SAMPLE ADIME NOTE

INPATIENT MALNUTRITION — STAGE 3 PRESSURE INJURY & POOR ORAL INTAKE

1 PATIENT INFORMATION

NAME
Eleanor J. Prescott

DATE OF SERVICE
February 18, 2025

DOB
11/03/1949 (75 yrs)

DIETITIAN / NUTRITION PROVIDER
Maria Santos, RDN, CNSC

AGE / SEX
75 / Female

REFERRING PROVIDER
James Whitfield, MD — Hospitalist

MRN / PATIENT ID
GH-771903

CARE SETTING
Inpatient — Medical/Surgical Unit

REASON FOR NUTRITION REFERRAL
Malnutrition risk and poor oral intake following hospitalization for a stage 3 sacral pressure injury and recent unintentional weight loss.

A ASSESSMENT

A1 MEDICAL HISTORY / NUTRITION-RELEVANT DIAGNOSES

Stage 3 sacral pressure injury, type 2 diabetes mellitus, chronic kidney disease (stage 3a), hypertension, and osteoarthritis. Recent unintentional weight loss with reduced appetite over the past two months. Reduced mobility, primarily bed- to chair-bound.

A2 ANTHROPOMETRICS

HEIGHT
5′3″ (160 cm)

CURRENT WEIGHT
121 lb (55 kg)

USUAL BODY WEIGHT
139 lb (63 kg)

BMI
21.5

WEIGHT CHANGE
–18 lb over ~2 months

% WEIGHT LOSS
12.7% (severe)

GROWTH TRENDS
N/A (adult)

NUTRITION RISK
High — significant weight loss

A3 DIETARY INTAKE / NUTRITION HISTORY

Reports poor appetite with early satiety. Consuming an estimated 40–50% of meals over the past week. Prefers

soft foods; limited protein intake. No cultural or religious dietary restrictions. No oral nutrition supplements at home. Barriers include fatigue, low appetite, and reduced mobility limiting meal preparation.

A4 GI / FEEDING TOLERANCE

Reports early satiety and intermittent nausea. No vomiting, diarrhea, or constipation currently. No dysphagia; tolerates regular textures. Adequate dentition. No enteral or parenteral nutrition at this time.

A5 FUNCTIONAL / SOCIAL FACTORS

Lives with adult daughter who assists with meals and care. No food insecurity. Limited mobility reduces independent meal preparation. Motivated to improve intake to support wound healing.

A6 MEDICATIONS / SUPPLEMENTS

Metformin, lisinopril, and acetaminophen. No appetite stimulants. No multivitamin or mineral supplements currently. Taking no medications that significantly impair appetite or nutrient absorption.

A7 LABORATORY / DIAGNOSTIC DATA

Albumin 2.9 g/dL, prealbumin 12 mg/dL (low). Glucose 148 mg/dL, A1c 7.1%. Creatinine 1.4, eGFR 48 (CKD 3a). Hemoglobin 10.8 (mild anemia). Electrolytes within normal limits. CRP mildly elevated, consistent with wound-related inflammation.

A8 NUTRITION-FOCUSED PHYSICAL EXAM

Mild temporal and clavicular muscle wasting. Subcutaneous fat loss over the triceps. Stage 3 sacral pressure injury present. Skin dry with reduced turgor suggesting mild dehydration. No peripheral edema. Findings consistent with moderate malnutrition in the context of chronic illness.

A9 ESTIMATED NUTRITION NEEDS

ESTIMATED CALORIES

1650–1800 kcal/day (30–32 kcal/kg)

PROTEIN

83–96 g/day (1.5–1.75 g/kg for wound healing)

FLUID

1650 mL/day (30 mL/kg), adjusted for renal status

OTHER REQUIREMENTS

Adequate vitamin C, zinc, and micronutrients to support wound healing

D NUTRITION DIAGNOSIS

Problem:

Malnutrition (moderate, chronic disease-related) and inadequate protein-energy intake.

Etiology:

Poor appetite, early satiety, and increased protein needs related to wound healing.

Signs and Symptoms:

12.7% unintentional weight loss over two months, intake at 40–50% of estimated needs, muscle and fat wasting, low albumin and prealbumin.

