

## NUTRITION CASE STUDY PRESENTATION OUTLINE

### I. REVIEW OF MEDICAL LITERATURE

#### A. Pathophysiology

1. Define disease, explain primary disease process
2. Discuss usual **etiology** or occurrence of disease; give **morbidity and mortality** statistics if available.
3. **Prognosis** - discusses prognosis for disease and prognosis for patient
4. Summarize **symptoms** of disease and correlate with symptoms in patient
5. Identify **significant lab values**: discuss lab abnormalities associated with the disease and correlate labs of patient with normal lab values.
6. Treatment – discuss **usual surgical/medical treatment** for the disease and the treatment planned for or completed by the patient (include procedure, purpose, outcome, pictures if available)
7. **Medications** – discuss pertinent medications prescribed for the primary diagnosis

#### B. Nutritional Implications in the Disease

1. Discuss rationale for dietary modifications and recommended diet order; discuss how dietary modifications is an intervention strategy for the disease.

### II. DISCUSSION OF PATIENT CASE STUDY

#### A. Nutrition Assessment Data

##### 1. Client History

**Personal History** – present general information about the patient: uses initials to identify patient, specifies age, gender, race, ethnicity, if appropriate.

**Health History & Surgical Treatment** – patient, family medical/health history; history of surgical treatment

**Social History** – Housing, economic, psychological, religious, occupation, geography, and stress background of patient as it relates to primary diagnosis; social/medical support

2. **Anthropometrics** – Ht, wt, wt changes, BMI/IBW %, etc
3. **Biochemical data, medical tests, & procedures** - correlate labs, medical tests/procedures of patient with normal values
4. **Nutrition-Focused Physical Findings** – present significant findings from physical exam and other related data.
5. **Food/Nutrition Related history**  
**Food/Nutrient Intake** - include diet history with typical diet followed at home, average intake, diet order at admission, etc.  
**Medications & herbal supplements** – those take at home and hospital; possible interactions  
**Knowledge/beliefs/attitudes** - related to food and nutrition  
**Behavior** – related to food and health  
**Access to food and related supplies**  
**Physical Activity History**
6. **Comparative Standards** (may be mixed in throughout other assessment information) – estimated energy/protein needs, wt standards, etc
7. **Secondary diagnoses** for this admission; other medical problems listed
8. Briefly review hospital course

#### B. Nutrition Diagnosis

1. Using standardized language determine appropriate nutrition diagnoses (include the problem, etiology, and signs/symptoms in the PES statement). Need at least one.

#### C. Nutrition Intervention

1. **Nutrition Prescription** – What was your “prescription” or the overall recommendations for the patient? Include the patient’s individualized recommendations for energy, specific foods or nutrients, based on current reference standards and guidelines and the patient’s health condition and nutrition diagnosis.

# Cyq Level 3 Nutrition Case Study Example

**Mary Litchford**



**Cyq Level 3 Nutrition Case Study Example:**

**Case Studies in Laboratory Assessment of Nutritional Status** Mary Litchford, 1997

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