**Nutrition Care Process: Case Study B**
**Examples of Charting in Various Formats**

Case:
JG is a 68 year old woman with a history of type 2 diabetes, chronic renal failure which is treated with hemodialysis three times weekly, and peripheral vascular disease. She routinely experiences blood sugars in the 250-300mg/dL (13.5-16.5 mmol/L) range when tested at the dialysis center. Over the last three months, she developed a venous stasis ulcer just above her ankle. Despite aggressive care at a wound center, she developed gangrene and was admitted to the hospital for a below the knee amputation (Day -3). For two days after surgery, she did well, but then developed a rapid heart rate, increased respiratory rate and her temperature spiked to 102$^{o}$ Fahrenheit (38.9 $^{o}$ Celsius). The intensive care team was consulted and JG was transferred to the intensive care unit (Day -1).

The Registered Dietitian (RD) reviewed the medical record on Day 0 and found:
JG was transferred to the intensive care unit for management of sepsis and respiratory failure. She is being mechanically ventilated intermittently at 16 breaths per minute (IMV of 16). The fraction of inspired oxygen (FiO2) is 60%, and positive end expiratory pressure (PEEP) is 6 cm $H_2O$. Her mean arterial pressure is 70. She was dialyzed yesterday. There is no notation of any vomiting or diarrhea, and her last bowel movement was two days ago (Day – 2).

Blood cultures were positive and antibiotics started for Staphylococcus epidermis. Because of a suspected fungemia, antifungal medication was started as well. She received fluid boluses of 500 mL of 0.45 saline twice on ICU admission, and is now receiving 0.45 saline at 40 mL/hour. She receives no other fluids except what is needed to administer her medication. An insulin drip was started to control blood sugars, which have been stabilized on a dose of 2 units per hour.

Physical Findings:
JG is 5'5" (165 cm) tall and before surgery weighed 147 pounds (approximately 67 kg). She appears overweight, and has edema in her remaining ankle and foot. There is a nasogastric tube in place. Her abdomen is soft and she has occasional hypoactive bowel sounds.

Food/Nutrition-Related History:
As JG is unable to communicate, her family provided a history. They state that she does not follow a specific diet, but does limit her intake of foods high in potassium and phosphorus. They also state that her appetite was good prior to hospital admission. A conversation with the RD at the dialysis center reveals that her weight was stable over the last 6 months. Presently, she is receiving 20 mL/hour of a 1 calorie/kcal (4.2 kJ) per mL enteral formula through the nasogastric (NG) tube providing about 480 kcal (2,010kJ) and 20 grams of protein. The propofol (used for sedation) dose has been adjusted several times, but provided about 50 kcal (210 kJ) from lipid over the last 24 hours.

JG Biochemical Data:

| | *Admission/ Day -3* | *Day - 2* | *Day -1* | *Day 0 (today)* |
|---|---|---|---|---|
| Sodium (mEq/L) | 135 (135 mmol/L) | 134 (134 mmol/L) | 132 (132 mmol/L) | 132 (132 mmol/L) |
| Potassium (mEq/L) | 3.4 (3.4 mmol/L) | 4.6 (4.6 mmol/L) | 5.6 (5.6 mmol/L) | 3.2 (3.2 mmol/L) |
| Chloride (mEq/L) | 109 (109 mmol/L) | 111 (111 mmol/L) | 113 (113 mmol/L) | 109 (109 mmol/L) |
| $CO_2$ (mEq/L) | 19 (19 mmol/L) | 17 (17 mmol/L) | 17 (17 mmol/L) | 19 (19 mmol/L) |
| BUN (mg/dL) | 87 (31 mmol/L) | 93 (33 mmol/L) | 107 (38 mmol/L) | 85 (30 mmol/L) |
| Creatinine (mg/dL) | 5.7 (504 µmol/L) | 6.1 (539 µmol/L) | 7.0 (619 µmol/L) | 5.6 (495 µmol/L) |
| Blood glucose (mg/dL) | 173 (9.6 mmol/L) | 184 (10.2 mmol/L) | 341 (18.9 mmol/L) | 129 (7.2 mmol/L) |
| Magnesium (mEq/L) | 1.9 (0.95 mmol/L) | 2.1 (1.05 mmol/L) | 2.4 (1.2 mmol/L) | 1.8 (0.9 mmol/L) |
| Phosphorus (mg/dL) | 6.3 (2.03 mmol/L) | 7.1 (2.29 mmol/L) | 8.0 (2.58 mmol/L) | 6.4 (2.07 mmol/L) |
| Calcium (mg/dL) | 8.1 (2.03 mmol/L) | 7.9 (1.98 mmol/L) | 8.0 (2.0 mmol/L) | 7.8 (1.95 mmol/L) |
| Albumin (mg/dL) | 2.4 (24 g/L) | 2.3 (23 g/L) | 2.5 (25 g/L) | 2.3 (23 g/L) |
| Weight (kg) | 61 | 61 | 63 | 67 |
| Intake in liters (all sources) | 1.6 | 2.0 | 2.6 | |
| Output in liters (includes dialysis) | 1.1 | 0.1 | 1.1 | |
| Clinical/surgical events | Hemodialysis<br>BKA | | Hemodialysis<br>Transferred to ICU<br>Started insulin drip | |

