseling for Alchol Addiction
(3) Encourage continued good po intake
(4) DTR remains available.