PES PES STATEMENT

Malnutrition related to inadequate oral intake and increased metabolic demands of wound healing, as evidenced by 12.7% unintentional weight loss over two months, consumption of approximately 40–50% of estimated needs, and physical findings of muscle and subcutaneous fat loss.

I INTERVENTION

I1 NUTRITION PRESCRIPTION

High-protein, high-calorie diet targeting 1650–1800 kcal and 83–96 g protein daily. Add oral nutrition supplement (high-protein, renal-appropriate) twice daily between meals. Small, frequent, energy-dense meals with fortified foods. Liberalize diet to prioritize intake while monitoring glucose and renal parameters.

I2 NUTRITION EDUCATION

Educated patient and daughter on the role of protein and calories in wound healing, incorporating protein at each meal and snack, use of oral supplements, and strategies to manage early satiety through small frequent meals and energy-dense foods.

I3 COUNSELING / BEHAVIOR CHANGE STRATEGIES

Used collaborative goal setting with the patient and caregiver. Patient expressed readiness to increase intake to support healing. Addressed appetite and fatigue barriers with practical, achievable meal strategies.

I4 COORDINATION OF CARE

Communicated recommendations to the hospitalist and nursing for supplement administration and intake monitoring. Coordinated with the wound care team regarding nutrition support for healing and with pharmacy regarding micronutrient supplementation.

I5 MONITORING ORDERS / RECOMMENDATIONS

Ordered calorie count for 72 hours, daily weights, and repeat albumin/prealbumin in one week. Continue glucose monitoring and track feeding tolerance and supplement acceptance.

M MONITORING

FOOD AND FLUID INTAKE

WOUND HEALING

Calorie count initiated; target ≥75% of meals

Coordinated with wound care; reassess weekly

WEIGHT TRENDS

Daily weights; goal to stabilize then regain

HYDRATION STATUS

Monitor turgor and intake; encourage fluids

GI TOLERANCE

Monitor early satiety and nausea

NUTRITION SUPPORT

Supplement acceptance twice daily

NUTRITION-RELATED LABS

Repeat albumin/prealbumin in 1 week

ADHERENCE

Patient and caregiver engaged and receptive

GLUCOSE / DISEASE MARKERS

Glucose monitored; A1c 7.1%

READINESS FOR CHANGE

High — motivated to support healing

E EVALUATION

Response to intervention:

Too early to fully evaluate; initial goals set and interventions initiated this visit. Patient accepted first oral supplement without difficulty.

Changes since prior:

No prior nutrition intervention during this admission; baseline established today.

Barriers affecting progress:

Early satiety and fatigue remain the primary barriers to intake.

Plan:

Continue current nutrition plan; reassess in 3–5 days with calorie count and repeat labs to determine effectiveness and adjust as needed.

G GOALS

Short-term goals:

Consume ≥75% of meals plus both oral supplements daily within one week; stabilize weight; maintain adequate hydration.

Long-term goals:

Meet estimated protein and calorie needs consistently to support sacral wound healing; regain toward usual body weight; patient and caregiver demonstrate understanding of high-protein meal planning before discharge.

F FOLLOW-UP

Nutrition follow-up in 3–5 days to reassess intake via calorie count, review daily weights and repeat labs,

evaluate supplement tolerance and adherence, and adjust the nutrition plan as needed. Will provide discharge nutrition education and outpatient MNT referral prior to discharge.

TB TIME DOCUMENTATION & BILLING

TOTAL NUTRITION CARE TIME
45 minutes

COUNSELING / EDUCATION TIME
20 minutes

CARE COORDINATION TIME
10 minutes

CPT CODE(S)
97802 — Initial MNT assessment, individual

BASIS FOR BILLING
Initial assessment — time-based MNT (per 15 min units)

PRIMARY NUTRITION ICD-10 CODE
E44.0 — Moderate protein-calorie malnutrition

SECONDARY ICD-10 CODE(S)
L89.153 (stage 3 sacral pressure injury); E11.9 (type 2 diabetes); N18.3 (CKD stage 3a)

SO PROVIDER SIGN-OFF

DIETITIAN / NUTRITION PROVIDER NAME	CREDENTIALS	DATE	TIME
Maria Santos, RDN, CNSC	RDN, CNSC	02/18/2025	14:20