

Progress Report Overview

Student:	Eileen Kearney
Activity:	Joe Padilla - CS#3 - Acute MI
Start Time:	12/04/2025 17:46:49
End Time:	12/08/2025 13:19:04
Total Time:	91:23:38

Actions

Note at 12/08/2025 12:54:54

Joe Padilla - CS#3 - Acute MI Documentation



Student: Eileen Kearney
Activity Start: 12/04/2025 17:46:49
Activity Completion: 12/08/2025 13:19:04
Activity Completion: 91:23:38

Patient Data



Patient: Joseph Padilla
Age/Sex: 50 yo M
Location: General Hospital ER

DOB: 05/07/1975
MR#: MR1108
Admit Date: 12/04/2025

Notes

Note at 12/08/2025 10:17:29

ADIME Note

Basic Information

Date:

12/08/2025 10:17:29

Author:

Eileen Kearney

Location:

General Hospital

Patient name:

Joseph Padilla

Date:

12/08/2025

Assessment

Diagnosis:

P/t seen for STEMI myocardial infarction w/ cardiac catheterization and stent placement. MD ordered consult for cardiac diet education and r/o alb malnutrition.

Age:

50

Gender:

Male

Race:

Asian

Ethnicity:

Filipino-American

Client History

Medical history:

S/P Obesity (Class 1) x 3 yrs, S/P HTN x 5 yrs, S/P T2DM x 2 yrs, h/o Vit D deficiency

Medical diagnoses:

Obesity (Class 1) x 3 yrs, HTN x 5 yrs, T2DM x 2 yrs

Family history:

Father had CAD and CABG at 72 y/o
Grandmother had DM, deceased
Mother and Sister A&W

Social history:

PT lives at home with wife. Has 2 adult children. He works as a teacher full time and follows a Roman Catholic religion. Wife is support system and does most of the cooking.

Current medications:

Metformin XR 1000mg/d
Atenolol 20 mg once daily
Cholecalciferol 5,000 IU 1x weekly
ASA 81 mg/d
Nitro 0.3 mg prn for chest pain
Effient: 10 mg daily
Crestor: 40 mg daily

Nutrition-related medications:

Vitamin D3 5,000 IU po/wk

Atenolol 20 mg once daily w/ FMI of decreased absorption w/ apple and orange juice w/in 2 hours. Avoid natural licorice, ephedra, and bitter orange. Use caution w/ ginseng & sups w/ BP lowering effects.

Metformin XR 1000mg/d w/ meal. FMI w/ guar gum & decreasing FBG products.

Effient: 10 mg daily. Avoid supplements which affect coagulation (e.g. alfalfa, anise, bilberry, garlic, ginger, ginkgo, ginseng, horse chestnut, saw palmetto). Caution with vitamin E, omega-3 fatty acids.

Crestor: 40 mg daily. Increase fruits/vegetables, grains, legumes, low-fat protein, non tropical vegetable oils. Decrease red meat and sugar. Avoid heavy alcohol use. Adjust caloric level to avoid increase in weight or promote weight decrease in overweight.obesity.

Current supplements:

Vitamin D3 5,000 IU po/wk

Anthropometric history

Height:

173 cm

Weight at admission:

88.6 kg

Current Weight:

88.6 kg

BMI:

29.6 kg/m²

% Weight change:

0%

IBW:

70.3 kg

% IBW:

126.6%

UBW:

88.6 kg

% UBW:

100%

Weight assessment:

Pt has had no significant weight change.

Biochemical history, medical tests, labs, and procedures:

Total Cholesterol: 220 mg/dl (H) (BD-1.7.1)
TG: 151 (H) (BD-1.7.7)
HDL: 35 mg/dl (L) (BD-1.7.2)
BP: 154/88 mmHg on adm (H), 140/80 mmHg most recent (H), (PD-1.1.21.1, PD-1.1.21.2)
Albumin: 3.0 g/dl (L) (BD-1.11.1) [3.5-5.0 g/dl normal]
Left heart catheterization, coronary angiography, left ventriculography.
PTCA/Endeavor stent, proximal LAD.

Nutrition Focused Physical Exam

Skin Assessment

Intact

Feeding Ability

Independent

Oral Motor

Intact

Muscle and fat store assessment:

WDWN

If other, please explain:

none

Food and Nutrition History

Current diet order:

Regular diet - AHA/DASH w/ Consistent Carbohydrate (ND-1.1.14.1)

Assessment of usual intake:

Pt generally has three meals w/ three snacks and water daily. Pt eats w/ wife most meals, who also prepares meals. Pt consumes fruits or nuts for snack, lunch and dinners w/ large portions of meats and starch, with fried vegetables or salad. Sugar free ice cream for dessert and Tea throughout the day w/ equal. Large traditional meals on weekends w/ family or for religious celebrations.
Occasionally drinks alcohol.
Wife cooks with coconut oil.

Assessment of current intake:

NPO
Order for cardiac diet, consistent carbohydrate as tolerated.

