

Mr. Chavez is 59 years old and has Amyotrophic Lateral Sclerosis (ALS), Ventilator dependence, and a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. He is alert and oriented, but totally dependent for all ADLs. Mr. Chavez is 6' tall and currently weighs 160 pounds; he recently lost 8 pounds (5%). The Registered Dietitian calculated his nutritional needs as follows: 2268 calories / 80 grams protein / 2280 cc. fluid. She recommended increasing the Fibersource enteral formula to 85 cc/hr for 22 hours each day (down time from 9:00-11:00 a.m. for ADL care), which would provide 2244 calories / 80 grams protein / 1515 cc free water. She also recommends water flushes of 50 cc before and after medication administration each shift as well as an additional 155 cc of free water each shift.

CARE PLAN

Diagnosis: ate	Problem	Goals	Approaches/Interventions	Discipline	Resolution/Review
11/19/13	<p>Enteral nutrition secondary to ALS & ventilator dependence.</p> <p>Potential for unintentional weight loss related to:</p> <ul style="list-style-type: none"> Enteral nutrition Recent Weight Loss Total ADL Dependence <p>Potential for Dehydration related to:</p> <ul style="list-style-type: none"> Enteral nutrition Recent Weight Loss Total ADL Dependence 	<p>Mr. Chavez will maintain his weight between <u>160 to 176#. CBW 161# (1/7/14)</u></p> <p>Mr. Chavez will gain between <u>1-2# per month until UBW of 168#</u> is reached.</p> <p>Mr. Chavez will tolerate enteral nutrition and water flushes providing 2244kcal, 80g protein, and 2280cc fluid with gastric residual volumes less than 15cc/shift, no diarrhea, vomiting or abdominal pain.</p> <p>Mr. Chavez will maintain hydration status as evidenced by normal laboratory values, no electrolyte imbalance or decreased urine output.</p> <p>Mr. Chavez will have no signs/symptoms of dehydration through target date.</p>	<ol style="list-style-type: none"> Provide Fibersource @ 85 cc/hr X 22 hrs/day to meet nutritional needs. <u>presently tolerating EN continue as ordered 1/16/14.</u> Monitor gastric residuals and complaints of GI upset for tolerance of continuous enteral feeding. Provide minimum of 50 cc water flushes before and after medications every shift via gravity flow. Provide additional 155 cc free water via PEG tube using gravity flow every shift. Weigh weekly until weight is stable, then weigh monthly. RD will assess tolerance and adequacy of enteral nutrition monthly until stable and then quarterly and will assess hydration needs annually or as health condition changes. Discuss with physician the need for monthly laboratory analysis to assess protein and hydration status. <u>Physician ordered Comprehensive Metabolic Panel (CMP) every six months. WNL 1/10/14</u> Assess for __weight change __B/P __skin turgor __urine __confusion __sunken eyes __cracked lips 	<p>Nursing</p> <p>Nursing</p> <p>Nursing</p> <p>Nursing</p> <p>Nursing/CNA</p> <p>RD</p> <p>RD</p> <p>Nursing/CNA</p>	<p>Resident receives adequate fluids. Review monthly</p> <p>Review weekly</p> <p>Review monthly</p> <p>Review monthly</p> <p>Review weekly until stable, then monthly</p> <p>Review quarterly and reassess annually or with change of condition</p> <p>Review monthly when available</p> <p>Monitor daily. Review monthly</p>