NUT116BL Winter 2015

Name: Jean Liu_	
Section: A01	

Mini Case Study #3 20 points 2/27/2015

Present illness: LM is a 75 yo M presenting with L sided weakness, slurred speech, and difficult swallowing. The speech pathologist has completed a swallow evaluation that reveals severe oropharyngeal dysphagia. He must be kept NP0. Patient's spouse is at bedside and reports 'everything being fine' until 2 days ago when patient lost function of his left side and was slurring his speech. She called 911 and brought him to the ED and was admitted right away. She says he has always been a big guy and loves his food and wine. His activity consisted of overseeing their winery and playing 18 holes of golf on the weekend.

Dx: acute CVA PMH: HTN Anthropometrics: Height 6', Weight 240# Labs: Albumin: 3.8 g/dL Na: 134 mEq/dL Cl: 101 mEq/dL K: 3.6 mEq/dL CO2: 26 mg/dL Cr: 0.8 mg/dL Glu: 276 mg/dL Total Cholesterol: 245mg/dL Meds: Toprol, coumadin

Diet: NPO

 Using IBW, calculate LM's nutritional needs, including calories, protein and fluids. (show calculations) (6 points)
Weight: 240 lbs = 109.09 kg
Height: 72 inches = 182.88 cm = 1.83 m

BMI = 109.09/(1.83)² = 32.57 (Class 1 Obesity) IBW = 106 + (6 x 5) = 178 lbs = 80.9 kg % IBW = ABW/IBW x 100 = 240/178 x 100 = 134.83%

Caloric needs Mifflin-St Jeor REE = (10 x 80.9 kg) + (6.25 x 182.88 cm) - (5 x 75 yr) + 5 = 1586 kcal/day TEE = 1586 x 1.0-1.2 = 1586 - 1903.2 kcal/day

Protein needs 80.9 kg x 0.8-1.0 g/kg = 64.7-80.9 = 65-81 g pro/day

Fluid needs 1600 - 1900 mL fluid/day What micronutrient and food sources need to be considered for a patient on Coumadin? (2 points)

For a patient on Coumadin, the time it takes for blood clotting to occur in the patient is decreased. Vitamin K needs to be considered because it helps the body in clotting blood. Food sources of vitamin K include green leafy greens and herbs.

Ref: ods.od.nih.gov/pubs/.../coumadin1.pdf

3. Define dysphagia and how it impacts your nutrition intervention. **(2 point)** Dysphagia is the difficulty or inability for a person to swallow. It impacts nutrition interventions because it directly changes if the patient would be able to consume a meal normally or not. A common result of dysphagia is weight loss and nutritional deficiencies because of the inability to intake the food.

- 4. Name and describe the 3 levels of the National Dysphagia Diets. (3 point)
 - 1) Dysphagia pureed: cohesive, viscous, pudding-like, homogenous, thick, requires minimal chewing so it is easy to swallow
 - 2) Dysphagia mechanically altered: moist, semi-solid, requires some chewing
 - 3) Dysphagia advanced: less moist, chunkier parts, requires more chewing
- 5. The referring physician is recommending the placement of a PEG tube. What are your formula recommendations? List type of formula, volume and rate that best matches your calculated calorie and protein goals. (show calculations) **(4 points)**

Type of formula: Jevity (Abbott) Volume: 1750 kcal/1.06 kcal/mL = 1650 mL formula Rate of delivery: 1650 mL/24 hours = 68.5 mL/hour = 70 mL/hour Formula/day = 70 mL/hour x 24 = 1680 mL/day = 1700 mL/day

Calorie goals:

1750 mL x 1.06 mL/kcal = 1855 kcal/day = 1800 kcal/day (within 1600-1900 kcal/day) Protein goals:

1650 mL x 44 g protein/1000 mL = 72.6 g pro/day = 73 g pro/day (within 65-81 g/day)

6. Is this volume of tube feeding adequate to meet his fluid needs? If not, indicate what else is needed and how it would be added to the current tube feeding. (show calculations) **(2 points)**

Free water from formula: 83%

1650 x 0.83 = 1369.5 = 1350 mL of free water

This volume of tube feeding is inadequate to meet his daily fluid needs (1600-1900 mL/day)

1650-1350 mL = 300 mL of water needed from free water flushes

24 hours/flushes Q 4 hours = 6 flushes/day 300 mL/6 flushes/day = 50 mL Q 4 hours 50 mL Q 4 hours x 6 = 300 mL/day from free water flushes 300 mL + 1650 mL = 1950 mL fluid/day

7. Write 1 appropriate PES statement for the patient's nutrition problems. **(1 points)** Inadequate oral intake (NI-2.1) r/t severe oropharyngeal dysphagia, lost function of left side aeb speech pathologist recommendation for NPO and enteral feeding for nutritional needs.