

Progress Report Overview

Student: Eileen Kearney

Activity: Acute Pancreatitis

Start Time: 01/30/2026 20:28:57

End Time: 02/04/2026 18:41:34

Total Time: 23:13:35

Actions

Note at 02/04/2026 18:41:24

Acute Pancreatitis Documentation



Student: Eileen Kearney
Activity Start: 01/30/2026 20:28:57
Activity Completion: 02/04/2026 18:41:34
Activity Completion: 23:13:35

Patient Data

Patient: Xavier Taylor **DOB:** 06/16/1997
Age/Sex: 28 yo M **MR#:** 9412557

Notes

Note at 01/30/2026 20:31:25

ADIME Note

Basic Information

Date:

01/30/2026 20:31:25

Author:

Eileen Kearney

Location:

General Hospital

Patient name:

Xavier Taylor

Date:

01/30/2026

Assessment

Diagnosis:

Pt admitted for alcohol induced acute pancreatitis. MD ordered RD consult for nutrition assessment, diet progression recommendations, pancreatitis education, and alcohol education.

Age:

28

Gender:

Male

Race:

White

Ethnicity:

Caucasian

Client History

Medical history:

Obesity (Class 1) x 3 yrs, Depression x 5 yrs, h/o appendectomy at 12.

Medical diagnoses:

Obesity (Class 1) x 3 yrs, Depression x 5 yrs, new onset acute pancreatitis.

Family history:

Mother had breast cancer in 2013

Father had HTN in 2013

Social history:

Pt is single and lives with roommate. He is a full time PhD student and works as a research assistant. He has no religious orientation or support system.

Current medications:

Imipenem 1000mg q 6hr

Pepcid 20mg IVP q 12hr

Nutrition-related medications:

Imipenem 1000mg q 6hr w/ FMI of possible nutrient deficiency. Consume adequate fluid and water intake.

Pepcid 20mg IVP q 12hr. Consume adequate hydration, SFM, remain upright 2-3 hrs after meals, and limit trigger foods (alcohol, spicy, high fat, citrus, caffeine, peppermint, chocolate). Can decrease B12 absorption.

Current supplements:

none

Anthropometric history

Height:

180 cm

Weight at admission:

111.4 kg

Current Weight:

109.6 kg

BMI:

33.7 kg/m² (Class 1 Obesity)

% Weight change:

1.6%

IBW:

78.2 kg

% IBW:

104.8%

UBW:

104.5 kg

% UBW:

104.8%

Weight assessment:

Pt has had significant weight loss of 1.6% (1.8 kg) in past 2 days r/t N/V and fluid loss (1-2% UBW is considered significant). Pt has also had an overall weight gain of 4.8% (5.0 kg) in past 5 years w/ 6.5% weight gain (6.8kg) over past 6 mo. since last reported UBW (104.5kg)

Biochemical history, medical tests, labs, and procedures:

Appendectomy at age 12
CT of abdomen/pelvis showing Presence of small pseudo cysts
Lipase 2200 U/L (H) (BD-1.4.13)
Amylase 1600 U/L (H) (BD-1.4.12)
BUN 24 mg/dL H (BD-1.2.1)
Creatinine 1.6 mg/dL H (BD-1.2.2)
Glucose 119 mg/dL H (BD-1.5.1)
Alkaline phosphatase serum 175 U/L H (ALP) (BD-1.4.1)
AST (SGOT) 46 U/L H (BD-1.4.3)
Total cholesterol 208, H (BD-1.7.1)
TG 432 H (BD-1.7.7)

Nutrition Focused Physical Exam

Skin Assessment

Intact

Feeding Ability

Independent

Oral Motor

Intact

Muscle and fat store assessment:

WDWN

Food and Nutrition History

Current diet order:

Clear Liquids, advance as tolerated (ND-1.1.18.3). Fluid Requirement of 1900-2400 mL (ND-1.1.18.2).

Assessment of usual intake:

PT generally consumes 3 meals a day. Weekdays include bagels and coffee for breakfast, and high carbohydrate and high fat meals for lunch such as sandwiches or pizza, and eating out for dinner. He consumes a 6 pack of beer and 2 shots of bourbon daily, with mixed drinks and 3-4 shots on weekends.

Assessment of current intake:

Pt has been NPOx3d, and is currently on a clear liquid diet (ND-1.1.18.3) as tolerated with a fluid requirement of 1900-2400 mL (ND-1.1.18.2). Pt states he is feeling hungry.

Supplements/herbals:

N/A

Food allergies and intolerances:

NKFA

Intake and digestive problems:

Pt experiencing N/V and abdominal pain w/ distention and guarding on admission, symptoms reducing.