Intravenous (IV) Medications:

Vancomycin 1 gm q12 h – IV
Theophylline 200 mg q8 h – per nasogastric tube (NGT)
Captopril 25 mg tid – per NGT
Furosemide 40 mg qd – per NGT
Potassium chloride 20 mEq qd - per NGT
Insulin drip at 2 units per hour - IV
Propofol at 5 mcg/kg/min - IV
Amphotericin 50 mg qd - IV
Multiple vitamin liquid, 10 mL qd – per NGT

*Toolkits* are available from the Academy for the on-line Evidence-Based Nutrition Practice Guidelines, based upon evidence analyses. They contain sample forms and examples incorporating the nutrition care process steps. These are available for purchase from the Academy Evidence Analysis Library for dietetic practitioners to use at the "store" tab at http://www.adaevidencelibrary.com/. Food and nutrition professionals may find useful the extensive resources provided on the Academy Evidence Analysis Library.

| Narrative Format | SOAP Format | ADIME Format* |
|---|---|---|
| The patient's **Diet order (FH-2.1.1) is** a 1 kcal (4.2 kJ)/mL enteral feeding at 20 mL/hour providing 480 kcal (2,010 kJ), 20 grams of protein, 56 grams of carbohydrate, and 21 grams of fat. Her **Diet experience (FH-2.1.2)** is no specific diet at home, but does avoid high potassium foods. **Prescription medication use (FH-3.1.1)** includes potassium supplementation with normal serum potassium levels over the last 3 days; phosphate binders have not been restarted since surgery. Her blood glucose is being controlled with an insulin drip. Propofol is to be discontinued this afternoon The RD at the dialysis center states her weight has been stable. **Weight change (AD-1.1.4)** + 3 kg (Day 0). 3 L positive over the last 3 days due to fluid and the medical team wants to limit her fluid intake. Her serum **Potassium (BD-1.2.7)** within expected limits. Her **Glucose, casual (BD-1.5.2)** 173 mg/dL (9.6 mmol/L) within expected limits. Her **Nutrition-focused physical findings (PD-1.1)** reflect edema in her extremities. She is tolerating feedings without difficulty. **Personal data, Age (CH-1.1.1)** 68-year-old **Gender (CH-1.1.2)** female transferred to the ICU with sepsis and respiratory failure following a BKA 3 days ago. Her **Patient/client/family medical health history (CH-2.1)** includes diabetes mellitus (DM) treated with insulin and hemodialysis three times weekly for chronic renal failure. | **S** (subjective): Her **Diet experience (FH-2.1.2)** is no specific diet at home, but does avoid high potassium foods.<br>Her weight history includes no **Weight change (AD-1.1)**, 0 kgs, 3 months prior to admission<br>**O** (objective): The patient's **Diet order (FH-2.1.1) is** a 1 kcal (4.2 kJ)/mL enteral feeding at 20 mL/hour providing 480 kcal (2,010 kJ), 20 grams of protein, 56 grams of carbohydrate, and 21 grams of fat.<br>**Prescription medication use (FH-3.1.1)** includes potassium supplementation, insulin drip, Propofol to be discontinued this afternoon.<br>**Height/length (AD-1.1.1)** 65" (165 cm)<br>**Weight (AD-1.1.2)** measured, 67 kg (Day -3); 67 kg (Day 0) and Dry weight, 67 kg.<br>**Weight change (AD-1.1.4)** + 3 kg (Day 0)<br><br>Her serum **Potassium (BD-1.2.7)** is within expected limits. Her **Glucose, casual (BD-1.5.2)** 173 mg/dL (9.6 mmol/L), is within expected limits. Her **Nutrition-focused physical findings (PD-1.1)** reflect edema in her extremities. She is tolerating feedings without difficulty. | **A** (assessment):<br>The patient's **Diet order (FH-2.1.1) is** a 1 kcal (4.2 kJ)/mL enteral feeding at 20 mL/hour providing 480 kcal, 20 grams of protein, 56 grams of carbohydrate, and 21 grams of fat. Her **Diet experience (FH-2.1.2)** is no specific diet at home, but does avoid high potassium foods.<br>**Prescription medication use (FH-3.1.1)** potassium supplementation, insulin drip, propofol to be discontinued this afternoon<br>**Height/length (AD-1.1.1)** 65" (165 cm)<br>**Weight (AD-1.1.2)** measured, 67 kg (Day -3); 67 kg (Day 0) and Dry weight, 67 kg. **Weight change (AD-1.1.4)** + 3 kg (Day 0)<br><br>Her serum **Potassium (BD-1.2.7)** is within expected limits. Her **Glucose, casual (BD-1.5.2)** 173 mg/dL (9.6 mmol/L), is within expected limits. Her **Nutrition-focused physical findings (PD-1.1)** reflect edema in her extremities. She is tolerating feedings without difficulty. |

