

Dasa, Reem
Dietary Student
NUTRITION

Nutrition Initial Assessment
Cosign Needed

Date of Service: 2/19/2026 10:18 AM
Creation Time: 2/19/2026 10:18 AM

701888189
Guthrie Lourdes Hospital
GLH SETON 1
Comprehensive Nutrition Note

2/19/2026

Patient: Katrina E Sortor
Admission Date: 2/18/26

Attending: ADEESHUN, LELA, DO, DO

Height: Height: 4' 6" (137.2 cm) (02/18/26 1620)
Weight: Weight: 123 lb 0.3 oz (55.8 kg) (02/19/26 0815)
BMI: Body mass index is 29.66 kg/m².

Dysphagia

Diet Orders

Diet
NPO

Nutrition Assessment

History

Patient is a 28-y.o. female here for swallowing difficulty a medical diagnosis of oropharyngeal dysphagia suspected by the General Surgeon. Nutritional assessment being completed for difficulty in swallowing and Nausea for the last 6 weeks.

Patient had a past medical history of muscular dystrophy (wheelchair-bound). Patient has a history of gastroparesis for which low-profile Mickey G-tube with J extension which was placed 6 years ago. Patient gastroparesis has significantly improved. She has been able to tolerate 3 meals a day without difficulty. And the G-tube was not used for approximately 1 year. And it was removed 6 weeks ago.

Past Medical History:

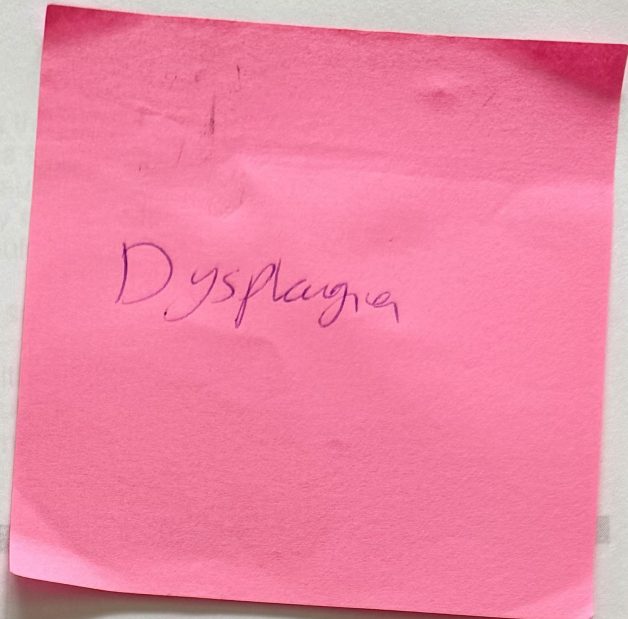
Past Medical History:

Date

Diagnosis

- Acute cystitis
- Anxiety
- Asthma
- At high risk for falls
- Chronic indwelling Foley catheter
- Chronic low back pain
- Chronic right SI joint pain
- Depression
- Disorder of function of stomach
- Epilepsy (HCC)
- Foley catheter in place
- Food allergy
- G tube feedings (HCC)
- GAD (generalized anxiety disorder)
- Gastroparesis

- Hashimoto's thyroiditis
- Hematuria
- History of meningitis
- Hyperparathyroidism, primary (HCC)
- Hypoparathyroidism (HCC)
- Hypothyroidism
- Insomnia
- Mood disorder
- Muscular dystrophy (HCC)
- Osteoarthritis of left hip
- POTS (postural orthostatic tachycardia syndrome)
- Psychogenic nonepileptic seizure
- Thyroid disease
- Tobacco use disorder
- Uses feeding tube



Past Surgical History:

Past Surgical History:

Procedure

- CESAREAN SECTION, CLASSIC
- GALLBLADDER SURGERY
- HIP SURGERY

Nutrition Pertinent Medications: dextrose 5% and lactated ringers IV, ondansetron (ZOFTRAN) injection 4 mg , SYNTHROID injection 68.5 mcg

Nutrition Pertinent Lab Abnormalities: (2/19/2026) Hemoglobin 11.1, creatinine 0.45, phosphorus 5.6 , urin blood +2, Urin Ketone 100

Skin Breakdown and/or Edema: no edema / no pressure ulcers

Last BM: Last BM date:: 02/09/26 (pt unsure of exact date)

Abdominal Assessment: Nausea

Anthropometric Measurements

Usual Body Weight: AROUND 120

Wt Readings from Last 6 Encounters:

02/19/26	123 lb 0.3 oz (55.8 kg)
02/17/26	120 lb (54.4 kg)
02/15/26	120 lb (54.4 kg)
02/04/26	120 lb (54.4 kg)
01/14/26	120 lb (54.4 kg)
12/18/25	120 lb (54.4 kg)

- **Comments on Weight Trend:** stable weight

Nutrition Focused Physical Exam: no fat/ muscle loss

Nutrition Needs

Calories: 1116- 1395 kcal/day	Method: 20 - 25 kcal/kg
Protein: 44.64 g/day	Method: 0.8 g/kg
Fluid: 1500 mL/day	Method: minimum

Nutrition History

Food Allergies/Intolerances/Cultural Avoidances: Peanuts (Food Only) , Orange , Banana , Chocolate , Papaya Enzyme , Almond Oil, Bitter , Aloe Vera

Diet Recall/Meal Completion: NPO

Nutrition Support: Jevity 1.5 @56 ml/ hr X 18 hrs , will provide :
1500 Kcal
63.8 Gm of protein

760 ml free fluid in 1 liter of formula
This will meet greater than 100% of Calories and protein needs
Will need additional fluid of 740 ml

Additional Comments from Nutritional Interview: during the interview with the patient she mentioned that after removing the G-tube she started to have problems swallowing, and she was supposed to have swallowing test but she said they discontinued the test because she was unable to participate on swallowing test and she also refused to have GI endoscopy and not accepting any further testing then she stated that could be due to her Autistic disorder. Patient would like feeding tube replaced.

She said that she can't swallow any kind of food what ever soft or crunchy, she even tried the apple sauce and was hard to swallow, she could not even drink water.

Additionally, she assured that she is setting in the right position while eating her meals, This dysphagia symptoms happened rapidly after feeding tube have been removed, denies food getting caught in Esophagus, but rather once any food or drink comes to her thought she has to spit it out

Nutrition Diagnosis

Inadequate oral intake related to difficulty Swallowing and evidenced by being NPO

Nutrition Interventions & Goals:

- NPO
In case of having G- tube placed again the following is recommended:
Jevity 1.5 start at 30 ml / hr and increase rate 10 ml / hr Q4 hrs to a goal of 56 ml / hr
Once goal reached, run pump for 18 hrs : (14:00 - 08:00) for a total volume of 1 liter
- 240 ml TID water flush
- Patient will consume/ receive enterally $\geq 75\%$ of estimated energy requirements.
- Patient will maintain adequate hydration.
- Prevent development of pressure related injuries.
- Weight goal: Maintenance

Monitoring and Evaluation

- Will monitor for results of swallow evaluation and ability to receive PO Vs for Enteral nutrition
- Will follow-up in 4 days

Author: Reem Dasa 2/19/2026

