

Mavis Ren
10/25/12

Mini Case Study

Patient: NH is a 56y.o. WF adm. 10/15/12

Dx: Gastroparesis, Atrial Fibrillation, Asthma: unspecified, DM2, Depressive disorder, Pneumonia, Esophageal Reflux, (pure) Hypercholesterolemia
spontaneous Bacterial Peritonitis

PMH: DM2, Depressive disorder, HTN, Esophageal Reflux, h/o deep venous thrombosis (DVT) and embolism, (pure) hypercholesterolemia

PSH: h/o joint repair, neck surgery, h/o appendectomy, h/o hysterectomy, h/o cesarean section

MEDS: Cardizem cd (anti-hypertensive)
Levaquin (antibiotic)
Prinivil (anti-hypertensive)
Glucophage (oral hypoglycemic- Biguanides)
Toprol-xl (anti-hypertensive)
Zofran (anti-nausea)
Effexor (anti-depressant)
Coumadin (anti-coagulant)

Anthropometrics*: Ht: 5'8" (172 cm) Wt: 264lb (120kg) UBW: 264lb (120 kg)
IBW: 140lb (63.9 kg) IBW: 187.7 %
BMI: 40.2 (obese)

Nutritional Requirements*:

Source	Kcal requirements	Protein requirements	Fluid requirements
Facility standards	1277-1660kcal	63.9- 76.68(1.0-1.2g/kg)	1836-2386 ml
EAL	Mifflin-St. Jeor	15-20% of total energy	n/a – nothing found
Academy of Nutrition and Dietetics Online nutrition care manual	Mifflin-St. Jeor x1.3	15-20% of total energy	n/a- nothing found

Labs 10/15 Normal Range
Glucose 81 75-99mg/dl
K **3.4** 3.5-5.3 mmol/l
Na 137 136-144mEq/l
Cl **106** 98-106 mEq/l
BUN 12 8-20 mg/dl
Cr .85 .6-1.1 gm/dl

GI: +BS, LBM 10/16

Skin: Within defined limits

Edema: +1 left/right lower extremity

Procedure: GI emptying study showed delayed emptying of tracer to small bowel. Estimated that half time emptying is 157 minutes and the normal range for emptying solid gastric content is ~90 minutes.

Date	Diet	Plan
10/17	NPO	<p>Consulted for poor oral intake, weight loss. Pt with major depressive episode currently. Chart indicates pt experienced vomiting x 2 on 10/16. Diet hx revealed pt reported poor p.o. intake for the past three weeks and consuming only “small bites at meals”. Pt reported nausea and multiple episodes of vomiting for the past week – e.g. “unable to keep food down”. No wt documented in chart, with pt reporting she was unsure of UBW, but thinks she may be 264lbs currently. Diet order - NPO due to GI emptying procedure. Following procedure – diet order - cardiac 4-gram sodium diet with standard consistent carbohydrate. Pt was agreeable to supplement given poor intake. Provided Coumadin education.</p> <p>PES STATEMENT: Inadequate oral intake related to suspected gastroparesis as evidenced by pt reported nausea and vomiting x1 week with intake < 50% and poor appetite. Nutrition Interventions: Provide glucerna TID (660 kcal, 30 grams protein) Continue with current diet Recommend consideration of motility agent</p> <p>Plan to provide gastroparesis nutrition education prior to discharge</p>
10/20		Pt discharged before follow up on 10/22.

References:

www.nutritioncaremanual.org
<http://andevidencelibrary.com/>