

**Ischemic Stroke Case Study:  
SOAP Note**

**S:**

Pt has new onset weakness of the right side involving the face, leg, and arm. The onset of the disease is N/A. The husband, Mr. Robert Noland, states that his wife woke up feeling normal, but by midmorning, she became dizzy and could not talk or move one side of her body. Pt unable to speak or move her right side and has dysarthria with tongue deviation. Pt diagnosed with HTN 10 years ago and hyperlipidemia two years ago. Pt is a retired hairdresser who lives with her husband and has grown children who do not live at home. Per pt husband, pt has a good appetite, has not followed any special diet except trying to avoid fried foods, and stopped adding salt to the table. PT does not use alcohol or tobacco. No previous nutrition therapy. These dietary changes were made several years ago. Physical activity level unknown.

**O:**

<i>Age:</i>	77 yrs. old	<i>AjBW:</i> 132#	<i>BMI:</i> 30.2 (obese)
<i>Height:</i>	62", 157.48cm	<i>IBW:</i> 110# Range (99 - 121#)	<i>UBW:</i> unknown
<i>Weight:</i>	165#, 75kg	<i>IBW%:</i> 150%	<i>UBW%:</i> unknown

*Admit Dx:* Right-sided hemiparesis and slurred speech

*PMH:* HTN, Hyperlipidemia

*PSH:* Hysterectomy

*BP:* 138/88 ↑ (Normal Range <120/80)

*Temp:* 98.8 (WNL)

*BM:* Incontinent

*Braden Score:* 12 ↓ (Normal range >18)

*Urinary Continence:* Catheter

*Lab data collected:* 8/12/21

HbA<sub>1c</sub> Ca, CO<sub>2</sub>, Cl, K, Na, PO<sub>4</sub>, Mg, Hgb, Creatinine, Glucose, Prealbumin, Albumin, Bun, ALT, AS, Alkaline phosphatase, Lactate dehydrogenase (ALL WNR)

Cholesterol 210 ↑ (Normal range 120-199)

HDL-C 40 ↓ (Normal range >45)

LDL 155 ↑ (Normal range <130)

LDL/HDL ratio 3.875 ↑ (Normal range <3.22)

Triglycerides 198 ↑ (Normal range 35-135)

*Missing lab info:* B12, D, and folate levels

*Skin Integrity:* Skin intact

*Medications at home:* Captopril 25mg twice daily; lovastatin 20 mg once daily  
Multivitamin supplement daily, 500mg calcium 3x daily

*Medications: Potential Drug/Nutrient Interactions:* Take acetaminophen 650 mg po PRN for pain q 4 – 6 hours. No heparin, warfarin, or aspirin for 24 hours. Avoid ginger, turmeric, garlic, fennel, rosemary, cumin, and clove due to the increased risk of bleeding related to heparin, warfarin, or aspirin. Do not use salt substitutes or potassium supplements while taking captopril unless a physician has confirmed.

*Diet Order Prior to Admit:* Regular diet (24-hour recall per pt husband)

*Diet Order:* NPO except for medications for 24 hours

*Current Intake:* NPO; Bedside swallowing assessment. Endoscopy with a modified barium swallow. Dysarthria with tongue deviation. Throat slightly dry mucous membranes w/out exudates or lesions. Speech-language pathologist and dietitian to determine stage dysphagia diet.

*N/V:* None

*Food Allergies:* NKFA noted

**A:**

*Physical Appearance:* Pt's wt records at BMI: 30.2 (Obese) based on established standards. Pt unable to speak or move the right side of the body.

*Estimated Energy Needs:* 1,537 kcal based on BEE x 1.2 stress factor. (Per husband, pt current intake is 2,223 calories/day)

*Estimated Protein Needs:* 75–90g based on 1.0-1.2g/kg/actual BW (Per husband, pt current intake is 117.4 grams of protein/day)

*Estimated Fluid Needs:* 25/30cc kg of actual BW = 1,875-2,250cc

Elevated lipid panel and BP levels.

Pt has no prior nutrition education.

*PES:* Inadequate oral intake related to hypertension and hyperlipidemia as evidenced by nutrient and caloric intake of 2,223 cal/day per 24-hour dietary recall.

**P:**

Will continue to monitor weight, intake, output, skin status, BM status, lab data, and tolerance to food consistency.

*Monitor (Goals):* BP (per physician discretion, pt is on statin therapy), reduce LDL level (<155), decrease triglyceride level (<135), increase HDL-C level (>45), reduce cholesterol level (<199), decrease LDL/HDL ratio (<3.22), reduce Na to 1,500mg/day related to HTN, reduce daily caloric intake by 500 calories (range 1,537-1,723) related to obesity.

Refer a speech-language pathologist and dietitian to determine staged dysphagia diet and develop the proper consistencies of foods. Consult on dysphagia diet stage and give IDDSI handout about level. Once on a regular diet, recommend a DASH and Mediterranean diet and schedule a visit with RDN. Encourage further reduction of fried foods and salt consumption in the diet. Avoid highly processed, sugary, sweetened beverages and saturated and trans fats, and increase water intake. Reinforce consistent diet compliance with diet education.