

Mini Case Study #2

Due 1/30/2015

20 points

1. **Please be concise and use only the space provided.**
2. **Please cite sources as necessary.**
3. **You may use your textbook, the pocket resource, and drugs.com**

Present illness: Mr. G is a 71 yo retired computer engineer who has had constipation off and on for most of her adult life. He recently has had episodes of cramping LLQ pain. No fever. No weight loss.

CC: Rectal bleeding and bright red blood in bowel movements x 4 d.
Colonoscopy reveals numerous diverticula and evidence of inflammation and bleeding from diverticula in descending colon.

Dx: Diverticulitis with GI bleed

Anthropometrics: Height 5'9 (175.26 cm), Weight 180# (81.6466 kg) - BMI = 26.66 (overweight)

Labs:

Albumin	3.2 g/dL -
Hgb	10 g/dL - low
Hct	33% - low
Ferritin	49 μ g/L -
WBC	12,000/mm ³ - high

Meds: Pt to begin ciprofloxacin BID x 14 d.

Diet: Clear liquids, ADAT upon recommendations of RD. Nutrition consult ordered.

1. How does diverticulitis differ from diverticulosis? **(2 point)**

Diverticulitis is the chronic inflammation of the developed diverticula. Symptoms include pain, bleeding, fever, and increased white blood cells.

Diverticulosis is the development of abnormal pouches on the surface of the small or large intestine. The development is related to low fiber intake and chronic constipation.

Ref: NUT 116BL lower GI lecture slides #26-27

2. What dietary progression would you recommend for Mr. G over the next 1-2 weeks? **(2 points)**

I would recommend Mr. G to increase fiber intake gradually to up to 40-45 grams/day by the end of the 1-2 weeks. This can be done through fiber supplements if necessary. I would also recommend increasing fluid intake/ensuring Mr. G is fully hydrated everyday.

Evaluate Mr. G's usual dietary intake and answer questions 3-7 according to the nutritional guidelines for management of **diverticulosis**.

Breakfast: 2 slices white toast with butter and jam; 1 fried egg; black coffee

Lunch: 1 cup soup or ½ sandwich; sometimes leftovers from previous day; soda

Dinner: 3 oz. beef, pork, or poultry; ¾ cup steamed vegetables; 1 cup noodles or potatoes; water

PM snack: 1 slice pound cake with 1 scoop vanilla ice cream; black coffee

3. What is the RDA for fiber intake for adults? How much fiber is recommended for a patient with diverticulosis? **(1 point)**

The RDA for fiber intake for adults is 25 - 35 grams of fiber/day. A patient with diverticulosis is recommended to intake 6-10 grams more, so 31 - 45 grams of fiber/day.

Ref: NUT 116BL lower GI lecture slide #30

4. Approximately how many grams of fiber does Mr. G consume on a typical day? List the foods and their approximate values. **(1 point)**

Mr. G consumes about 9 - 12 grams of fiber/day.

White toast (2) - 1 g of fiber

Jam - 0.2 g of fiber

Sandwich - ~1 g of fiber

Steamed vegetables - 5 g of fiber

Noodles - 2 g of fiber/Potato - 5 g of fiber

Ref: USDA nutrient database

5. List **four** good sources of dietary fiber that would be appropriate for Mr. G, and give the fiber content in 1 serving of each. **(4 points)**

Whole grain bread - 2 g of fiber

Lentils (1 cup) - 16 g of fiber

Chickpea (1 cup) - 35 g of fiber

Banana - 3 g of fiber

6. Would you recommend a fiber supplement to this patient and why? **(1 point)**

Yes, I would recommend a fiber supplement to this patient. If Mr. G is not consuming over 25 g of fiber/day (already more than 10 grams than his usual diet), I would recommend a supplement to help him meet his needs for 31 - 45 g of fiber/day.

7. What are **two** key micronutrients that appear to be limited in Mr. G's usual diet and list a food source for each? **(2 points)**

Calcium - Greek yogurt

Iron - spinach

8. Give **three** important MNT goals that you would recommend as part of a long-term nutrition care plan for Mr. G. **(3 points)**

Increase fiber intake - maintain regular consumption of 31-45 grams/day. This will be essential for helping with his chronic constipation and for general health improvement.

Nutrition education, especially regarding the importance of fiber, fluid, and micronutrient intake. Weekly education counseling for 1 hour/week.

Increasing levels of physical activity - light walking 3x a week to help improve digestion.

9. Write 2 appropriate PES statements from the intake domain for this patient. **(3 points)**
Inadequate fiber intake (NI-5.8.5) r/t intake of 9-12 g of fiber, processed carbohydrates aeb food recall and constipation.
Inadequate fluid intake (NI-3.1) r/t intake of less than 4 servings of fluids/day, high coffee consumption aeb food recall and constipation.