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|---|---|---|
| Current **Treatments/therapy (CH-2.2)** includes mechanical ventilation and treatment for a staph infection and suspected fungemia. Receives hemodialysis three times per week**.**<br>**Comparative Standards**<br>**Estimated energy needs (CS-1.1)** 1675 calories/kcal (7,012 kJ) per day, 25 kcals (105 kJ)/kg; **Method for estimating needs (CS-1.2)**, American Academy of Chest Physicians.<br>**Estimated protein needs (CS-2.2.1)** 100 grams, 1.5 grams of protein/kg; **Method for estimating needs (CS-2.2.3)**, K/DOQI guideline of at least 1.2 gm/kg<br>**Nutrition Diagnosis** is **Inadequate enteral nutrition infusion (NI-2.3)** related to need for increased protein with CRF/surgery and concentration of formula as evidenced by comparison of nutrient intake with estimated needs.<br>**Nutrition Intervention** includes **Nutrition Prescription (NP-1.1)** is 1675 calories/kcal (7,012 kJ) per day and 100 grams of protein (25 kcal (105 kJ)/kg and 1.5 grams of protein) with low phosphorus intake in minimal volume.<br>**Enteral nutrition (ND-2.1.1)** *Goal:* Recommend changing the **Composition (ND-2.1.1)** of the enteral feeding to 2 kcal (8.4 kJ)/mL at a **Rate (ND-2.1.3)** of 32 mL/hour with added protein powder providing 45 gm protein, 200 kcal (838 kJ)/day. | O: **Personal data, Age (CH-1.1.1)** 68-year-old **Gender (CH-1.1.2)** female transferred to the ICU with sepsis and respiratory failure following a BKA 3 days ago. Her **Patient/client/family medical health history (CH-2.1)** includes diabetes mellitus (DM). **Treatments/therapy (CH-2.2)** includes mechanical ventilation and treatment for a staph infection and suspected fungemia. Receives hemodialysis three times/week.<br><br>**Comparative Standards**<br>**Estimated energy needs (CS-1.1)** 1675 calories/kcal (7,012 kJ) per day, 25 kcals (105 kJ)/kg; **Method for estimating needs (CS-1.2)**, American Academy of Chest Physicians<br>**Estimated protein needs (CS-2.2.1)** 100 grams, 1.5 grams of protein/kg; **Method for estimating needs (CS-2.2.3)**, K/DOQI guideline of at least 1.2 gm/kg<br>A (assessment):<br>**Inadequate enteral nutrition infusion (NI-2.3)** related to need for increased protein with CRF/surgery and concentration of formula as evidenced by comparison of nutrient intake with estimated needs providing 45 gm protein, 200 kcal (837 kJ)/day. | **Personal data, Age (CH-1.1.1)** 68-year-old **Gender (CH-1.1.2)** female transferred to the ICU with sepsis and respiratory failure following a BKA 3 days ago.<br>**(Patient/client/family medical health history CH-2.1)** includes diabetes mellitus (DM). **Treatments/therapy (CH-2.2)** includes mechanical ventilation and treatment for a staph infection and suspected fungemia. Receives hemodialysis three times/week.<br><br>**Comparative Standards**<br>**Estimated energy needs (CS-1.1)** 1675 calories/kcal (7,012 kJ) per day, 25 kcals (105 kJ)/kg; **Method for estimating needs (CS-1.2)**, American Academy of Chest Physicians<br>**Estimated protein needs (CS-2.2.1)** 100 grams, 1.5 grams of protein/kg; **Method for estimating needs (CS-2.2.3)**, K/DOQI guideline of at least 1.2 gm/kg<br><br>**D** (diagnosis): **Inadequate enteral nutrition infusion (NI-2.3)** related to need for increased protein with CRF/surgery and concentration of formula as evidenced by comparison of nutrient intake with estimated needs providing 45 gm protein, 200 kcal (837 kJ)/day. |

