

A/P: ① s/p pacemaker & coxmedin tx:

menu moderate in high vit. K foods. Writer verbally reviewed principle of moderate, consistent intake and high vit. K foods to limit; will file & written info prior to DIC home.

② Hx CHF & peripheral edema, on diuretic tx; hx HTN:

most recent serum  $\text{Na}^+$  &  $\text{K}^+$  UNL. High  $\text{K}^+$  foods per menu, and Gerald reports awareness of same. "NAS" diet per usual, & good acceptance and good reported compliance. BP generally UNL.

③ Glaucoma; s/p pacemaker & limited <sup>④</sup> arm use:

Immobilizer removed today. Gerald is able to feed self & tray set up. DIC plate guard.

④ DM 2 on metformin; BMI  $> 24.9$ :

most recent HgbA1c UNL. menu moderate in concentrated sweets and meal plan adjusted to distribute carbohydrates in the day (including no juice @ lunch, no milk @ supper). meal plan providing ~ 2000 kcal, 86 gm protein (198% needs), and ~ 1860 kcal/day (70% ~~is~~ calculated needs). Declines scheduled snacks.

⑤ Marginal fluid intake as recorded; BUN/creat  $> 25$ :

Gerald noted to consume water between meals, which is often not recorded, so actual fluid intake may exceed recorded intake. Team members provide & encourage fluids with & between meals. Current fluids as provided exceeds what Gerald reports as <sup>usual</sup> intake at home, and further fluids with meals declined. No clinical s/s dehy dration, and lasix com ↑ BUN independent of hydration status.

⑥ Low HTH, p surgery:

MRZ & min. tx noted. High iron, high vit. C foods per menu.

⑦ Hx hyperlipidemia, on zocor tx:

menu moderate in high saturated fat foods. Gerald limits cheeses and processed meats at home. most recent lipids UNL. 2% at breakfast per usual; choc. milk is low fat. Given age, doubt benefit of strict low fat/low cholesterol diet restriction.

⑧ Healing surgical wounds and ear laceration:

Ear area closed at this time; skin areas healing.

Monitor lab weights, intake, meal records, tolerance to diet & consistency, ability to self-feed, BMI, skin integrity, fluid monitors.

Signature: P. Hengph, RD, CDM

Date: 1/8/13