**The nutrition care process was established by the ADA as:**

1. An easy process to help dietitians.
2. A detailed process for the health care team.
3. **A standardized process for the provision of nutrition care.**
4. A nutritional process to determine health status.
5. A document to educate the patient about his/her condition

**Blood Urea Nitrogen (BUN) is usually increased in:**

1. Patients with hypertension.
2. Patients with gout
3. **Patients with renal disorders**
4. Patients with liver disease
5. Pregnant women

**Blood Urea Nitrogen (BUN) is usually decreased in:**

1. Pregnant women
2. Patients with liver disease
3. Patients with sinusitis
4. 1 and 3
5. **1 and 2**

**Which of the following is considered a significant weight loss:**

1. %5 loss in 6 months
2. %1 loss in one month
3. % 10 loss in two years
4. **%10 loss in 6 months**
5. %3 loss in 3 months

**One problem with usual body weight is**:

1. It is not in kilograms
2. **It depends on the patient’s memory**
3. It is taken by paramedics
4. It is always higher than IBW or DBW
5. It is always lower than IBW or DBW

The patient is a 55 years old Saudi gentleman who has a history of type 2 diabetes mellitus, asthma attacks and hypertension. He suffered from rectal bleeding therefore, he went under sigmoscopy, which resulted in the detection of rectal ulcer, and there are no surgical intervention done for this matter yet. His son reported that the patient used to be consuming a lot of dates, Arabic coffee, legumes and cooked rice. In addition, the patient consumption of water, fruits & veggies was significantly limited. The patient consumes his food normally with no significant swallowing, chewing or appetite problems. Pt wt= 115 kg, ht= 168cm, pt usual body wt (3 months ago) = 100 kg.

***Drug Management:***

Significant medications:

* Ventolin 25 mg.
* Zinc oxide.
* Metformin 2500 mg

***Current laboratory results***

|  |  |  |
| --- | --- | --- |
| Serum | Current level | Normal range |
| Urea  Creatinine  Total protein  Albumin  FPG | 7.8 umol/l  54 umol/l  62 g/l  29 g/l  147 mg/dl | (4.2 – 7.2) high  (80– 133) low  (66 – 87) low  (35 – 50) low  ≤ 110 mg/dl |

**Requirements:**

1. Write a SOAP note according to the method of your textbook.
2. What do you propose for the diet order?
3. Extra credit: What two vitamins could the drug metformin interfere with during absorption? Folic acid and B12

Date, Time

S:

Pt seems to tolerate his current diet well. He has no appetite, food allergies, chewing or swallowing difficulties. Pt gained 15% of his UBW in the past 3 months Pt son reported that pt used to consume plenty of dates, Arabic coffee, legumes and cooked rice. Moreover, the pt consumption of water, fruits and vegetable was significantly limited.

O:

Current diet: N/A, suggested diet: (1900-2000) kcal/day DM ↓salt ↑protein ↑ fiber soft diet. This pt is a 55 years old Saudi gentleman who has a history of type 2 diabetes mellitus, asthma attacks and hypertension. He suffered from rectal bleeding therefore, he went under sigmoscopy, which resulted in the detection of rectal ulcer, and there are no surgical intervention done for this matter yet. Pt wt= 115 kg, ht= 168cm, pt usual body wt (3 months ago) = 100 kg, DBW= 63.5kg, ABW= 76, %DBW= %181, %UBW= %115, BMI = 40.7 (Morbid obesity). Labs: Urea= 7.8↑ Creatinine= 54↓ Total protein= 62↓ Albumin= 29 ↓ FPG= 147↑. Meds: ventolin 25mg, Zinc oxide, Metformin 2500mg. EER= (1900-2000) kcal/day. Protein= 1-1.2g/kg/day.

A:

Pt nutritional status is very poor. He has low albumin which is a measure of mortality and is associated with Protein deficiency. Low creatinine might be related to low activity, low protein consumption and muscle wasting. High FPG might be a sign of poor DM control. High urea might be related to dehydration and ulcers. Diet history show unhealthy eating habits that might be related to a knowledge deficit and perhaps poor socioeconomic status. Suggest changes will provide adequate energy to support ulcers healing and protein sparing. In addition, suggested diet will help attain better wt management, DM& HTN control.

P:

1. Educate pt to adhere to suggested high fiber soft diet to support ulcers healing.
2. Educate pt to limit energy consumption to prescribed diet to achieve wt goal of 63.5
3. Educate pt on DM low salt diet in order to attain better DM and HTN control.
4. Discuss with pt approprite physical activities to improve wt, HTN, bowel motions and DM levels
5. F/U FPG , Alb, urea, lipid profile, blood electrolytes weekly

Name, Credentials, Date

Case II:

The patient is a 50 years old Saudi gentleman who has a history of hepatitis C, ischemic heart disease, and hypertension. The patient reported that he used to be consuming plenty of red meats, dairy products, and fast foods. In addition, the patient consumption of water, and dietary fibers was significantly limited. The patient consumes his food normally with no significant swallowing, chewing or appetite problems. Pt wt= 95 kg, ht= 170cm, pt usual body wt (3 months ago) = 100 kg. He is on Klacid 500 mg PO BD, Lasix 40 mg OD and Warfarin 5 mg OD

***Recent laboratory results***

|  |  |  |
| --- | --- | --- |
| Serum | Result | Normal range |
| Total protein  RBC  HCT  MCV  Anti HCV | 6 g/l  3.79 x10 e.12/L  37.1%  97.8 fl  Positive | (0 – 2) g/l (high)  (4.2 – 5.5) (Low)  (42 – 52) % (low)  (80 – 94) (High)  Negative |

**Requirements:**

1. Write a SOAP note according to the method of your textbook.
2. What do you propose for the diet order?
3. Extra credit: What vitamin could the drug warfarin interfere with during absorption and how? Vit. K

Date, Time

S:

Pt seems to tolerate his diet well. He has no chewing, swallowing, food allergies or problems with a poor appetite. Pt had lost %5 of his UBW in the past 3 months. The patient reported that he used to be consuming plenty of red meats, dairy products, and fast foods. In addition, the patient consumption of water, and dietary fibers was significantly limited.

O:

Current diet order: N/A, suggested diet: (2000-2200) kcal/day Cardiac ↑Protein diet. The patient is a 50 years old Saudi gentleman who has a history of hepatitis C, ischemic heart disease, and hypertension. Ht = 170, wt= 95, UBW= 100, DBW= 65, BMI= 32.9 (Obese I) , %UBW= %95, %DBW= %146. Labs: Total Protein = 6↑, RBC= 3.79 ↓ HCT= 37.1 ↓. Meds: Klacid 500mg, Lasix 40mg, Warfarin 5mg.

EER= (2000-2200) kcal/day, Protein = 1-1.2 g/kg.

A:

Pt nutritional status is moderately poor. He had lost %5 of his UBW in the past 3 months due to inadequate energy intake. ↓ RBC & HCT is a serious sign of anemia and poor immunity. Diet hx shows perhaps excessive protein consumption and low water and fibers consumption. Poor appetite might be related to meds and poor mode as a result of infection. Suggested changes along with education should provide adequate energy to manage and prevent CVD and support immune function.

P:

1. Educate pt to adhere to prescribed diet to achieve wt goal of 65kg and prevent significant wt loss.
2. Educate pt on cardiac diet to prevent future CVD.
3. Educate pt on high iron and immuno supportive foods to enhance immunity and correct anemia.
4. Discuss with physician prescribtion of Fe and Omega3 supplements
5. Educate pt on regular daily moderate physical activity (30min/day).

Name, Credentials, Date