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Term codes (e.g., NI-2.2) used for information. The Academy does not recommend using codes in documentation.

| Narrative Format | SOAP Format | ADIME Format* |
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| **Collaboration with other providers (RC-1.4).** *Goals:* Recommend reordering phosphate binders and maintaining glucose < 140 mg/dL (7.7 mmol/L) with insulin drip. Discussed maximally concentrating IV medication so that enteral feeding can be advanced as tolerated.<br><br>**Nutrition Monitoring and Evaluation**<br>**Enteral nutrition intake (FH-1.3.1)** for formula/solution and rate/schedule change.<br>**Glucose/endocrine profile (BD-1.5)** for serum glucose < 140 mg/dL (7.7 mmol/L).<br>**Electrolyte/renal profile (BD-1.2)** for phosphorus and potassium.<br>**Weight change (AD-1.1.4)**<br>**Nutrition-focused physical findings (PD-1.1)** Intestinal, tolerance to enteral nutrition; Extremities, edema. | **Nutrition Intervention** includes **Nutrition Prescription (NP-1.1)** is 1675 calories/kcal (7,012 kJ) per day and 100 grams of protein (25 kcal (105 kJ)/kg and 1.5 grams of protein) with low phosphorus intake in minimal volume.<br><br>**P** (plan):<br>*Goal:* Recommend changing the **Composition (ND-2.1.1)** of the enteral feeding to 2 kcal (8.4 kJ)/mL at a **Rate (ND-2.1.3)** of 32 mL/hour with added protein powder providing 45 gm protein, 200 kcal (838 kJ)/day.<br>**Collaboration with other providers (RC-1.4).** *Goals:* Recommend reordering phosphate binders and maintaining glucose < 140 mg/dL (7.7 mmol/L) with insulin drip. Discussed maximally concentrating IV medication so that enteral feeding can be advanced as tolerated.<br><br>**Nutrition Monitoring and Evaluation**<br>Enteral **nutrition intake (FH-1.3.1)** for formula/solution and rate/schedule change.<br>**Glucose/endocrine profile (BD-1.5)** for serum glucose < 140 mg/dL (7.7 mmol/L).<br>**Electrolyte/renal profile (BD-1.2)** for phosphorus and potassium.<br>**Weight change (AD-1.1.4)**<br>**Nutrition-focused physical findings (PD-1.1)** Intestinal, tolerance to enteral nutrition; Extremities, edema. | **I** (intervention): **Nutrition Intervention** includes **Nutrition Prescription (NP-1.1)** is 1675 calories/kcal (7,012 kJ) per day and 100 grams of protein (25 kcal (105 kJ)/kg and 1.5 grams of protein) with low phosphorus intake in minimal volume.<br>**Enteral nutrition (ND-2.1.1)** *Goal:* Recommend changing the **Composition (ND-2.1.1)** of the enteral feeding to 2 kcal (8.4 kJ)/mL at a **Rate (ND-2.1.3)** of 32 mL/hour with added protein powder providing 45 gm protein, 200 kcal (838 kJ)/day.<br>**Collaboration with other providers (RC-1.4).** *Goals:* Recommend reordering phosphate binders and maintaining glucose < 140 mg/dL (7.7 mmol/L) with insulin drip. Discussed maximally concentrating IV medication so that enteral feeding can be advanced as tolerated.<br><br>**M** (monitor) and **E** (evaluation):<br>**Enteral nutrition intake (FH-1.3.1)** for formula/solution and rate/schedule change.<br>**Glucose/endocrine profile (BD-1.5)** for serum glucose < 140 mg/dL (7.7 mmol/L).<br>**Electrolyte/renal profile (BD-1.2)** for phosphorus and potassium.<br>**Weight change (AD-1.1.4)**<br>**Nutrition-focused physical findings (PD-1.1)** Intestinal, tolerance to enteral nutrition; Extremities, edema. |