Assessment of Nutritional Status/Nutrition Risk

No malnutrition noted

Nutrition Recommendations

kcal/day based on:

3,287 – 3,834 kcals/d
standard nomogram acute pancreatitis disease state
kcals/d based 30-35 kcals/kg/d w/ 109.6 kg BW

g protein/day based on:

131 - 164 gm/d
Based on 1.2 - 1.5 gm/kg/d w/ 109.6 kg BW in acute pancreatitis disease state

mL fluid/day based on:

3,287 – 3,834 mL/d
(mL/kcal/d) based on 1mL:1kcal fed

Nutrition assessment summary:

WDWN class 1 obese pt w/ recent alcohol induced acute pancreatitis in need of acute pancreatitis MNT education and alcohol education.

Diagnosis

Nutrition Diagnosis:

Inadequate Oral Intake (NI-2.1)

Impaired Nutrient Utilization (NI-2.1)

PES Statement:

Inadequate oral intake r/t acute pancreatitis aeb N/V and abdominal pain, low oral intake w/ food recall of only 3 meals/d, and NPOx3d with adv. of CL w/ FR of 1900-2400 mL.

PES Statement:

Impaired nutrient utilization (NC-2.1) r/t acute pancreatitis, aeb N/V, elevated glucose of 119 mg/dL (BD-1.5.1), elevated lipase 2200 U/L (BD-1.4.13), and elevated TGs 432 mg/dL (BD-1.7.7).

Nutrition Intervention

Nutrition prescription:

To increase oral intake as tolerated and prevent nutritional deficiencies through acute pancreatitis MNT and alcohol education.

Food and nutrition delivery:

Modified diet order with increased calorie and protein needs (FH-2.1.1.2, ND-1.1.12.1, ND-1.1.13.2): 3,287 - 3,834 kcal/d based on 109.6 kg BW (30-35 kcal/kg/d), 131 - 164 gm/d protein (based on 1.2-1.5 gm/kg/d), and 3,287 - 3,834 mL/d based on 1mL:1 kcal fed. Rec'd reduced fat diet (ND-1.1.15.2). Rec'd high calorie and high protein SFM, and rec'd avoiding alcohol.

Rec'd reduced fat diet (ND-1.1.15.2) by reducing high fat animal product consumption and avoiding added oils/butter in meals.

Rec'd increasing energy and protein intake as tolerated by including SFM throughout day.

Rec'd avoiding all alcohol.

Nutrition education:

Handouts:

High Protein High Calorie Meal and Snack Ideas

Discussed and rec'd high protein and high calorie meals and snacks to incorporate into daily intake.

Building a Healthy Eating Routine

Discussed and rec'd importance of eating SFM throughout day to increase intake and nutrient density.

Nutrition counseling:

Nutrition Counseling Strategies:

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

Provided counseling on how to include SFM in the day to increase oral intake based on self monitoring and goal setting strategy (C-2.3, C-2.2).

Behavior Goals:

I will reduce by fat intake by using low fat alternatives in at least one of my meals 2 days of the week for 3 weeks.

I will increase my oral intake by including one extra snack a day for at least 3 days of the week for 1 month.

I will incorporate a high protein, high calorie snack or meal as one of my SFM at least twice for 1 week.

Compliance: Expect low compliance r/t pt's poor usual oral intake and no current support system.

Coordination of care:

Refer to social worker for aide in chronic alcohol use and depression (RC-1.4)

Monitoring and Evaluation

Food and nutrient intake:

Monitor total fat intake, oral intake as tolerated, and incorporation of SFM w/ intake record and edu handout at least 1x/d.

Anthropometric measurements

Body weight (AD-1.1.2) 2x/wk
BMI (AD-1.1.5.1) 1x/wk
Waist Circumference (AD-1.1.7.17) 1x/wk
Abdominal distention (PD-1.1.5.3) 1x/wk

Biochemical data:

BUN (BD-1.2.1) daily
Glucose (BD-1.5.1) daily
TG (BD-1.7.7) 1x/wk
Cholesterol (BD-1.7.1) 1x/wk
Lipase 2200 U/L (H) (BD-1.4.13) 2x/wk
Amylase 1600 U/L (H) (BD-1.4.12) 2x/wk
Creatinine 1.6 mg/dL H (BD-1.2.2) daily
Alkaline phosphatase serum 175 U/L H (ALP) (BD-1.4.1) 2x/wk
AST (SGOT) 46 U/L H (BD-1.4.3) 2x/wk

Nutrition focused physical findings:

F/U in 1-2 days in hospital

ICD-10 code for which MNT is provided:

Z71.3

CPT code:

97802

Units of MNT:

2

Signature/credential/date:

Eileen Kearney, Clinical Nutrition Student, 02/04/2026