Supplements/herbals:

N/A

Food allergies and intolerances:

NKFA

Intake and digestive problems:

N/C

Assessment of Nutritional Status/Nutrition Risk

No malnutrition noted

Nutrition Recommendations

kcal/day based on:

2,678 to 3,274 kcal/d
MSJ (Mifflin St Joer Equation) x AF x IF x SF
kcal/d based on 88.6 kg BW [(MSJ) x AF 1.2 x IF 1.2 x SF 1.2) +/- 10%]

g protein/day based on:

134-164 gm/day
Based on 20% of calories/day - 2,678 to 3,274 kcal/d

mL fluid/day based on:

2,678 to 3,274 mL/day
(mL/kcal/d) based on 1 mL:1kcal fed

Nutrition assessment summary:

WDWN overweight pt w/ recent STEMI MI in need of cardiac diet education.

Diagnosis

Nutrition Diagnosis:

Excessive fat intake (NI-5.5.2)
Excessive sodium intake (NI-5.10.2.7)

PES Statement:

Excessive fat intake (NI-5.5.2), r/t high consumption of fatty foods, AEB 24-hr recall analysis showing >13% of calories from SFA, high total cholesterol of 220 mg/dl (BD-1.7.1), high TG of 151 mg/dl (BD-1.7.7), and recent MI.

PES Statement:

Excessive sodium intake (NI-5.10.2.7), r/t high consumption of salty meals, AEB 24-hr recall analysis showing >5000 mg sodium intake, BP 154/88 (PD-1.1.21.1, PD-1.1.21.2), and recent MI.

Nutrition Intervention

Nutrition prescription:

To manage lipids and BP by providing nutrition education and counseling on AHA/DASH & cardiac diet.

Food and nutrition delivery:

Cardiac Diet and Consistent CHO diet (ND-1.1.14.1): 2,678 to 3,274 kcal/d based on 88.6 kg BW [(MSJ x AF 1.2 x IF 1.2 x SF 1.2) +/- 10%], 134-164 gm/d protein (based on 20% of total kcal/d), and 2,678 to 3,274 mL/kcal/d based on 1 mL:1kcal fed. Rec'd macronutrient ratios 30-40% fat, 40-50% CHO, and 15-20% protein. Rec'd reducing saturated fat intake to less than 7%, potassium intake to 4,700 mg/d and sodium intake to 2,400 mg/d or less.

Rec'd reducing saturated fat (ND-1.1.15.5.1) intake by switching to high MUFA oils instead of coconut oil in cooking. Rec'd reducing total fat intake (ND-1.1.15.2) by reducing oils used when cooking, using low fat or fat free alternatives for condiments and sauces, and using leaner meat cuts.

Rec'd reducing sodium (ND-1.1.21.7.2) content of meals and snacks by reducing condiments, sauces, and using low salt/sodium free alternatives.

Nutrition education:

Handouts:

Heart Health - Low Fat Eating

Discussed and rec'd what foods are high in fats and how to reduce fat intake.

Heart Health - Basic Low Sodium Eating

Discussed and rec'd what foods are high in sodium and what healthier alternatives can be used instead.

Nutrition counseling:

Nutrition Counseling Strategies:

Provided counseling on how to monitor total fat and saturated fat intake, and which foods are high in saturated fats based on self monitoring strategy (C-2.3).

Provided counseling on how to monitor sodium intake and foods high in sodium based on self monitoring strategy (C-2.3).

Behavioral Goals:

I will reduce my total fat intake by using a high MUFA oil instead of coconut oil in at least 1 of my meals 3 days of the week for 1 month.

I will use half my normal serving of condiments and sauces in at least 2 of my meals 3 days a week for 1 month.

I will eat unsalted snacks for at least 1 snacks/d, 5 days a week for 1 month.

Compliance:

Expect moderate compliance r/t pt's dietary changes in past 2 yrs, and pt report of wife preparing most meals and being primary support.

Coordination of care:

none

Monitoring and Evaluation

Food and nutrient intake:

Monitor total fat, saturated fat, and sodium intake at meals and snacks w/ food record and edu handout at least 5 days a week (FH-5.1.5, FH-4.2.3). Continue consistent CHO intake.

Anthropometric measurements

Monitor wt (AD-1.1.2.1) 1x/wk
Monitor BMI (AD-1.1.5.1) 1x/mo.
Monitor waist circumference (AD-1.1.7.13) 1x/mo

Biochemical data:

Monitor Total Cholesterol (BD-1.7.1) 1x/mo
Monitor TG (BD-1.7.7) 1x/mo
Monitor HDL (BD-1.7.2) 1x/mo
Monitor BP (PD-1.1.21.1, PD-1.1.21.2) 1x/mo

Nutrition focused physical findings:

F/U in 1 mo in clinic

ICD-10 code for which MNT is provided:

Z71.3

CPT code:

97803

Units of MNT:

2

Signature/credential/date:

Eileen Kearney, Clinical Nutrition Student, 12/08/2025