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**Case Study B: Follow-up Documentation (Day +1)**

JG's tube feeding was changed overnight to the goal rate of 35 mL/hr of 2 kcal/mL feeding. The Propofol was discontinued as planned but other medications continue unchanged. JG is scheduled for dialysis today.

Biochemical Data

| | Day +1 |
|---|---|
| Sodium (mEq/L) | 130 (130 mmol/L) |
| Potassium (mEq/L) | 6.0 (6.0 mmol/L) |
| Chloride (mEq/L) | 117 (117 mmol/L) |
| $CO_2$ (mEq/L) | 16 (16 mmol/L) |
| BUN (mg/dL) | 109 (38.9 mmol/L) |
| Creatinine (mg/dL) | 7.9 (698.4 µmol/L) |
| Blood glucose (mg/dL) | 121 (6.72 mmol/L) |
| Magnesium (mEq/L) | 1.6 (0.8 mmol/L) |
| Phosphorus (mg/dL) | 7.8 (2.52 mmol/L) |
| Calcium (mg/dL) | 7.8 (1.95 mmol/L) |
| Albumin (mg/dL) | 2.1 (21.0 g/L) |
| Weight (kg) | 69 |

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|---|---|---|
| Her Enteral **nutrition intake (FH-1.3.1.1) is** formula/solution 2 kcal (8.4 kJ)/mL; Rate/schedule 32 mL/hr X 24 hours/day providing 1680 kcal (7, 034 kJ), 58 grams of protein, 76 grams of carbohydrate, and 77 grams of fat**.** Her **Prescription medication use (FH-3.1.1)** potassium supplementation, insulin drip, phosphate binders not started yet**.**<br>Weight change **(AD-1.1.4)** + 2 kg<br>Glucose, casual **(BD-1.5.2)**, 121 mg/dL (6.72 mmol/L), is within expected limits.<br>Potassium **(BD-1.2.7)** 6.0 mEq/L (6.0 mmol/L), is within expected limits; phosphorus **(BD-1.2.11)** 7.8 mg/dL (2.52 mmol/L), above expected limits.<br>She appears to be tolerating feedings as **Nutrition-focused physical findings (PD-1.1) of the** intestinal exam includes normal bowel sounds; Extremities have edema**.**<br><br>**Nutrition Diagnosis** is **Inadequate enteral nutrition infusion (NI-2.3)** related to need to supplement protein intake as evidenced by comparison of protein intake with estimated needs.<br>**Nutrition Intervention** includes **Nutrition Prescription (NP-1.1)** is 1675 kcal (7013 kJ) and 100 grams of protein (25 kcal(105 kJ)/kg and 1.5 grams of protein/kg), low phosphorus intake in minimal volume.<br>**Enteral nutrition** *Goal:* **Composition (ND-** | **S** (subjective):<br><br>**O** (Objective): **Enteral nutrition intake (FH-1.3.1.1) is** formula/solution 2 kcal (8.4 kJ)/mL; Rate/schedule 32 mL/hr X 24 hours/day providing 1680 kcal (7, 034 kJ), 58 grams of protein, 76 grams of carbohydrate, and 77 grams of fat**.** Her **Prescription medication use (FH-3.1.1)** includes potassium supplementation, insulin drip, phosphate binders not started yet.<br>Weight change **(AD-1.1.4)** + 2 kg<br>Glucose, casual **(BD-1.5.2)**, 121 mg/dL (6.72 mmol/L), is within expected limits. Potassium **(BD-1.2.7)** 6.0 mEq/L (6.0 mmol/L), is within expected limits; phosphorus **(BD-1.2.11)** 7.8 mg/dL (2.52 mmol/L), above expected limits.<br>She appears to be tolerating feedings as **Nutrition-focused physical findings (PD-1.1) of the** intestinal exam includes normal bowel sounds; Extremities have edema**.**<br><br>**A** (Assessment):<br>**Nutrition Diagnosis** is **Inadequate enteral nutrition infusion (NI-2.3)** related to need to supplement protein intake as evidenced by comparison of protein intake with estimated needs.<br>**P** (Plan): **Nutrition Intervention**<br>**Nutrition Prescription (NP-1.1)** is 1675 kcal (7013 kJ) and 100 grams of protein (25 kcal (105 kJ)/kg and 1.5 grams of protein/kg), low phosphorus intake in minimal volume. | **A** (Assessment):<br>**Enteral nutrition intake (FH-1.3.1.1) is** formula/solution 2 kcal (8.4 kJ)/mL; Rate/schedule 32 mL/hr X 24 hours/day providing 1680 kcal (7, 034 kJ), 58 grams of protein, 76 grams of carbohydrate, and 77 grams of fat**.** Her **Prescription medication use (FH-3.1.1)** includes potassium supplementation, insulin drip, phosphate binders not started yet.<br>Weight change **(AD-1.1.4)** + 2 kg<br>Glucose, casual **(BD-1.5.2)**, 121 mg/dL (6.72 mmol/L), is within expected limits. Potassium **(BD-1.2.7)** 6.0 mEq/L (6.0 mmol/L), is within expected limits; phosphorus **(BD-1.2.11)** 7.8 mg/dL (2.52 mmol/L), above expected limits.<br>She appears to be tolerating feedings as **Nutrition-focused physical findings (PD-1.1) of the** intestinal exam includes normal bowel sounds; Extremities have edema**.**<br><br>**D** (Diagnosis): **Inadequate enteral nutrition infusion (NI-2.3)** related to need to supplement protein intake as evidenced by comparison of protein intake with estimated needs.<br><br>**I** (Intervention): **Nutrition Prescription (NP-1.1)** is 1675 kcal (7013 kJ) and 100 grams of protein (25 kcal (105 kJ)/kg and 1.5 grams of protein/kg), low phosphorus intake in minimal |

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|---|---|---|
| **2.1.1)** add protein powder providing 45 grams of protein/day. A second Nutrition Intervention is **Collaboration with other providers (RC-1.4).** *Goals*: Discussed reordering phosphate binders and maintaining glucose < 140 mg/dL (7.77 mmol/L) with insulin drip.<br><br>**Nutrition Monitoring and Evaluation** includes **Enteral nutrition intake (FI-1.3.1.1)** for addition of protein. **Prescription medication use (FH-3.1.1)** for inclusion of phosphate binders<br>Glucose, casual **(BD-1.5.2)** Potassium **(BD-1.2.7)**, and phosphorus **(BD-1.2.11)** | **Enteral nutrition** *Goal:* **Composition (ND-2.1.1)** add protein powder providing 45 grams of protein/day. Also **Collaboration with other providers (RC-1.4).** *Goals*: Discussed reordering phosphate binders and maintaining glucose < 140 mg/dL (7.77 mmol/L) with insulin drip.<br><br>**M** (monitor) and **E** (Evaluation)<br>Progress toward goal feeding **Enteral nutrition intake (FI-1.3.1.1)** for addition of protein. **Prescription medication use (FH-3.1.1)** for inclusion of phosphate binders<br>Glucose, casual **(BD-1.5.2)** Potassium **(BD-1.2.7)**, and phosphorus **(BD-1.2.11)** | volume.<br>**Enteral nutrition** *Goal:* **Composition (ND-2.1.1)** add protein powder providing 45 grams of protein/day. Also **Collaboration with other providers (RC-1.4).** *Goals*: Discussed reordering phosphate binders and maintaining glucose < 140 mg/dL (7.77 mmol/L) with insulin drip.<br><br>**M** (monitor) and **E** (Evaluation):<br>Progress toward goal feeding **Enteral nutrition intake (FI-1.3.1.1)** for addition of protein. **Prescription medication use (FH-3.1.1)** for inclusion of phosphate binders<br>Glucose, casual **(BD-1.5.2)** Potassium **(BD-1.2.7)**, and phosphorus **(BD-1.2.11)** |